



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED 2023 OCT 27 AM 8:32
MACOMB COUNTY CLERK

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by
the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 08/29/23 to 10/22/23

1. Committee I.D. Number

139757

2. Committee Name

CTE Mindy Moore

4. Candidate Last Name

Moore

First Name

Melinda

M.I.

S

4a. Office Sought Including District # or Community Served (If applicable)

City Council

4b. County of Residence **MACOMB**

5. Committee's Mailing Address

**11530 Short Drive
Warren, MI 48093**

6. Treasurer's Name & Residential Address

**Frank Santoro
11530 Short Drive, Warren, MI 48093**

Area Code and Phone

If the address in this box is different from the committee
mailing address on the Statement of Organization, mail may
be sent to this address by the filing official.

Area Code & Phone

7. Treasurer's Business Address

**3701 Hamlin Road
Auburn Hills, MI 4326**

8. Designated Record Keeper's Name and Address (If the committee has a
Designated Record Keeper)

**Frank Santoro
11530 Short Drive
Warren, MI 48093**

Area Code and Phone

Area Code and Phone **(586) 977-3272**

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary

☒ General

☐ Convention

☐ Special

☐ School

☐ Caucus

Date of Election, Convention or Caucus

11/07/23

Required ONLY if candidate
is not on the ballot for the
current year:

☐ July Quarterly

☐ October Quarterly

9c. ☐ Annual Statement ()
Coverage Year

9d. ☐ Amendment to Campaign Statement
(Complete Item 9a, 9b, 9c or 9e to
indicate which Statement is being
amended.)

9e. Dissolution of Candidate Committee

☐ By checking this item I/we certify any outstanding debt
by the committee to the candidate or his or her spouse is here
by discharged and forgiven, and no longer collectible from
the committee. The committee has no outstanding assets,
owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be
considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on
Schedule 1B and the Summary Page.

10. Verification: I/we certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of
my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or
Designated Record Keeper **Frank J Santoro**

Type or Print Name

Signature

Date

10/26/23

Candidate **Melinda S Moore**

Type or Print Name

Signature

Date

10/26/23



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

1. Committee I.D. Number 139757

2. Committee Name CTE MINDY MOORE

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	15,895.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	Not Applicable	
c. Subtotal of "Contributions"	(3c.) \$	15,895.00	(18.) \$ 46,035.00
4. Other Receipts (Schedule 1A-1, Column 6)	(4.) \$	0.00	(19.) \$ 100.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	15,895.00	(20.) \$ 46,135.00
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	278.99	(21.) \$ 13,813.12
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	0.00	(22.) \$ 0.00
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	6,550.74	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	0.00	
c. Unitemized (less than 50.01 each - no Schedule)	(8c.) \$	0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	6,550.74	(23.) \$ 25,417.54
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	0.00	
b. Unitemized (less than 50.01 each - no Schedule)	(10b.) \$	0.00	
11. INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	0.00	(24.) \$ 0.00
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owned by the Committee (Schedule 1E)	(12a.) \$	34,413.12	
b. Owned to the Committee (Schedule 1E)	(12b.) \$	0.00	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	11,357.20	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	15,895.00	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	27,252.20	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	6,550.74	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	20,701.46	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.
All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139757

2. Committee Name CTE MINDY MOORE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or and Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>8/31/2023</u> Name: BARBARA TRIGGER Address: 12972 CREEKVIEW SHELBY TWP, MI 48315 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a Person ☒ Fund Raiser	100.00	100.00
3. Contribution # 2 PAC Receipt? ☐ YES 4. Date of Receipt <u>9/5/2023</u> Name: ALEANNA SIACON Address: 53050 MOLEND ROAD CHESTERFIELD, MI 48051 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a Person ☒ Fund Raiser	100.00	100.00
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>9/6/2023</u> Name: MARK LISS Address: 426 9TH STREET ROYAL OAK, MI 48067 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a Person ☒ Fund Raiser	100.00	100.00
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>9/6/2023</u> Name: DAVID MCCLAIN Address: 31650 BRETZ DRIVE WARREN, MI 48093 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a Person ☒ Fund Raiser	100.00	100.00
Page Subtotal	\$ 400.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

Enter this total on line
3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 139757

2. Committee Name CTE MINDY MOORE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or and Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 5 PAC Receipt? ☐ YES 4. Date of Receipt <u>9/6/2023</u> Name: <u>JEFFREY SCHRODER</u> Address: <u>1592 E. LINCOLN BIRMINGHAM, MI 48009</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>PLUNKETT COONEY</u> Business Address <u>1592 E. LINCOLN BIRMINGHAM, MI 48009</u> Type of Contribution: ☒ Direct ☐ Loan from a Person ☒ Fund Raiser	1,000.00	1,000.00
3. Contribution # 6 PAC Receipt? ☐ YES 4. Date of Receipt <u>9/6/2023</u> Name: <u>MARK SYKES</u> Address: <u>11542 SHORT DRIVE WARREN, MI 48093</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SHOWCASE COLLISION</u> Business Address <u>6300 E. 14 MILE ROAD WARREN, MI 48092</u> Type of Contribution: ☒ Direct ☐ Loan from a Person ☒ Fund Raiser	200.00	200.00
3. Contribution # 7 PAC Receipt? ☐ YES 4. Date of Receipt <u>9/6/2023</u> Name: <u>JON GREEN</u> Address: <u>30044 COUSINO WARREN, MI 48092</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a Person ☒ Fund Raiser	500.00	500.00
3. Contribution # 8 PAC Receipt? ☒ YES 4. Date of Receipt <u>9/6/2023</u> Name: <u>AFSCME - PAC FUND</u> Address: <u>4345 TUXEDO WARREN, MI 48092</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a Person ☒ Fund Raiser	100.00	100.00
Page Subtotal	\$ 1,800.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

Enter this total on line
3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139757

2. Committee Name CTE MINDY MOORE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or and Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 9 PAC Receipt? ☐ YES 4. Date of Receipt <u>9/6/2023</u> Name: TERRY WISNIEWSKI Address: 21725 PANAMA AVE WARREN, MI 48091 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a Person ☒ Fund Raiser	100.00	100.00
3. Contribution # 10 PAC Receipt? ☐ YES 4. Date of Receipt <u>9/6/2023</u> Name: STEVEN WATRIPONT Address: 13741 BARFIELD DRIVE WARREN, MI 48088 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a Person ☒ Fund Raiser	100.00	100.00
3. Contribution # 11 PAC Receipt? ☐ YES 4. Date of Receipt <u>9/6/2023</u> Name: PATRICK GREEN Address: 3929 MARLENE DRIVE WARREN, MI 48092 5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>FIRST INDENDENT AGENCY</u> Business Address <u>15945 CANAL ROAD CLINTON TWP, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a Person ☒ Fund Raiser	200.00	200.00
3. Contribution # 12 PAC Receipt? ☐ YES 4. Date of Receipt <u>9/6/2023</u> Name: KATHY VOGT Address: 11214 CHICAGO ROAD WARREN, MI 48093 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>GARTON & VOGT PC</u> Business Address <u>38550 GARFIELD ROAD CLINTON TWP, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a Person ☒ Fund Raiser	500.00	500.00

Page Subtotal

\$ 900.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on line
3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 139757

2. Committee Name CTE MINDY MOORE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or and Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 13	PAC Receipt? ☐ YES 4. Date of Receipt <u>9/6/2023</u> Name: JOSEPH MUNEM Address: 36327 GREGORY STERLING HEIGHTS, MI 48312 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a Person ☒ Fund Raiser	100.00	100.00
3. Contribution # 14	PAC Receipt? ☐ YES 4. Date of Receipt <u>9/6/2023</u> Name: GINA CAVALIERE Address: 4897 CHICAGO ROAD WARREN, MI 48092 5. If over \$100.00 cumulative, please provide: Occupation CHIEF COMMUNITY IMPACT Employer DOWNTOWN DETROIT PARTNERSHIP Business Address 1 CAMPUS MARTIUS, #380 DETROIT, MI 48226 Type of Contribution: ☒ Direct ☐ Loan from a Person ☒ Fund Raiser	200.00	200.00
3. Contribution # 15	PAC Receipt? ☐ YES 4. Date of Receipt <u>9/6/2023</u> Name: CITIZENS FOR MICHAEL RADTKE Address: 34205 BARRETT DRIVE STERLING HEIGHTS, MI 48312 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a Person ☒ Fund Raiser	100.00	100.00
3. Contribution # 16	PAC Receipt? ☐ YES 4. Date of Receipt <u>9/6/2023</u> Name: WILLIAM BARNWELL Address: 30130 GRUENBURG DRIVE WARREN, MI 48092 5. If over \$100.00 cumulative, please provide: Occupation PASTOR Employer ROYAL OAK CHURCH Business Address 411 E. 11 MILE ROAD ROYAL OAK, MI 48067 Type of Contribution: ☒ Direct ☐ Loan from a Person ☒ Fund Raiser	200.00	200.00
Page Subtotal		\$ 600.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)			

Enter this total on line
3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139757

2. Committee Name CTE MINDY MOORE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or and Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 17	PAC Receipt? ☐ YES 4. Date of Receipt <u>9/6/2023</u> Name: KEITH SADOWSKI Address: 4759 HAYMAN WARREN, MI 48092 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a Person ☒ Fund Raiser	100.00	100.00
3. Contribution # 18	PAC Receipt? ☐ YES 4. Date of Receipt <u>9/6/2023</u> Name: MICHAEL GREINER Address: 12000 LUTZ AVE WARREN, MI 48093 5. If over \$100.00 cumulative, please provide: Occupation PROFESSOR Employer OAKLAND UNIVERSITY Business Address 311 ELLIOTT HALL ROCHESTER HILLS, MI 48309 Type of Contribution: ☒ Direct ☐ Loan from a Person ☒ Fund Raiser	250.00	250.00
3. Contribution # 19	PAC Receipt? ☐ YES 4. Date of Receipt <u>9/6/2023</u> Name: NANCY GAARENSTROOM Address: 11319 VENTURA WARREN, MI 48093 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a Person ☒ Fund Raiser	250.00	250.00
3. Contribution # 20	PAC Receipt? ☐ YES 4. Date of Receipt <u>9/6/2023</u> Name: DIANE YOUNG Address: 13250 IRVINGTON DRIVE WARREN, MI 48088 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a Person ☒ Fund Raiser	100.00	100.00

Page Subtotal

\$ 700.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on line
3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139757

2. Committee Name CTE MINDY MOORE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or and Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 21	PAC Receipt? ☐ YES 4. Date of Receipt <u>9/6/2023</u> Name: GEORGE HIGGINS Address: 18331 BREEZEWAY FRASER, MI 48026 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a Person ☒ Fund Raiser	50.00	50.00
3. Contribution # 22	PAC Receipt? ☐ YES 4. Date of Receipt <u>9/6/2023</u> Name: DEBORAH MAZUR Address: 27621 RYAN ROAD WARREN, MI 48092 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a Person ☒ Fund Raiser	100.00	100.00
3. Contribution # 23	PAC Receipt? ☐ YES 4. Date of Receipt <u>9/6/2023</u> Name: SHERRY BRAZA Address: 28361 NEWLAND DRIVE WARREN, MI 48093 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a Person ☒ Fund Raiser	200.00	200.00
3. Contribution # 24	PAC Receipt? ☒ YES 4. Date of Receipt <u>9/6/2023</u> Name: WARREN FIREFIGHTERS SEGREGATED FUND Address: 3272 E. TWELVE MILE ROAD SUTIE 107 WARREN, MI 48092 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a Person ☒ Fund Raiser	250.00	250.00

Page Subtotal

\$ 600.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on line
3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139757

2. Committee Name CTE MINDY MOORE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or and Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 25	PAC Receipt? ☐ YES 4. Date of Receipt <u>9/6/2023</u> Name: <u>ROGER ROY</u> Address: <u>221 FAUST DRIVE ORTONVILLE, MI 48462</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a Person ☒ Fund Raiser	100.00	100.00
3. Contribution # 26	PAC Receipt? ☐ YES 4. Date of Receipt <u>9/6/2023</u> Name: <u>JEREMY FISHER</u> Address: <u>31428 SARATOGA WARREN, MI 48093</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a Person ☒ Fund Raiser	100.00	100.00
3. Contribution # 27	PAC Receipt? ☐ YES 4. Date of Receipt <u>9/6/2023</u> Name: <u>CHRISTINE JABER</u> Address: <u>10008 ESSEX STREET DEARBORN, MI 48120</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>HOJEIJ GROUP</u> Business Address <u>10008 ESSEX STREET DEARBORN, MI 48120</u> Type of Contribution: ☒ Direct ☐ Loan from a Person ☒ Fund Raiser	250.00	250.00
3. Contribution # 28	PAC Receipt? ☐ YES 4. Date of Receipt <u>9/7/2023</u> Name: <u>CHRISTOPHER OAKLEY</u> Address: <u>2715 FOX WOOD LANE ROCHESTER HILLS, MI 48307</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a Person ☒ Fund Raiser	25.00	25.00

Page Subtotal

\$ 475.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on line
3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139757

2. Committee Name CTE MINDY MOORE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or and Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 29	PAC Receipt? ☐ YES 4. Date of Receipt <u>9/10/2023</u> Name: CARL HOENLE Address: 3462 MICHAEL AVE WARREN, MI 48091 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a Person ☒ Fund Raiser	50.00	50.00
3. Contribution # 30	PAC Receipt? ☐ YES 4. Date of Receipt <u>9/12/2023</u> Name: DOUGLAS SHEPHERD Address: 46112 TALLY HO DRIVE MACOMB, MI 48044 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a Person ☒ Fund Raiser	100.00	100.00
3. Contribution # 31	PAC Receipt? ☐ YES 4. Date of Receipt <u>9/15/2023</u> Name: MARY CHILDS Address: 30247 LUND WARREN, MI 48093 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a Person ☒ Fund Raiser	50.00	50.00
3. Contribution # 32	PAC Receipt? ☒ YES 4. Date of Receipt <u>9/15/2023</u> Name: PLUNKETT COONEY EMPLOYEES PAC Address: 38505 WOODWARD AVE STE 2000 BLOOMFIELD HILLS, MI 48304 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a Person ☒ Fund Raiser	500.00	500.00
Page Subtotal		\$ 700.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)			

Enter this total on line
3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139757

2. Committee Name CTE MINDY MOORE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or and Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 33	PAC Receipt? ☐ YES 4. Date of Receipt <u>9/18/2023</u> Name: ZACHARY SANTORO Address: 31480 SCHOOLCRAFT FRASER, MI 48026 5. If over \$100.00 cumulative, please provide: Occupation <u>DATA ANALYST</u> Employer <u>DETROIT EDISON</u> Business Address <u>1 ENERGY PLAZA DETROIT, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a Person ☒ Fund Raiser	1,000.00	1,025.00
3. Contribution # 34	PAC Receipt? ☐ YES 4. Date of Receipt <u>9/19/2023</u> Name: DELPHINE KALAPINSKI Address: 11411 CANTERBURY DRIVE WARREN, MI 48093 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a Person ☒ Fund Raiser	100.00	100.00
3. Contribution # 35	PAC Receipt? ☐ YES 4. Date of Receipt <u>9/19/2023</u> Name: MARY CLARK Address: 7223 LESTER STREET LEXINGTON, MI 48450 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a Person ☒ Fund Raiser	100.00	100.00
3. Contribution # 36	PAC Receipt? ☐ YES 4. Date of Receipt <u>9/22/2023</u> Name: MARGARET HUNTONE Address: 8479 TOWNE CENTER CIRCLE NORTH WARREN, MI 48093 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a Person ☒ Fund Raiser	100.00	200.00

Page Subtotal

\$ 1,300.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on line
3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 139757

2. Committee Name CTE MINDY MOORE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or and Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 37	PAC Receipt? ☒ YES 4. Date of Receipt <u>9/24/2023</u> Name: MICHIGAN REGIONAL COUNCIL OF CARPENTERS PAC Address: 11687 AMERICAN AVE, SUITE 200 DETROIT, MI 48204 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a Person ☐ Fund Raiser	5,000.00	5,000.00
3. Contribution # 38	PAC Receipt? ☒ YES 4. Date of Receipt <u>9/29/2023</u> Name: IUPAT POLITICAL ACTION TOGETHER PAC Address: 7234 PARKWAY DRIVE HANOVER, MD 21076 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a Person ☐ Fund Raiser	500.00	500.00
3. Contribution # 39	PAC Receipt? ☐ YES 4. Date of Receipt <u>9/30/2023</u> Name: MELISSA HOPKINS Address: 47094 WOODBERRY ESTATES DRVIE MACOMB TWP, MI 48044 5. If over \$100.00 cumulative, please provide: Occupation OFFICE COORDINATOR Employer CITY OF WARREN Business Address 1 CITY SQUARE WARREN, MI 48093 Type of Contribution: ☒ Direct ☐ Loan from a Person ☒ Fund Raiser	200.00	200.00
3. Contribution # 40	PAC Receipt? ☐ YES 4. Date of Receipt <u>10/1/2023</u> Name: LORI HARRIS Address: 4047 HILLCREST DRIVE WARREN, MI 48092 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a Person ☒ Fund Raiser	20.00	20.00

Page Subtotal

\$ 5,720.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on line
3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 139757

2. Committee Name CTE MINDY MOORE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or and Independent Committee. (PAC) Report all contributions from committees regardless of amount.				6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 41	PAC Receipt? ☐ YES	4. Date of Receipt	<u>10/7/2023</u>	250.00	250.00
Name: <u>GLENN NEUNER</u> Address: <u>47930 HARBOR DRIVE CHESTERFIELD, MI 48047</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>BILL'S TOWING</u> Business Address <u>6500 E. 11 MILE ROAD WARREN, MI 48091</u> Type of Contribution: ☒ Direct ☐ Loan from a Person ☒ Fund Raiser					
3. Contribution # 42	PAC Receipt? ☒ YES	4. Date of Receipt	<u>10/16/2023</u>	250.00	250.00
Name: <u>REGISTRARS PAC LOCAL 58 IBEW</u> Address: <u>1358 ABBOTT ST DETROIT, MI 48226</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a Person ☐ Fund Raiser					
3. Contribution # 43	PAC Receipt? ☐ YES	4. Date of Receipt	<u>10/20/2023</u>	500.00	500.00
Name: <u>DREW SLAGER</u> Address: <u>28225 MOUND WARREN, MI 48092</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MANCINI, SCHREUDER & KLINE</u> Business Address <u>28225 MOUND WARREN, MI 48092</u> Type of Contribution: ☒ Direct ☐ Loan from a Person ☐ Fund Raiser					
3. Contribution # 44	PAC Receipt? ☐ YES	4. Date of Receipt	<u>10/20/2023</u>	1,000.00	1,000.00
Name: <u>CHARLES MANCINI</u> Address: <u>28255 MOUND WARREN, MI 48092</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MANCINI, SCHREUDER & KLINE</u> Business Address <u>28225 MOUND WARREN, MI 48092</u> Type of Contribution: ☒ Direct ☐ Loan from a Person ☐ Fund Raiser					

Page Subtotal

\$ 2,000.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on line
3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 139757

2. Committee Name CTE MINDY MOORE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or and Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 45	PAC Receipt? ☐ YES 4. Date of Receipt <u>10/20/2023</u> Name: <u>ELLEN SCHREUDER</u> Address: <u>5290 GRAYTON STREET DETROIT, MI 48224</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MANCINI, SCREUDER & KLINE</u> Business Address <u>28225 MOUND ROAD WARREN, MI 48092</u> Type of Contribution: ☒ Direct ☐ Loan from a Person ☐ Fund Raiser	500.00	1,000.00
3. Contribution # 46	PAC Receipt? ☐ YES 4. Date of Receipt <u>10/20/2023</u> Name: <u>FRANK SANTORO</u> Address: <u>11530 SHORT DRIVE WARREN, MI 48093</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CANDIDATE SPOUSE</u> Employer <u>COMERICA BANK</u> Business Address <u>3701 HAMLIN ROAD AUBURN HILLS, MI 49326</u> Type of Contribution: ☒ Direct ☐ Loan from a Person ☒ Fund Raiser	200.00	287.25
3. Contribution # 47	PAC Receipt? ☐ YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a Person ☐ Fund Raiser		
3. Contribution # 48	PAC Receipt? ☐ YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a Person ☐ Fund Raiser		

Page Subtotal

\$ 700.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

15,895.00

Enter this total on line
3a of Summary Page



**ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139757

2. Committee Name CTE MINDY MOORE

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Though date in Item 5)
Contribution # 1 PAC Receipt? ☐ YES Name: FRANK SANTORO Address: 11530 SHORT DRIVE WARREN, MI 48093 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description CAKE FOR FUNDRAISER 5. Date of Receipt <u>9/6/2023</u> 6. Vendor Name & Address SAMS CLUB 31020 JOHN R ROAD MADISON HEIGHTS, MI 48071	40.98	87.25
Contribution # 2 PAC Receipt? ☐ YES Name: MINDY MOORE Address: 11530 SHORT DRIVE WARREN, MI 48093 5. If over \$100.00 cumulative, please provide: Occupation CANDIDATE Employer Business Address ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description PRINTING MAILER 5. Date of Receipt <u>9/15/2023</u> 6. Vendor Name & Address AMERICA GRAPHICS PRINTING 34895 GROESBECK HWY CLINTON TWP, MI 48035	238.01	22,089.97
Contribution # 3 PAC Receipt? ☐ YES Name: Address: 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date of Receipt 6. Vendor Name & Address		

Page Subtotal

278.99

Grand Total of All Schedules 1-IK
(Complete on last page of Schedule)

278.99

Enter this total on
line 6 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139757

2. Committee Name CTE MINDY MOORE

3. Name and Address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 1 Name: ACTBLUE Address: PO BOX 441146 SOMERVILLE, MA 02144-0031 ☐ Fund Raiser	Purpose: SERVICE CHARGE Expenditure Code <u>BK</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement.	09/05/2023	3.00
Expenditure # 2 Name: GAZEBO BANQUET CENTER Address: 31104 MOUND ROAD WARREN, MI 48092 ☒ Fund Raiser	Purpose: FUNDRAISER FOOD AND HALL Expenditure Code <u>FE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement.	09/06/2023	1,972.74
Expenditure # 3 Name: AMERICA GRAPHICS PRINTING Address: 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: PRINTING WALKING PIECE Expenditure Code <u>PA</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement.	09/22/2023	779.10
Expenditure # 4 Name: BLUEFISH CREATIVE Address: INFO@BLUEFISCREATIVE.STORE ☐ Fund Raiser	Purpose: PRINT BUSINESS CARDS Expenditure Code <u>PA</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement.	09/22/2023	233.00
Expenditure # 5 Name: ACTBLUE Address: PO BOX 441146 SOMERVILLE, MA 02144-0031 ☐ Fund Raiser	Purpose: SERVICE CHARGE Expenditure Code <u>BK</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement.	10/05/2023	43.13
Subtotal this page			3,030.97
Grand Total of All Schedules 1B (Complete on last page of Schedule)			

Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139757

2. Committee Name CTE MINDY MOORE

3. Name and Address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 6 Name: AMERICA GRAPHICS PRINTING Address: 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: PRINTING MAILER Expenditure Code <u>PA</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement.	10/05/2023	782.28
Expenditure # 7 Name: VANTIV ECOMMERRCE Address: 150 NORTH MARTINGALE - SUITE 900 SCHAUMBURG, IL 60173 ☐ Fund Raiser	Purpose: SERVICE CHARGE Expenditure Code <u>BK</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement.	10/11/2023	51.29
Expenditure # 8 Name: AMERICA GRAPHICS PRINTING Address: 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: PRINTING MAILERS Expenditure Code <u>PA</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement.	10/16/2023	1,626.04
Expenditure # 9 Name: LASERCOM Address: 2230 ELLIOT TROY, MI 48083 ☐ Fund Raiser	Purpose: MAILING, POSTAGE. Expenditure Code <u>MA</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement.	10/16/2023	1,060.16
Expenditure # 10 Name: Address: ☐ Fund Raiser	Purpose: Expenditure Code ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement.		0.00

Subtotal this page

3,519.77

Grand Total of All Schedules 1B
(Complete on last page of Schedule)

6,550.74

Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139757

2. Committee Name CTE MINDY MOORE

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee

(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide guarantors, if any.	4. Type of Obligation. (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred. 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: MINDY MOORE 11530 SHORT DRIVE WARREN, MI 48093 If bank loan, name of endorser or guarantor: _____	Corp? ☐ Yes 4. Type: <u>LOAN</u> Code: <u>LO</u> 5. <u>Date Debt Was Incurred:</u> <u>5/6/2019</u> 6. <u>Original Amount of Debt:</u> \$ <u>5,000.00</u>	 	 	
Debt #2 Owed to or by: FRANK SANTORO 11530 SHORT DRIVE WARREN, MI If bank loan, name of endorser or guarantor: _____	Corp? ☐ Yes 4. Type: <u>LOAN</u> Code: <u>LO</u> 5. <u>Date Debt Was Incurred:</u> <u>6/8/2019</u> 6. <u>Original Amount of Debt:</u> \$ <u>600.00</u>	 	 	
Debt #3 Owed to or by: FRANK SANTORO 11530 SHORT DRIVE WARREN, MI 48093 If bank loan, name of endorser or guarantor: _____	Corp? ☐ Yes 4. Type: <u>IN-KIND LOANS</u> Code: _____ 5. <u>Date Debt Was Incurred:</u> <u>8/1/2019</u> 6. <u>Original Amount of Debt:</u> \$ <u>296.04</u>	 	 	

Page Subtotal (Outstanding debt)

5,896.04

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139757

2. Committee Name CTE MINDY MOORE

This Schedule Itemizes:

- a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide guarantors, if any.	4. Type of Obligation. (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred. 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minuse Item 8)
Debt #4 Owed to or by: MINDY MOORE 11530 SHORT DRIVE WARREN, MI 48093 If bank loan, name of endorser or guarantor: _____	Corp? ☐ Yes 4. Type: <u>IN-KIND LOANS</u> Code: _____ 5. <u>Date Debt Was Incurred:</u> 8/1/2019 6. <u>Original Amount of Debt:</u> \$ 2,956.92		\$ 0.00	\$ 2,956.92 ☐ FORGIVEN Amount Endorsed: \$ 0.00
Debt #5 Owed to or by: MINDY MOORE 11530 SHORT DRIVE WARREN, MI 48093 If bank loan, name of endorser or guarantor: _____	Corp? ☐ Yes 4. Type: <u>IN-KIND LOANS</u> Code: _____ 5. <u>Date Debt Was Incurred:</u> 8/26/2019 6. <u>Original Amount of Debt:</u> \$ 348.06		\$ 0.00	\$ 348.06 ☐ FORGIVEN Amount Endorsed: \$ 0.00
Debt #6 Owed to or by: MINDY MOORE 11530 SHORT DRIVE WARREN, MI 48093 If bank loan, name of endorser or guarantor: _____	Corp? ☐ Yes 4. Type: <u>IN-KIND LOANS</u> Code: _____ 5. <u>Date Debt Was Incurred:</u> 10/20/2019 6. <u>Original Amount of Debt:</u> \$ 3,034.88		\$ 0.00	\$ 3,034.88 ☐ FORGIVEN Amount Endorsed: \$ 0.00

Page Subtotal (Outstanding debt)

6,339.86

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139757

2. Committee Name CTE MINDY MOORE

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee

(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide guarantors, if any.	4. Type of Obligation. (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred. 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minuse Item 8)
Debt #7 Owed to or by: MINDY MOORE 11530 SHORT DRIVE WARREN, MI 48093 If bank loan, name of endorser or guarantor: _____	4. Type: <u>IN-KIND LOANS</u> Code: _____ 5. <u>Date Debt Was Incurred:</u> 12/10/2019 6. <u>Original Amount of Debt:</u> \$ 438.58		\$ 0.00	\$ 438.58 ☐ FORGIVEN
			Amount Endorsed: \$ 0.00	
Debt #8 Owed to or by: MINDY MOORE 11530 SHORT DRIVE WARREN, MI 48093 If bank loan, name of endorser or guarantor: _____	4. Type: <u>LOAN</u> Code: <u>LO</u> 5. <u>Date Debt Was Incurred:</u> 12/30/2022 6. <u>Original Amount of Debt:</u> \$ 15,000.00		\$ 0.00	\$ 15,000.00 ☐ FORGIVEN
			Amount Endorsed: \$ _____	
Debt #9 Owed to or by: MINDY MOORE 11530 SHORT DRIVE WARREN, MI 48093 If bank loan, name of endorser or guarantor: _____	4. Type: <u>IN-KIND LOANS</u> Code: _____ 5. <u>Date Debt Was Incurred:</u> 7/23/2023 6. <u>Original Amount of Debt:</u> \$ 5,934.34		\$ 0.00	\$ 5,934.34 ☐ FORGIVEN
			Amount Endorsed: \$ 0.00	

Page Subtotal (Outstanding debt)

21,372.92

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139757

2. Committee Name CTE MINDY MOORE

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee

(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide guarantors, if any.	4. Type of Obligation. (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred. 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #10 Owed to or by: FRANK SANTORO 11530 SHORT DRIVE WARREN, MI 48093 Corp? ☐ Yes	4. Type: <u>IN-KIND LOANS</u> Code: _____ 5. <u>Date Debt Was Incurred:</u> <u>8/28/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>46.27</u>		\$ <u>0.00</u>	\$ <u>46.27</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____			Amount Endorsed: \$ <u>0.00</u>	
Debt #11 Owed to or by: MINDY MOORE 11530 SHORT DRIVE WARREN, MI 48093 Corp? ☐ Yes	4. Type: <u>IN-KIND LOANS</u> Code: _____ 5. <u>Date Debt Was Incurred:</u> <u>8/28/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>479.04</u>		\$ <u>0.00</u>	\$ <u>479.04</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____			Amount Endorsed: \$ <u>0.00</u>	
Debt #12 Owed to or by: FRANK SANTORO 11530 SHORT DRIVE WARREN, MI 48093 Corp? ☐ Yes	4. Type: <u>IN-KIND LOANS</u> Code: _____ 5. <u>Date Debt Was Incurred:</u> <u>10/23/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>40.98</u>		\$ <u>0.00</u>	\$ <u>40.98</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____			Amount Endorsed: \$ <u>0.00</u>	

Page Subtotal (Outstanding debt)

566.29

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139757

2. Committee Name CTE MINDY MOORE

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee

(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide guarantors, if any.	4. Type of Obligation. (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred. 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #13 Owed to or by: MINDY MOORE 11530 SHORT DRIVE WARREN, MI 48093 Corp? ☐ Yes	4. Type: <u>IN-KIND LOANS</u> Code: _____ 5. <u>Date Debt Was Incurred:</u> <u>10/23/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>238.01</u>		\$ <u>0.00</u>	\$ <u>238.01</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____			Amount Endorsed: \$ <u>0.00</u>	
Debt #14 Owed to or by: _____ _____ _____ Corp? ☐ Yes	4. Type: _____ Code: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____		\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____			Amount Endorsed: \$ _____	
Debt #15 Owed to or by: _____ _____ _____ Corp? ☐ Yes	4. Type: _____ Code: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____		\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____			Amount Endorsed: \$ _____	

Page Subtotal (Outstanding debt)

238.01

Grand Total of all Schedules 1E

34,413.12

(Complete on last page of Schedule showing amounts owed by or to the committee)

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

FUND RAISER SCHEDULE 1F

CANDIDATE COMMITTEE

1. Committee I.D. Number 139757

2. Committee Name CTE MINDY MOORE

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 9/6/2023 Month/Day/Year	4. Number of Individuals Attending or Participating (whichever is greater) 50	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held GAZEBO BANQUET CENTER 31104 MOUND ROAD WARREN, MI 48092 ☐ Private Residence
--	--	----------------------------------	--

7. Total Contributions of \$20.00 or less 20.00

8. Total Contributions of \$20.01 or more 8,325.00

9. SUBTOTAL (Add lines 7 and 8) 8,345.00

10. Other Receipts 0.00

11. Gross Receipts (Add lines 9 and 10) 8,345.00

12. Total Cost of Event 2,363.72

Includes In-Kind Contributions and All
Expenditures Made For the Event

13. ☐ Check if event was a joint fund raiser and complete the following

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule(1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

Authority granted under P.A. 388 of 1976

CFR Rev 9/1/1999r