



FILED

27 OCT 2023 PM 02:16

MACOMB COUNTY CLERK  
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE  
COVER PAGE**

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: 08/29/2023 to 10/22/2023

1. Committee I.D. Number

**139761**

4. Candidate Last Name First Name M.I.

**WATTS GARRY W**

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

**COUNCIL DISTRICT 4, WARREN**

4b. County of Residence **MACOMB COUNTY**

2. Committee Name

**CTE GARRY WATTS**

5. Committee's Mailing Address

**30246 ROSEBUSCH  
WARREN, MI 48088**

6. Treasurer's Name & Residential Address

**GARRY W WATTS  
30246 ROSEBUSCH  
WARREN, MI 48088**

Area Code and Phone (586) 215-2222  
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 (586) 215-2222

7. Treasurer's Business Address

**30246 ROSEBUSCH  
WARREN, MI 48088**

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

**GARRY W WATTS  
30246 ROSEBUSCH  
WARREN, MI 48088**

Area Code and Phone (586) 215-2222

Area Code and Phone (586) 215-2222

**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

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.)

Date of Election, Convention or Caucus

11/07/2023

**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

Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

10/27/2023

Candidate

Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

10/27/2023



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 139761

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name CTE GARRY WATTS

| RECEIPTS                                                                                        | Column I<br>This Period        | Column II<br>Cumulative this election cycle |
|-------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------|
| 3. Contributions                                                                                |                                |                                             |
| a. Itemized (Schedule 1A - Column 6)                                                            | (3a.) \$ <u>4,055.00</u>       |                                             |
| b. Unitemized (less than \$20.01 each - no Schedule)                                            | (3b.) \$ <u>NOT APPLICABLE</u> |                                             |
| c. Subtotal of "Contributions"                                                                  | (3c.) \$ <u>4,055.00</u>       | (18.) \$ <u>9,655.00</u>                    |
| 4. Other Receipts (Schedule 1A -1, Column 6)                                                    | (4.) \$ <u>0.00</u>            | (19.) \$ <u>0.00</u>                        |
| <b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b><br>(Add Line 3c + Line 4)                      | (5.) \$ <u>4,055.00</u>        | (20.) \$ <u>9,655.00</u>                    |
| <b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>                                                 |                                |                                             |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7)                                              | (6.) \$ <u>0.00</u>            | (21.) \$ <u>0.00</u>                        |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6)                                              | (7.) \$ <u>0.00</u>            | (22.) \$ <u>0.00</u>                        |
| <b>EXPENDITURES</b>                                                                             |                                |                                             |
| 8. Expenditures                                                                                 |                                |                                             |
| a. Itemized (Schedule 1B, Column 6)                                                             | (8a.) \$ <u>2,062.51</u>       |                                             |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G)                                                    | (8b.) \$ <u>0.00</u>           |                                             |
| c. Unitemized (less than \$50.01 each - no Schedule)                                            | (8c.) \$ <u>0.00</u>           |                                             |
| <b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)                                  | (9.) \$ <u>2,062.51</u>        | (23.) \$ <u>7,377.71</u>                    |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Officeholders Only)                                 |                                |                                             |
| 10. Disbursements                                                                               |                                |                                             |
| a. Itemized (Schedule 1C, Column 6)                                                             | (10a.) \$ <u>0.00</u>          |                                             |
| b. Unitemized (less than \$50.01 each - no Schedule)                                            | (10b.) \$ <u>0.00</u>          |                                             |
| <b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Add Line 10a + Line 10b)                  | (11.) \$ <u>0.00</u>           | (24.) \$ <u>0.00</u>                        |
| <b>DEBTS AND OBLIGATIONS</b>                                                                    |                                |                                             |
| 12. Debts and Obligations                                                                       |                                |                                             |
| a. Owed <b>by</b> the Committee (Schedule 1E)                                                   | (12a.) \$ <u>13,741.01</u>     |                                             |
| b. Owed <b>to</b> the Committee (Schedule 1E)                                                   | (12b.) \$ <u>0.00</u>          |                                             |
| <b>BALANCE STATEMENT</b>                                                                        |                                |                                             |
| 13. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.) | (13.) \$ <u>10,607.00</u>      |                                             |
| 14. Amount received during reporting period<br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ <u>4,055.00</u>     |                                             |
| 15. SUBTOTAL Add lines 13 and 14                                                                | (15.) = \$ <u>14,662.00</u>    |                                             |
| 16. Amount expended during reporting period<br>(Add lines 9 and 11)                             | (16.) - \$ <u>2,062.51</u>     |                                             |
| 17. ENDING BALANCE<br>(Subtract line 16 from line 15)                                           | (17.) \$ <u>12,599.49</u>      | *                                           |



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139761  
2. Committee Name CTE GARRY WATTS

| 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 an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                               |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                                                 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/02/2023</u> |                                                                                 |
| Name & Address:<br><b>LEO BOROWSKY</b><br><b>19637 SHORECREST DR</b><br><b>CLINTON TWP, MI 48038</b>                                                                                                                                                                                                                |                                           | \$ <u>50.00</u>                      | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED POLICE OFFICER</u> Employer <u>MACOMB COMMUNITY COLLEGE</u><br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/02/2023</u> |                                                                                 |
| Name & Address:<br><b>MARGARET HUNTONE</b><br><b>8479 TOWNE CENTER CIR</b><br><b>WARREN, MI 48093</b>                                                                                                                                                                                                               |                                           | \$ <u>100.00</u>                     | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                          |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/02/2023</u> |                                                                                 |
| Name & Address:<br><b>DC 1M</b><br><b>14597 BARBER AVE</b><br><b>WARREN, MI 48088</b>                                                                                                                                                                                                                               |                                           | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                   |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/03/2023</u> |                                                                                 |
| Name & Address:<br><b>MIKE YOUNG</b><br><b>4180 HILLCREST AVE</b><br><b>WARREN, MI 48092</b>                                                                                                                                                                                                                        |                                           | \$ <u>50.00</u>                      | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                          |                                           |                                      |                                                                                 |

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 139761  
2. Committee Name CTE GARRY WATTS

| 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 an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                                                      |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                                                                                        | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/04/2023</u> |                                                                                 |
| Name & Address:<br><b>CURTIS BEHNKE</b><br><b>13287 CHIPPEWA DR</b><br><b>WARREN, MI 48088</b>                                                                                                                                                                                                                                                             |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                 |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                         | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/16/2023</u> |                                                                                 |
| Name & Address:<br><b>RICHARD WISE</b><br><b>3731 THORNBRIER WAY</b><br><b>BLOOMFIELD TWP, MI 48302</b>                                                                                                                                                                                                                                                    |                                           | \$ <u>60.00</u>                      | \$ <u>160.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                 |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                                        | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/17/2023</u> |                                                                                 |
| Name & Address:<br><b>JEFFREY M SCHRODER</b><br><b>1592 E LINCOLN ST</b><br><b>BIRMINGHAM, MI 48009</b>                                                                                                                                                                                                                                                    |                                           | \$ <u>250.00</u>                     | \$ <u>750.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>PLUNKETT-COONEY PC</u><br>Business Address <u>38505 WOODWARD AVE, SUITE 100, BLOOMFIELD HILLS, MI 48304</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                                        | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/17/2023</u> |                                                                                 |
| Name & Address:<br><b>EDMUND MAXINOWSKI</b><br><b>37734 ADRIAN DR</b><br><b>STERLING HEIGHTS, MI 48310</b>                                                                                                                                                                                                                                                 |                                           | \$ <u>100.00</u>                     | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED POLICE OFFICER</u> Employer <u>MACOMB COMMUNITY COLLEGE</u><br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                        |                                           |                                      |                                                                                 |

Page Subtotal 510.00

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 139761  
2. Committee Name CTE GARRY WATTS

| 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 an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                                            |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                                                                              | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/17/2023</u> |                                                                                 |
| Name & Address:<br><b>CAROL MAYKOWSKI</b><br><b>30427 GLENWOOD CIR</b><br><b>WARREN, MI 48088</b>                                                                                                                                                                                                                                                |                                           | \$ <u>25.00</u>                      | \$ <u>75.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                       |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                               | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/17/2023</u> |                                                                                 |
| Name & Address:<br><b>FRANK VOGT</b><br><b>11214 CHICAGO RD</b><br><b>WARREN, MI 48093</b>                                                                                                                                                                                                                                                       |                                           | \$ <u>500.00</u>                     | \$ <u>750.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>CONSULTANT</u> Employer <u>MICHIGAN BUSINESS CONSULTANTS</u><br>Business Address <u>11214 CHICAGO RD, WARREN, MI 48093</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                              | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/17/2023</u> |                                                                                 |
| Name & Address:<br><b>ROGER ROY</b><br><b>2579 IRMA ST</b><br><b>WARREN, MI 48092</b>                                                                                                                                                                                                                                                            |                                           | \$ <u>100.00</u>                     | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>IT PROJECT MANAGER</u> Employer <u>FORD MOTOR CREDIT</u><br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                         |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                              | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/17/2023</u> |                                                                                 |
| Name & Address:<br><b>JOHN KALED</b><br><b>1319 LAKEPOINTE ST</b><br><b>GROSSE POINTE PARK, MI 48230</b>                                                                                                                                                                                                                                         |                                           | \$ <u>100.00</u>                     | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                       |                                           |                                      |                                                                                 |

Page Subtotal 725.00

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 139761  
2. Committee Name CTE GARRY WATTS

| 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 an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                                          |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                                                                            | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/17/2023</u> |                                                                                 |
| Name & Address:<br><b>DELORES PRANTERA</b><br><b>32302 SHAWN DR</b><br><b>WARREN, MI 48088</b>                                                                                                                                                                                                                                                 |                                           | \$ <u>100.00</u>                     | \$ <u>145.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                     |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                             | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/17/2023</u> |                                                                                 |
| Name & Address:<br><b>VICKIE WYBO-YAHASE</b><br><b>27581 WALKER AVE</b><br><b>WARREN, MI 48092</b>                                                                                                                                                                                                                                             |                                           | \$ <u>150.00</u>                     | \$ <u>350.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                     |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                            | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/17/2023</u> |                                                                                 |
| Name & Address:<br><b>ROBERT KOTT</b><br><b>25349 MARY ST</b><br><b>CHESTERFIELD, MI 48051</b>                                                                                                                                                                                                                                                 |                                           | \$ <u>50.00</u>                      | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                     |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                            | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/17/2023</u> |                                                                                 |
| Name & Address:<br><b>DAVID MCCLAIN</b><br><b>31650 BRETZ DR</b><br><b>WARREN, MI 48093</b>                                                                                                                                                                                                                                                    |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>WARREN FIREFIGHTER</u> Employer <u>WARREN FIRE DEPT</u><br>Business Address <u>23295 SCHOENHERR RD, WARREN, MI 48089</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |

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.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139761  
2. Committee Name CTE GARRY WATTS

| 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 an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                                     |  | 6. Amount        | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/17/2023</u><br>Name & Address:<br><b>WARREN FIREFIGHTERS SEGREGATED FUND</b><br><b>3272 E 12 MILE RD</b><br><b>WARREN, MI 480925622</b>                                                                                                  |  | \$ <u>250.00</u> | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                         |  |                  |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/17/2023</u><br>Name & Address:<br><b>FRANK SANTORO</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b>                                                                                                                                |  | \$ <u>200.00</u> | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                |  |                  |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/17/2023</u><br>Name & Address:<br><b>MELINDA MOORE</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b>                                                                                                                               |  | \$ <u>250.00</u> | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>WARREN CITY COUNCIL</u> Employer <u>CITY OF WARREN</u><br>Business Address <u>ONE CITY SQUARE, Warren, MI 48093</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |  |                  |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/17/2023</u><br>Name & Address:<br><b>LORI HARRIS</b><br><b>4047 HILLCREST AVE</b><br><b>WARREN, MI 48092</b>                                                                                                                             |  | \$ <u>10.00</u>  | \$ <u>30.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                |  |                  |                                                                                 |

Page Subtotal 710.00

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 139761  
2. Committee Name CTE GARRY WATTS

| 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 an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |  | 6. Amount        | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/17/2023</u><br>Name & Address:<br><b>RAY SHIELDS</b><br><b>8629 CHICAGO RD</b><br><b>WARREN, MI 48093</b>                                                                            |  | \$ <u>500.00</u> | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser            |  |                  |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/18/2023</u><br>Name & Address:<br><b>LOUIS BURDI</b><br><b>4901 N GRAND OAKS DR</b><br><b>WARREN, MI 48092</b>                                                                        |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser            |  |                  |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/19/2023</u><br>Name & Address:<br><b>MARY MATA CZYNSKI</b><br><b>28752 ASPEN</b><br><b>WARREN, MI 48093</b>                                                                          |  | \$ <u>30.00</u>  | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser            |  |                  |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/19/2023</u><br>Name & Address:<br><b>DEBORAH MAZUR</b><br><b>27621 RYAN RD</b><br><b>WARREN, MI 48092</b>                                                                            |  | \$ <u>50.00</u>  | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser            |  |                  |                                                                                 |

Page Subtotal 680.00

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 139761  
2. Committee Name CTE GARRY WATTS

| 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 an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                |  | 6. Amount        | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/19/2023</u><br>Name & Address:<br><b>JEFFERY YAROCH</b><br><b>35545 POUND RD</b><br><b>RICHMOND, MI 48062</b>                                                                                                       |  | \$ <u>80.00</u>  | \$ <u>80.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                    |  |                  |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/19/2023</u><br>Name & Address:<br><b>ARTHUR JORGENSEN</b><br><b>24364 CAMBRIDGE ST</b><br><b>WOODHAVEN, MI 48183</b>                                                                                                 |  | \$ <u>100.00</u> | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                           |  |                  |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/19/2023</u><br>Name & Address:<br><b>JAMES SELAKOWSKI</b><br><b>41953 PLUMTREE DR</b><br><b>STERLING HEIGHTS, MI 48314</b>                                                                                          |  | \$ <u>100.00</u> | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED DEPUTY FIRE CHEIF</u> Employer <u>WARREN FIRE DEPARTMENT</u><br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |  |                  |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/20/2023</u><br>Name & Address:<br><b>CARL HOELNLE</b><br><b>3462 MICHAEL</b><br><b>WARREN, MI 48091</b>                                                                                                             |  | \$ <u>50.00</u>  | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                           |  |                  |                                                                                 |

Page Subtotal **330.00**

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

**4,055.00**

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number 139761  
2. Committee Name CTE GARRY WATTS

| 3. Name and address of person or vendor to whom paid                                                                                                                | 4. Purpose (Required Information)                                                                                                                                        | 5. Date                   | 6. Amount        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|
| Expenditure #1<br>Name <b>SAWICKI &amp; SON</b><br><br>Address<br>1521 W LAFAYETTE BLVD<br>DETROIT, MI 48216<br><br><input type="checkbox"/> Fund Raiser            | Purpose: <u>YARD SIGNS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                 | <u>09/09/2023</u><br>Date | \$ <u>496.61</u> |
| Expenditure #2<br>Name <b>AMERICAN GRAPHICS PRINTING</b><br><br>Address<br>34895 GROESBECK HWY<br>CLINTON TWP, MI 48035<br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>ELECTION HANDOUTS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement          | <u>09/22/2023</u><br>Date | \$ <u>522.97</u> |
| Expenditure #3<br>Name <b>US POST OFFICE</b><br><br>Address<br>28401 MOUND RD<br>WARREN, MI 48090<br><br><input type="checkbox"/> Fund Raiser                       | Purpose: <u>POSTAGE</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                    | <u>10/06/2023</u><br>Date | \$ <u>66.00</u>  |
| Expenditure #4<br>Name <b>BJ???S WHOLESALE</b><br><br>Address<br>45101 TOWNE CENTER BLVD<br>NEW BALTIMORE, MI 48047<br><br><input type="checkbox"/> Fund Raiser     | Purpose: <u>TRUNK &amp; TREAT SUPPLIES</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/17/2023</u><br>Date | \$ <u>36.97</u>  |
| Expenditure #5<br>Name <b>MALONES TAVERN</b><br><br>Address<br>32350 VAN DYKE AVE<br>WARREN, MI 48093<br><br><input type="checkbox"/> Fund Raiser                   | Purpose: <u>FUNDRAISER EXPENSE</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement         | <u>10/17/2023</u><br>Date | \$ <u>939.96</u> |

|                                                                        |          |
|------------------------------------------------------------------------|----------|
| Subtotal this page                                                     | 2,062.51 |
| Grand Total of all Schedules 1B<br>(Complete on last page of Schedule) | 2,062.51 |

Enter this total  
on line 8a of  
Summary Page



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

1. Committee I.D. Number 139761  
2. Committee Name CTE GARRY WATTS

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.<br><br>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any. | 4. Type of Obligation (Description)<br>5. Indicate date debt was incurred<br>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 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>GARRY WATTS</b><br><b>30246 ROSENBUSCH</b><br><b>WARREN, MI 48088</b>                                                                                                                                     | 4. Type: <u>LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>06/18/2019</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>514.46</u>   | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>514.46</u><br><input type="checkbox"/> FORGIVEN                |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                            |                                    |                                       |                                                                      |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>GARRY WATTS</b><br><b>30246 ROSENBUSCH</b><br><b>WARREN, GW 48088</b>                                                                                                                                     | 4. Type: <u>LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>09/25/2019</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>138.20</u>   | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>138.20</u><br><input type="checkbox"/> FORGIVEN                |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                            |                                    |                                       |                                                                      |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>GARRY WATTS</b><br><b>30246 ROSENBUSCH DR</b><br><b>WARREN, MI 48088</b>                                                                                                                                  | 4. Type: <u>LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>10/03/2019</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>1,919.28</u> | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>1,919.28</u><br><input type="checkbox"/> FORGIVEN              |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                            |                                    |                                       |                                                                      |

Page Subtotal (Outstanding debt) **2,571.94**

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

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



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

1. Committee I.D. Number 139761  
2. Committee Name CTE GARRY WATTS

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.<br><br>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any. | 4. Type of Obligation (Description)<br>5. Indicate date debt was incurred<br>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 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>GARRY WATTS</b><br><b>30246 ROSENBUSCH DR</b><br><b>WARREN, GW 48088</b>                                                                                                                                  | 4. Type: <u>LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>10/23/2019</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>890.94</u>    | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>890.94</u><br><input type="checkbox"/> FORGIVEN                |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                             |                                    |                                       |                                                                      |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>GARRY W WATTS</b><br><b>30246 ROSENBUSCH DR</b><br><b>WARREN, MI 48088</b>                                                                                                                                | 4. Type: <u>LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>10/23/2019</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>278.13</u>    | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>278.13</u><br><input type="checkbox"/> FORGIVEN                |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                             |                                    |                                       |                                                                      |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>GARRY W WATTS</b><br><b>30246 ROSENBUSCH</b><br><b>WARREN, GW 48088</b>                                                                                                                                   | 4. Type: <u>LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>12/01/2022</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>10,000.00</u> | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>10,000.00</u><br><input type="checkbox"/> FORGIVEN             |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                             |                                    |                                       |                                                                      |

Page Subtotal (Outstanding debt)

**11,169.07**

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

**13,741.01**

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

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.



**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139761  
2. Committee Name CTE GARRY WATTS

**- USE A SEPARATE SHEET FOR EACH EVENT -**

|                                                 |                                                                                                   |                                                           |                                                                                                                                                                                                     |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. Date Event Was Held<br><br><u>10/17/2023</u> | 4. Number of Individuals Attending<br>or Participating (whichever is<br>greater)<br><br><u>40</u> | 5. Type of Fund Raising Activity<br><br><u>FUNDRAISER</u> | 6. Address and Name (If any) of the<br>place where the activity was held.<br><u>MALONE??S</u><br><u>32350 VAN DYKE AVE</u><br><u>WARREN, MI 48093</u><br><input type="checkbox"/> Private Residence |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

7. Total Contributions 2,965.00  
8. Other Receipts 0.00  
9. Gross Receipts (Add lines 7 and 8) 2,965.00  
10. Total Cost of Event 939.96  
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

| Co-Sponsor(s) | Contribution Split<br>(%) | Expenditure Split<br>(%) |
|---------------|---------------------------|--------------------------|
| <hr/>         | <hr/>                     | <hr/>                    |
| <hr/>         | <hr/>                     | <hr/>                    |
| <hr/>         | <hr/>                     | <hr/>                    |
| <hr/>         | <hr/>                     | <hr/>                    |
| <hr/>         | <hr/>                     | <hr/>                    |
| <hr/>         | <hr/>                     | <hr/>                    |
| <hr/>         | <hr/>                     | <hr/>                    |
| <hr/>         | <hr/>                     | <hr/>                    |

- 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.