



FILED

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MACOMB COUNTY CLERK
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**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

140296

4. Candidate Last Name

DIMAS

First Name

GEORGE

M.I.

2. Committee Name

CTE GEORGE L. DIMAS

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

MAYOR, WARREN

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

5. Committee's Mailing Address

**11166 OLIVE STREET
WARREN, MI 48093**

6. Treasurer's Name & Residential Address

**GEORGE DIMAS
11166 OLIVE STREET
WARREN, MI 48093**

Area Code and Phone (586) 945-3201
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) 945-3201

7. Treasurer's Business Address

**11166 OLIVE STREET
WARREN, MI 48093**

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

Area Code and Phone (586) 945-3201

Area Code and Phone () -

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

10/26/2023

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/26/2023



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140296

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE GEORGE L. DIMAS

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>42,175.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>42,175.00</u>	(18.) \$ <u>152,175.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>2,800.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>42,175.00</u>	(20.) \$ <u>154,975.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>2,921.80</u>	(21.) \$ <u>3,571.80</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>34,509.89</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>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>34,509.89</u>	(23.) \$ <u>134,235.84</u>
INCIDENTAL EXPENSE DISBURSEMENTS (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>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>110,000.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>13,074.05</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>42,175.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>55,249.05</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>34,509.89</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>20,739.16</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140296
2. Committee Name CTE GEORGE L. DIMAS

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? ☐ YES 4. Date of Receipt <u>08/31/2023</u> Name & Address: HASSEN CHARARA 25135 NEWTON ST DEARBORN, MI 48124		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>WARREN QUICK LUBE INC</u> Business Address <u>20835 VAN DYKE AVE, WARREN, MI 48089</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/31/2023</u> Name & Address: HOWARD SHIFMAN 31600 TELEGRAPH RD BINGHAM FARMS, MI 48025		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SHIFMAN FOURNIER</u> Business Address <u>31600 TELEGRAPH RD, BINGHAM FARMS, MI 48025</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/31/2023</u> Name & Address: MARK KNAPP 21763 CURIE AVE WARREN, MI 48091		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT CONTROLLER</u> Employer <u>CITY OF WARREN</u> Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/31/2023</u> Name & Address: BRANDON FOURNIER 28311 OAKMONTE CIR W NEW HUDSON, MI 48165		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SHIFMAN FOURNIER</u> Business Address <u>31600 TELEGRAPH RD, BINGHAM FARMS, MI 48025</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **4,000.00**

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 140296
2. Committee Name CTE GEORGE L. DIMAS

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? ☐ YES 4. Date of Receipt <u>08/31/2023</u> Name & Address: DENNIS BOSTICK 5408 BARRINGTON DR ROCHESTER, MI 48306		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>TROY SPORTS CENTER</u> Business Address <u>1819 E BIG BEAVER RD, TROY, MI 48083</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/31/2023</u> Name & Address: INGO PRIDOEHL 1045 BLOOMVIEW CIR ROCHESTER, MI 48307		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>HOUSING MARKET SOLUTIONS LLC</u> Business Address <u>1045 BLOOMVIEW CIR, ROCHESTER, MI 48307</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/31/2023</u> Name & Address: RICHARD FOX 4882 ROCHESTER RD DRYDEN, MI 48428		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CITY CONTROLLER</u> Employer <u>CITY OF WARREN</u> Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/31/2023</u> Name & Address: LORENZO CAVALIERE 30078 SCHOENHERR RD WARREN, MI 48088		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>LEGACY CONSTRUCTION GROUP, LLC</u> Business Address <u>30078 SCHOENHERR RD, WARREN, MI 48088</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **5,000.00**

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SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140296
2. Committee Name CTE GEORGE L. DIMAS

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? ☐ YES	4. Date of Receipt <u>08/31/2023</u>	
Name & Address: BOB ZACCO 28400 NORTHWESTERN HWY SOUTHFIELD, MI 48034		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>LEFTY'S CHEESESTEAKS FRANCHISING LLC</u> Business Address <u>28400 NORTHWESTERN HWY, SOUTHFIELD, MI 48034</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/31/2023</u>	
Name & Address: RANDOLPH WRIGHT 255 E BROWN ST BIRMINGHAM, MI 48009		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>BERRY MOOREMAN PC</u> Business Address <u>535 GRISWOLD ST, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/31/2023</u>	
Name & Address: JOHN AXE 481 KERCHEVAL AVE GROSSE POINTE FARMS, MI 48236		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>CLARK HILL</u> Business Address <u>500 WOODWARD AVENUE, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/31/2023</u>	
Name & Address: LINDA AXE 481 KERCHEVAL AVE GROSSE POINTE FARMS, MI 48236		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 4,000.00

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/31/2023</u> Name & Address: LAWRENCE GARCIA 3 POPLAR PARK BLVD PLEASANT RIDGE, MI 48069		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MILLER CANFIELD</u> Business Address <u>150 W JEFFERSON AVE, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/31/2023</u> Name & Address: LAURI READ 1063 MARYLAND ST GROSSE POINTE PARK, MI 48230		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KELLER THOMA</u> Business Address <u>26555 EVERGREEN RD, SOUTHFIELD, MI 48076</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/31/2023</u> Name & Address: MARTIN CRANDALL 23542 MILITARY RD DEARBORN HEIGHTS, MI 48127		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>CLARK HILL</u> Business Address <u>500 WOODWARD AVENUE, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/31/2023</u> Name & Address: ROBERT KIRK 19500 HALL RD CLINTON TWP, MI 48038		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KIRK HUTH LANGE & BADALAMENTI</u> Business Address <u>19500 HALL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,400.00

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/31/2023</u> Name & Address: ROBERT HUTH 19500 HALL RD CLINTON TWP, MI 48038		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KIRK HUTH LANGE & BADALAMENTI</u> Business Address <u>19500 HALL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/31/2023</u> Name & Address: RAEHEL BADALAMENTI 19500 HALL RD CLINTON TWP, MI 48038		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KIRK HUTH LANGE & BADALAMENTI</u> Business Address <u>19500 HALL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/31/2023</u> Name & Address: MICHAEL MUELLER 1250 S OXFORD RD GROSSE POINTE WOODS, MI 48236		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE CONSULTANT</u> Employer <u>TMR & ASSOCIATES</u> Business Address <u>601 ABBOTT ST, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/31/2023</u> Name & Address: KEVIN MOORE 601 ABBOTT ST DETROIT, MI 48226		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE CONSULTANT</u> Employer <u>TMR & ASSOCIATES</u> Business Address <u>601 ABBOTT ST, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,700.00

Grand Total of All Schedules 1A
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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? ☐ YES 4. Date of Receipt <u>08/31/2023</u> Name & Address: SCOTT SOBCZYK 19641 HANNA ST MELVINDALE, MI 48122		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE CONSULTANT</u> Employer <u>TMR & ASSOCIATES</u> Business Address <u>601 ABBOTT ST, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/31/2023</u> Name & Address: TONY GALLO 6303 26 MILE RD WASHINGTON, MI 48094		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>GALLO COMPANIES</u> Business Address <u>6303 26 MILE RD, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☒ YES 4. Date of Receipt <u>08/31/2023</u> Name & Address: CLARK HILL PAC 500 WOODWARD AVENUE SUITE 3500 DETROIT, MI 48226		\$ <u>1,000.00</u>	\$ <u>1,000.00</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: HOWARD SHIFMAN 31600 TELEGRAPH RD BINGHAM FARMS, MI 48025		\$ <u>1,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SHIFMAN FOURNIER</u> Business Address <u>31600 TELEGRAPH RD, BINGHAM FARMS, MI 48025</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **3,300.00**

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/27/2023</u>	
Name & Address: JOSE FANEGO 39 DANFORTH ST WHITE LAKE TWP, MI 48386		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>JOSE R FANEGO ATTORNEY AT LAW</u> Business Address <u>39520 WOODWARD AVE, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/27/2023</u>	
Name & Address: RICHARD FOX 4882 ROCHESTER RD DRYDEN, MI 48428		\$ <u>500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CITY CONTROLLER</u> Employer <u>CITY OF WARREN</u> Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/27/2023</u>	
Name & Address: BRANDON FOURNIER 28311 OAKMONTE CIR W NEW HUDSON, MI 48165		\$ <u>1,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SHIFMAN FOURNIER</u> Business Address <u>31600 TELEGRAPH RD, BINGHAM FARMS, MI 48025</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/27/2023</u>	
Name & Address: LAURA SULLIVAN 320 WASHINGTON RD GROSSE POINTE, MI 48230		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT CITY ATTORNEY</u> Employer <u>CITY OF WARREN</u> Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,300.00

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2. Committee Name CTE GEORGE L. DIMAS

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? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: JENNIFER CZEISZPERGER 39219 WILLMARTH ST HARRISON TWP, MI 48045 5. If over \$100.00 cumulative, please provide: Occupation <u>CITY ASSESSOR</u> Employer <u>CITY OF WARREN</u> Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>125.00</u>	\$ <u>125.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: JOAN FLYNN 13810 TRAFALGA DR WARREN, MI 48088 5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR ADVISOR</u> Employer <u>CITY OF WARREN</u> Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>200.00</u>	\$ <u>200.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: GARY SIKORA 32605 PINE RIDGE DR WARREN, MI 48093 5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>CITY OF WARREN</u> Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>225.00</u>	\$ <u>225.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: MARK KNAPP 21763 CURIE AVE WARREN, MI 48091 5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT CONTROLLER</u> Employer <u>CITY OF WARREN</u> Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>500.00</u>	\$ <u>1,500.00</u>

Page Subtotal **1,050.00**

Grand Total of All Schedules 1A
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Enter this total on
line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140296
2. Committee Name CTE GEORGE L. DIMAS

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? ☒ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: WARREN CHAPTER 1917 AFSCME PAC FUND 4345 TUXEDO DR WARREN, MI 48092		\$ <u>100.00</u>	\$ <u>100.00</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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: ALAN HELMKAMP 37488 N LAUREL PARK DR LIVONIA, MI 48152		\$ <u>100.00</u>	\$ <u>100.00</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			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: PATTY ABBO 42003 BANBURY CT NORTHVILLE, MI 48168		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>PMA REAL ESTATE LLC</u> Business Address <u>42003 BANBURY CT, NORTHVILLE, MI 48168</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: ORRIN FERGUSON 21961 BEDFORD VALLEY DR MACOMB, MI 48044		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FIRE CHIEF</u> Employer <u>CITY OF WARREN</u> Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 425.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140296
2. Committee Name CTE GEORGE L. DIMAS

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? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: SCOTT CHAMBERS 31022 MOCERI CIR WARREN, MI 48088 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>DRIVE CREATIVE SERVICES</u> Business Address <u>31022 MOCERI CIR, WARREN, MI 48088</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>125.00</u>	\$ <u>125.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: ETHAN VINSON 3440 SHERBOURNE RD DETROIT, MI 48221 5. If over \$100.00 cumulative, please provide: Occupation <u>CITY ATTORNEY</u> Employer <u>CITY OF WARREN</u> Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>125.00</u>	\$ <u>125.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: JENNIFER PIERCE 423 ROLAND RD GROSSE POINTE FARMS, MI 48236 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LAW OFFICE JENNIFER PIERCE PC</u> Business Address <u>32750 N RIVER RD, HARRISON TWP, MI 48045</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>125.00</u>	\$ <u>125.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: LAURI READ 1063 MARYLAND ST GROSSE POINTE PARK, MI 48230 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KELLER THOMA</u> Business Address <u>26555 EVERGREEN RD, SOUTHFIELD, MI 48076</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>125.00</u>	\$ <u>1,125.00</u>

Page Subtotal 500.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140296
2. Committee Name CTE GEORGE L. DIMAS

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? ☐ YES	4. Date of Receipt <u>09/27/2023</u>	
Name & Address: CLARISSA CAYTON 1999 ELMHURST CIR ORION TWP, MI 48359		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNICATIONS DIRECTOR</u> Employer <u>CITY OF WARREN</u> Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/27/2023</u>	
Name & Address: CHRISTOPHER BENINATI 20694 VESPER DR MACOMB, MI 48044		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>ELCOMETER INC</u> Business Address <u>6900 MILLER DR, WARREN, MI 48092</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/27/2023</u>	
Name & Address: DALE WALKER 8281 CADILLAC AVE WARREN, MI 48089		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SUPERINTENDENT</u> Employer <u>CITY OF WARREN</u> Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/27/2023</u>	
Name & Address: SARA GORGIS 11474 CANTERBURY DR WARREN, MI 48093		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY DIRECTOR SENIOR HOUSING</u> Employer <u>CITY OF WARREN</u> Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 500.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140296
2. Committee Name CTE GEORGE L. DIMAS

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? ☐ YES	4. Date of Receipt <u>09/27/2023</u>	
Name & Address: ROBERT BOCCOMINO 27882 LOS OLAS DR WARREN, MI 48093		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR HOUSING CLERK</u> Employer <u>CITY OF WARREN</u> Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/27/2023</u>	
Name & Address: JOHN AXE 481 KERCHEVAL AVE GROSSE POINTE FARMS, MI 48236		\$ <u>250.00</u>	\$ <u>1,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>CLARK HILL</u> Business Address <u>500 WOODWARD AVENUE, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>09/27/2023</u>	
Name & Address: CLARK HILL PAC 500 WOODWARD AVENUE SUITE 3500 DETROIT, MI 48226		\$ <u>250.00</u>	\$ <u>1,250.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/27/2023</u>	
Name & Address: WILBURT MCADAMS 1235 DUFRAIN AVE PONTIAC, MI 48342		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FIRE COMMISSIONER</u> Employer <u>CITY OF WARREN</u> Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 875.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140296
2. Committee Name CTE GEORGE L. DIMAS

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? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: JOHN JOHNSON 48637 SHADY GLEN NEW BALTIMORE, MI 48051 5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>SOUTHEAST MICHIGAN CHAMBER OF COMMERCE</u> Business Address <u>59 WALNUT AVENUE, MOUNT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: MICHAEL MACDONALD 18890 SAN QUENTIN DR LATHRUP VILLAGE, MI 48076 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		\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: SHANNON PRICE 9613 TENNYSON DR PLYMOUTH, MI 48170 5. If over \$100.00 cumulative, please provide: Occupation <u>PRINCIPAL</u> Employer <u>M&B CONSULTING</u> Business Address <u>9613 TENNYSON DR, PLYMOUTH, MI 48170</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: MARY MICHAELS 17020 MAUMEE AVE GROSSE POINTE, MI 48230 5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT CITY ATTORNEY</u> Employer <u>CITY OF WARREN</u> Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>300.00</u>	\$ <u>300.00</u>

Page Subtotal **1,050.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140296
2. Committee Name CTE GEORGE L. DIMAS

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? ☐ YES	4. Date of Receipt <u>09/27/2023</u>	
Name & Address: STEPHEN PANGORI 8106 ROSEBUD LANE CLARKSTON, MI 48348		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>ANDERSON ECKSTEIN & WESTRICK</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/27/2023</u>	
Name & Address: BRIAN HERTZ 26843 FAIRFIELD AVE WARREN, MI 48089		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>ELLIS BROS TOWING</u> Business Address <u>21707 MAC ARTHUR BLVD, WARREN, MI 48089</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>09/27/2023</u>	
Name & Address: WARREN POLICE COMMAND OFFICERS ASSOCIATION PAC FUND 29900 S CIVIC CENTER BLVD WARREN, MI 48093		\$ <u>500.00</u>	\$ <u>500.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/27/2023</u>	
Name & Address: JACOB MOASE 32651 SHAWN DR WARREN, MI 48088		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>DALE'S LANDSCAPING</u> Business Address <u>16720 13 MILE RD, ROSEVILLE, MI 48066</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,800.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140296
2. Committee Name CTE GEORGE L. DIMAS

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? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: RANDOLPH WRIGHT 255 E BROWN ST BIRMINGHAM, MI 48009		\$ <u>500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>BERRY MOOREMAN PC</u> Business Address <u>535 GRISWOLD ST, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: ROBERT KIRK 19500 HALL RD CLINTON TWP, MI 48038		\$ <u>300.00</u>	\$ <u>1,300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KIRK HUTH LANGE & BADALAMENTI</u> Business Address <u>19500 HALL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: ROBERT HUTH 19500 HALL RD CLINTON TWP, MI 48038		\$ <u>300.00</u>	\$ <u>1,300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KIRK HUTH LANGE & BADALAMENTI</u> Business Address <u>19500 HALL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: RAEHEL BADALAMENTI 19500 HALL RD CLINTON TWP, MI 48038		\$ <u>300.00</u>	\$ <u>1,300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KIRK HUTH LANGE & BADALAMENTI</u> Business Address <u>19500 HALL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,400.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140296
2. Committee Name CTE GEORGE L. DIMAS

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? ☒ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: WARREN FIREFIGHTERS SEGREGATED FUND 3272 E 12 MILE RD WARREN, MI 480925622		\$ <u>500.00</u>	\$ <u>500.00</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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: PAUL DOPPKE 21616 ERBEN ST ST CLAIR SHORES, MI 48081		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>LANDSCAPE SERVICES</u> Business Address <u>22932 RASCH DR, CLINTON TWP, MI 48035</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: AEMAN KALLABAT 54380 CARRINGTON DR SHELBY TWP, MI 48316		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>HARMONY ASSISTED LIVING LLC</u> Business Address <u>2585 TIVERTON DR, STERLING HEIGHTS, MI 48310</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: DENNIS HERTZ 4782 BROCKHAM WAY STERLING HEIGHTS, MI 48310		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SERVICE TOWING</u> Business Address <u>6006 RINKE AVE, WARREN, MI 48091</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **3,500.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140296
2. Committee Name CTE GEORGE L. DIMAS

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: THOMAS PAWELKOWSKI 11272 RIVER DR WARREN, MI 48093		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>WATER SUPERINTENDENT</u> Employer <u>CITY OF WARREN</u> Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: JOSEPH KOVALCIK 31990 ALINE DR WARREN, MI 48093		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OPERATIONS MANAGER</u> Employer <u>CITY OF WARREN</u> Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: ROBERT NORMAN 19801 PLEASANT ST ST CLAIR SHORES, MI 48080		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>M&D TOWING</u> Business Address <u>27365 MOUND RD, WARREN, MI 48092</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: MOHAMMED UDDIN 11445 CONANT HAMTRAMCK, MI 48212		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>HOME PRIDE REALTY</u> Business Address <u>11445 CONANT, HAMTRAMCK, MI 48212</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 625.00

Grand Total of All Schedules 1A
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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140296
2. Committee Name CTE GEORGE L. DIMAS

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? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: GEOFFREY SARGENT 3362 TRACY DR STERLING HEIGHTS, MI 48310		\$ <u>1,250.00</u>	\$ <u>1,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>G SARGENT INC</u> Business Address <u>3362 TRACY DR, STERLING HEIGHTS, MI 48310</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: MARK JOHNSTON 1957 CROOKS RD TROY, MI 48084		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>AJAX PAVING INDUSTRIES</u> Business Address <u>1957 CROOKS RD, TROY, MI 48084</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: LUIGI FERDINANDI 16481 COMMON RD ROSEVILLE, MI 48066		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>FERDINANDI & SONS CEMENT</u> Business Address <u>16481 COMMON RD, ROSEVILLE, MI 48066</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: LYNN HARMALA 50850 BEMIS RD BELLEVILLE, MI 48111		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>LAWRENCE M CLARK INC</u> Business Address <u>50850 BEMIS RD, BELLEVILLE, MI 48111</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **3,050.00**

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140296
2. Committee Name CTE GEORGE L. DIMAS

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? ☐ YES	4. Date of Receipt <u>09/27/2023</u>	
Name & Address: JOSEPH GULA 44255 CONSTELLATION DR STERLING HEIGHTS, MI 48314		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSPECTOR</u> Employer <u>CITY OF WARREN</u> Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/27/2023</u>	
Name & Address: RONALD WUERTH 25481 BILLETTE DR WARREN, MI 48091		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PLANNING DIRECTOR</u> Employer <u>CITY OF WARREN</u> Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/04/2023</u>	
Name & Address: JEFFREY SHERMAN 4727 MADA CT WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SHERMAN & SHERMAN PC</u> Business Address <u>30700 TELEGRAPH RD, BINGHAM FARMS, MI 48025</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/04/2023</u>	
Name & Address: LARRY SHERMAN 3387 INDIAN SUMMER DR BLOOMFIELD TWP, MI 48302		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SHERMAN & SHERMAN PC</u> Business Address <u>30700 TELEGRAPH RD, BINGHAM FARMS, MI 48025</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 450.00

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140296
2. Committee Name CTE GEORGE L. DIMAS

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? ☐ YES	4. Date of Receipt <u>10/13/2023</u>	
Name & Address: COREY PADRUTT 1300 W 9TH ST CLEVELAND, OH 44113		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES MANAGER</u> Employer <u>MTECH</u> Business Address <u>7401 1ST PL, CLEVELAND, OH 44146</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/13/2023</u>	
Name & Address: RICHARD FANNING 1274 PENNIMAN AVE PLYMOUTH, MI 48170		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>CLARK HILL</u> Business Address <u>3500 WOODWARD AVE, DETROIT, MI 48201</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/16/2023</u>	
Name & Address: COSTA PAPISTA 6646 GLEN RIDGE CT CLARKSTON, MI 48348		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>FLINT CITY BUCKS</u> Business Address <u>701 UNIVERSITY AVE, FLINT, MI 48503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/16/2023</u>	
Name & Address: LOUIS MICHAEL 61590 BRADBURY RUN WASHINGTON TOWNSHIP, MI 48094		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>UNIVERSAL CONTRACTING SERVICES</u> Business Address <u>5671 TRUMBULL, DETROIT, MI 48208</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,000.00**

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140296
2. Committee Name CTE GEORGE L. DIMAS

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? ☐ YES 4. Date of Receipt <u>10/16/2023</u> Name & Address: JOSEPH LENTINE 5843 JULIANN CT WASHINGTON, MI 48094		\$ <u>1,000.00</u>	\$ <u>1,000.00</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			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/16/2023</u> Name & Address: JAMES CUMMINS 22102 EDGEWOOD ST ST CLAIR SHORES, MI 48080		\$ <u>1,250.00</u>	\$ <u>1,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDING DIRECTOR</u> Employer <u>CITY OF WARREN</u> Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 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 # 4 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

2,250.00

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

42,175.00

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line 3a of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **140296**

CANDIDATE COMMITTEE

2. Committee Name **CTE GEORGE L. DIMAS**

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 <u>all</u> 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 (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: GUST GHANAM 32068 MARGARET CT WARREN, MI 48093 If over \$100.00 cumulative, please provide: Occupation: PUBLIC SERVICE DIRECTOR Employer Name & Business Address: CITY OF WARREN 1 CITY SQUARE, WARREN, MI 48093 ☒ 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 <u>08/31 FUNDRAISER FOOD & REFRESHMENTS</u> 5. Date Of Receipt: <u>08/31/2023</u> 6. Vendor Name & Address: ANDIAMO WARREN 7096 E 14 MILE RD, WARREN, MI 48092	\$ 1,621.80	\$ 1,621.80
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: JOEY ORAM PO BOX 252755 WEST BLOOMFIELD, MI 48325 If over \$100.00 cumulative, please provide: Occupation: MANAGER Employer Name & Address: 5STARBILLBOARDS PO BOX 252755, WEST BLOOMFIELD, MI 48325 ☐ 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 <u>BILLBOARD ADVERTISING</u> 5. Date Of Receipt: <u>09/01/2023</u> 6. Vendor Name & Address:	\$ 650.00	\$ 1,300.00
Contribution #3 PAC Receipt? ☐ Yes Name & Address: JOEY ORAM PO BOX 252755 WEST BLOOMFIELD, MI 48325 If over \$100.00 cumulative, please provide: Occupation: MANAGER Employer Name & Address: 5STARBILLBOARDS PO BOX 252755, WEST BLOOMFIELD, MI 48325 ☐ 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 <u>BILLBOARD ADVERTISING</u> 5. Date Of Receipt: <u>10/01/2023</u> 6. Vendor Name & Address:	\$ 650.00	\$ 1,950.00

Page Subtotal **2,921.80** **3,571.80**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **2,921.80**

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140296
2. Committee Name CTE GEORGE L. DIMAS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name HUNTINGTON BANK Address 29333 HOOVER RD WARREN, MI 48093 ☐ Fund Raiser	Purpose: BANK CHARGES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/29/2023 Date	\$ 5.00
Expenditure #2 Name SQUARESPACE Address 225 VARICK ST NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: WEB FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/29/2023 Date	\$ 33.00
Expenditure #3 Name RUSH ORDER TEES Address 2727 COMMERCE WAY PHILADELPHIA, PA 19154 ☐ Fund Raiser	Purpose: T-SHIRTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/29/2023 Date	\$ 233.89
Expenditure #4 Name FUNDHERO Address 3515 ELLINGTON WAY ATLANTA, GA 30349 ☐ Fund Raiser	Purpose: WEB DONATION BUTTON ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/01/2023 Date	\$ 8.99
Expenditure #5 Name MCREST Address 215 S MAIN ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: PET SHELTER DONATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/10/2023 Date	\$ 500.00

Subtotal this page

780.88

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140296**
2. Committee Name **CTE GEORGE L. DIMAS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name HUNTINGTON BANK Address 29333 HOOVER RD WARREN, MI 48093 ☐ Fund Raiser	Purpose: BANK CHARGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/15/2023 Date	\$ 5.00
Expenditure #2 Name JOSHUA MCALLISTER CREATIVE Address 1516 POPLAR AVE ROYAL OAK, MI 48073 ☐ Fund Raiser	Purpose: SOCIAL MEDIA TEMPLATE DESIGN ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/18/2023 Date	\$ 37.50
Expenditure #3 Name ITALIAN AMERICAN CULTURAL SOCIETY Address 43843 ROMEO PLANK RD CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/18/2023 Date	\$ 195.00
Expenditure #4 Name C&G PUBLISHING INC Address 13650 E ELEVEN MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/18/2023 Date	\$ 2,032.00
Expenditure #5 Name HUNTINGTON BANK Address 29333 HOOVER RD WARREN, MI 48093 ☐ Fund Raiser	Purpose: CHECKS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/20/2023 Date	\$ 73.43

Subtotal this page **2,342.93**
Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140296
2. Committee Name CTE GEORGE L. DIMAS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ROCKET PRINT Address 608 S WASHINGTON AVE ROYAL OAK, MI 48067 ☐ Fund Raiser	Purpose: <u>CAMPAIGN LITERATURE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/21/2023</u> Date	\$ <u>611.10</u>
Expenditure #2 Name SAWICKI & SONS Address 1521 W LAFAYETTE BLVD DETROIT, MI 48216 ☐ Fund Raiser	Purpose: <u>CAMPAIGN MAGNETS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/21/2023</u> Date	\$ <u>1,494.60</u>
Expenditure #3 Name JOSHUA MCALLISTER CREATIVE Address 1516 POPLAR AVE ROYAL OAK, MI 48073 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA TEMPLATE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/22/2023</u> Date	\$ <u>25.00</u>
Expenditure #4 Name DYNAMIC MARKETING Address 27031 W SEVEN MILE RD REDFORD TWP, MI 48239 ☐ Fund Raiser	Purpose: <u>CAMPAIGN LITERATURE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/25/2023</u> Date	\$ <u>9,882.02</u>
Expenditure #5 Name SQUARESPACE Address 225 VARICK ST NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: <u>WEB FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/25/2023</u> Date	\$ <u>33.00</u>

Subtotal this page **12,045.72**

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

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140296
2. Committee Name CTE GEORGE L. DIMAS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name THE ITALIAN TRIBUNE Address PO BOX 380407 CLINTON TOWNSHIP, MI 48038 ☐ Fund Raiser	Purpose: <u>ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/02/2023</u> Date	\$ <u>277.00</u>
Expenditure #2 Name FUNDHERO Address 3515 ELLINGTON WAY ATLANTA, GA 30349 ☐ Fund Raiser	Purpose: <u>WEB DONATION BUTTON</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/02/2023</u> Date	\$ <u>8.99</u>
Expenditure #3 Name ITALIAN AMERICAN CULTURAL SOCIETY Address 43843 ROMEO PLANK RD CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: <u>ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/03/2023</u> Date	\$ <u>40.00</u>
Expenditure #4 Name C&G PUBLISHING INC Address 13650 E ELEVEN MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: <u>ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/04/2023</u> Date	\$ <u>2,032.00</u>
Expenditure #5 Name ANDIAMO WARREN Address 7096 E 14 MILE RD WARREN, MI 48092 ☒ Fund Raiser	Purpose: <u>09/27 FUNDRAISER COST - BANQUET CENTER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/05/2023</u> Date	\$ <u>1,000.00</u>

Subtotal this page

3,357.99

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

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140296**
2. Committee Name **CTE GEORGE L. DIMAS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name JOSHUA MCALLISTER CREATIVE Address 1516 POPLAR AVE ROYAL OAK, MI 48073 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA TEMPLATE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/05/2023</u> Date	\$ <u>175.00</u>
Expenditure #2 Name IMPACT MEDIA PROFESSIONALS LLC Address PO BOX 113 NOVI, MI 48376 ☐ Fund Raiser	Purpose: <u>ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/05/2023</u> Date	\$ <u>906.21</u>
Expenditure #3 Name DYNAMIC MARKETING Address 27031 W SEVEN MILE RD REDFORD TWP, MI 48239 ☐ Fund Raiser	Purpose: <u>CAMPAIGN LITERATURE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/05/2023</u> Date	\$ <u>9,882.02</u>
Expenditure #4 Name C&G PUBLISHING INC Address 13650 E ELEVEN MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: <u>ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/06/2023</u> Date	\$ <u>2,132.00</u>
Expenditure #5 Name CUSTOM PRINTING Address 1659 ROCHESTER RD TROY, MI 48083 ☐ Fund Raiser	Purpose: <u>CAMPAIGN LITERATURE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10/2023</u> Date	\$ <u>2,733.75</u>

Subtotal this page **15,828.98**

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

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140296
2. Committee Name CTE GEORGE L. DIMAS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FAST SIGNS Address 38120 VAN DYKE AVE STERLING HEIGHTS, MI 48312 ☐ Fund Raiser	Purpose: <u>MAGNETIC SIGN</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/11/2023</u> Date	\$ <u>148.39</u>
Expenditure #2 Name HUNTINGTON BANK Address 29333 HOOVER RD WARREN, MI 48093 ☐ Fund Raiser	Purpose: <u>BANK CHARGE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/16/2023</u> Date	\$ <u>5.00</u>
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page	153.39
Grand Total of all Schedules 1B (Complete on last page of Schedule)	34,509.89

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DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140296
2. Committee Name CTE GEORGE L. DIMAS

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 information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 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 Corp? ☐ Yes Owed to or by: GEORGE DIMAS 11166 OLIVE ST WARREN, MI 48093	4. Type: <u>LOAN FROM CANDIDATE</u> 5. <u>Date Debt Was Incurred:</u> <u>05/04/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 5,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>5,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: GEORGE DIMAS 11166 OLIVE ST WARREN, MI 48093	4. Type: <u>LOAN FROM CANDIDATE</u> 5. <u>Date Debt Was Incurred:</u> <u>05/17/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 15,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>15,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: GEORGE DIMAS 11166 OLIVE ST WARREN, MI 48093	4. Type: <u>LOAN FROM CANDIDATE</u> 5. <u>Date Debt Was Incurred:</u> <u>06/13/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 10,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>10,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

30,000.00

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

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.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140296
2. Committee Name CTE GEORGE L. DIMAS

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 information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 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 Corp? ☐ Yes Owed to or by: GEORGE DIMAS 11166 OLIVE ST WARREN, MI 48093	4. Type: <u>LOAN FROM CANDIDATE</u> 5. <u>Date Debt Was Incurred:</u> <u>06/20/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 10,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>10,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: GEORGE DIMAS 11166 OLIVE ST WARREN, MI 48093	4. Type: <u>LOAN FROM CANDIDATE</u> 5. <u>Date Debt Was Incurred:</u> <u>06/23/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 10,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>10,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: GEORGE DIMAS 11166 OLIVE ST WARREN, MI 48093	4. Type: <u>LOAN FROM CANDIDATE</u> 5. <u>Date Debt Was Incurred:</u> <u>06/26/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 10,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>10,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

30,000.00

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

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

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DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140296
2. Committee Name CTE GEORGE L. DIMAS

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.
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Debt #1 Corp? ☐ Yes Owed to or by: GEORGE DIMAS 11166 OLIVE ST WARREN, MI 48093	4. Type: <u>LOAN FROM CANDIDATE</u> 5. <u>Date Debt Was Incurred:</u> <u>07/07/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 10,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>10,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: GEORGE DIMAS 11166 OLIVE ST WARREN, MI 48093	4. Type: <u>LOAN FROM CANDIDATE</u> 5. <u>Date Debt Was Incurred:</u> <u>07/10/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 10,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>10,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: GEORGE DIMAS 11166 OLIVE ST WARREN, MI 48093	4. Type: <u>LOAN FROM CANDIDATE</u> 5. <u>Date Debt Was Incurred:</u> <u>07/11/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 10,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>10,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

30,000.00

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 140296
2. Committee Name CTE GEORGE L. DIMAS

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 information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 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 Corp? ☐ Yes Owed to or by: GEORGE DIMAS 11166 OLIVE ST WARREN, MI 48093	4. Type: <u>LOAN FROM CANDIDATE</u> 5. <u>Date Debt Was Incurred:</u> <u>08/01/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 20,000.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 20,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

20,000.00

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

110,000.00

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 140296
2. Committee Name CTE GEORGE L. DIMAS

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>08/31/2023</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>23</u>	5. Type of Fund Raising Activity <u>FUNDRAISER</u>	6. Address and Name (If any) of the place where the activity was held. <u>ANDIAMO WARREN</u> <u>7096 E 14 MILE RD</u> <u>WARREN, MI 48092</u> ☐ Private Residence
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7. Total Contributions 20,400.00
8. Other Receipts 0.00
9. Gross Receipts (Add lines 7 and 8) 20,400.00
10. Total Cost of Event 1,621.80
(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 (%)	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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140296
2. Committee Name CTE GEORGE L. DIMAS

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>09/27/2023</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>51</u>	5. Type of Fund Raising Activity <u>FUNDRAISER</u>	6. Address and Name (If any) of the place where the activity was held. <u>ANDIAMO WARREN</u> <u>7096 E 14 MILE RD</u> <u>WARREN, MI 48092</u> ☐ Private Residence
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7. Total Contributions 18,325.00
8. Other Receipts 0.00
9. Gross Receipts (Add lines 7 and 8) 18,325.00
10. Total Cost of Event 1,000.00
(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 (%)	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.