



FILED

25 OCT 2023 AM 09:35

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: 10/04/2023 to 10/20/2023

1. Committee I.D. Number

140338

4. Candidate Last Name First Name M.I.

MEANS IONA

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

TRUSTEE, CLINTON TWP

2. Committee Name

IONA MEANS FOR TRUSTEE

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

5. Committee's Mailing Address

**34183 VINITA ST
CLINTON TOWNSHIP, MI 48035**

6. Treasurer's Name & Residential Address

**BARBARA WINTER
23051 TAWAS AVE
HAZEL PARK, MI 48030**

Area Code and Phone (586) 231-4342
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 (248) 544-1439

7. Treasurer's Business Address

**23051 TAWAS AVE
HAZEL PARK, MI 48030**

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

Area Code and Phone (248) 544-1439

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 (2023)
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

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 lates 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

10/25/2023

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/25/2023



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140338

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name IONA MEANS FOR TRUSTEE

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>2,700.60</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>2,700.60</u>	(18.) \$ <u>2,700.60</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>2,700.60</u>	(20.) \$ <u>2,700.60</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
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>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>709.25</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>709.25</u>	(23.) \$ <u>709.25</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>805.60</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>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>2,700.60</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>2,700.60</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>709.25</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1,991.35</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140338
2. Committee Name IONA MEANS FOR TRUSTEE

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>10/05/2023</u>	
Name & Address: IONA MEANS 34183 VINITA ST CLINTON TWP, MI 48035		\$ <u>110.00</u>	\$ <u>110.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/05/2023</u>	
Name & Address: IONA MEANS 34183 VINITA ST CLINTON TWP, MI 48035		\$ <u>250.00</u>	\$ <u>360.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/06/2023</u>	
Name & Address: NANCY DUEMLING 20776 MOXON DR CLINTON TWP, MI 48036		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/06/2023</u>	
Name & Address: JAMES MEANS 34348 MARINO ST CLINTON TWP, MI 48035		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ 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.



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1. Committee I.D. Number 140338
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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>10/06/2023</u>	
Name & Address: PRESTON MEANS 2448 NOLEN DR FLINT, MI 48504		\$ <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>10/07/2023</u>	
Name & Address: JEAN-PHILIPPE FELETTA 41101 WORTHINGTON CLINTON TWP, MI 48038		\$ <u>30.00</u>	\$ <u>30.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/08/2023</u>	
Name & Address: SHEILA STRUNK 24106 MEADOWBRIDGE DR CLINTON TWP, MI 48035		\$ <u>50.00</u>	\$ <u>50.00</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>10/09/2023</u>	
Name & Address: JOEL RUTHERFORD 5683 STORROW CT WARREN, MI 48092		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 230.00

Grand Total of All Schedules 1A
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1. Committee I.D. Number 140338
2. Committee Name IONA MEANS FOR TRUSTEE

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/10/2023</u> Name & Address: IONA MEANS 34183 VINITA ST CLINTON TWP, MI 48035		\$ <u>49.60</u>	\$ <u>409.60</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/10/2023</u> Name & Address: LINDA PUDUTTI 37649 CHARTER OAKS BLVD CLINTON TWP, MI 48036		\$ <u>50.00</u>	\$ <u>50.00</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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/11/2023</u> Name & Address: IONA MEANS 34183 VINITA ST CLINTON TWP, MI 48035		\$ <u>396.00</u>	\$ <u>805.60</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/12/2023</u> Name & Address: CAROLE BANNISTER 18877 S HIGHLITE DR CLINTON TWP, MI 48035		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 545.60

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

1. Committee I.D. Number 140338
2. Committee Name IONA MEANS FOR TRUSTEE

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>10/12/2023</u>	
Name & Address: VALERIE ONEAL 35503 RUTHERFORD ST CLINTON TWP, MI 48035		\$ <u>30.00</u>	\$ <u>30.00</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>10/14/2023</u>	
Name & Address: MARC ALEXANDER 25 N MAIN ST MT CLEMENS, MI 48043		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENTREPRENEUR</u> Employer <u>SELF EMPLOYED</u> Business Address <u>25 N MAIN ST, MT CLEMENS, MI 48043</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: DENNIS BRUCK LLOYD ST CLINTON TWP, MI 48038		\$ <u>30.00</u>	\$ <u>30.00</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>10/16/2023</u>	
Name & Address: SHERMAN COTTINGHAM 17488 CANVASBACK DR CLINTON TWP, MI 48038		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 210.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/16/2023</u>	
Name & Address: DEBRA DOROSH 44188 RINA LN CLINTON TWP, MI 48038		\$ <u>30.00</u>	\$ <u>30.00</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>10/16/2023</u>	
Name & Address: NANCY ENTWISTLE 49587 BISHOP CT SHELBY TWP, MI 48315		\$ <u>30.00</u>	\$ <u>30.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/17/2023</u>	
Name & Address: SAMUEL BUSCHELL 18546 WHALEN DR CLINTON TWP, MI 48035		\$ <u>30.00</u>	\$ <u>30.00</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>10/17/2023</u>	
Name & Address: JEAN-PHILIPPE FELETTA 41101 WORTHINGTON CLINTON TWP, MI 48038		\$ <u>30.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/17/2023</u>	
Name & Address: WILLIAM SOWERBY 3380 WOODHILL CIR SUPERIOR TWP, MI 48198		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/18/2023</u>	
Name & Address: ALYSA DIEBOLT 23225 OAKWOOD AVE EASTPOINTE, MI 48021		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ARTIST</u> Employer <u>SELFEMPLOYED</u> Business Address <u>23225 OAKWOOD AVE, EASTPOINTE, MI 48021</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/18/2023</u>	
Name & Address: SUSAN DILIBERTI 41202 WORTHINGTON CLINTON TWP, MI 48038		\$ <u>50.00</u>	\$ <u>50.00</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>10/18/2023</u>	
Name & Address: FLORENCE HAYMAN 53540 GRACE DR NEW BALTIMORE, MI 48047		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 475.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/18/2023</u>	
Name & Address: ERIC JACKSON 22615 THOMSON ST CLINTON TWP, MI 48035		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/18/2023</u>	
Name & Address: JON PETTYES 23646 KIM DR CLINTON TWP, MI 48035		\$ <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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: GLORIA CYNOWA 45451 FIELDING ST MACOMB, MI 48042		\$ <u>60.00</u>	\$ <u>60.00</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>10/19/2023</u>	
Name & Address: HERTEL FOR MICHIGAN 22848 POPLAR BEACH DR ST CLAIR SHORES, MI 48081		\$ <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			

Page Subtotal 360.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: JULIE MATUZAK 38250 FAIRWAY CT CLINTON TWP, MI 48038		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TRUSTEE</u> Employer <u>CLINTON TOWNSHIP</u> Business Address <u>49700 ROMEO PLANK RD, Clinton Township, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: AARON SQUEO 20211 ABRAHM ST CLINTON TWP, MI 48035		\$ <u>30.00</u>	\$ <u>30.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/20/2023</u>	
Name & Address: CAROLE BANNISTER 18877 S HIGHLITE DR CLINTON TWP, MI 48035		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/20/2023</u>	
Name & Address: MICHELLE DEBEAUSSAERT 39856 BRYLOR CT CLINTON TWP, MI 48038		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 220.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/20/2023</u>	
Name & Address: ANTUAN MEANS 19955 WINTHROP ST DETROIT, MI 48235		\$ <u>30.00</u>	\$ <u>30.00</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 _____	
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 # 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

30.00

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

2,700.60

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140338**
2. Committee Name **IONA MEANS FOR TRUSTEE**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name NGP/VAN Address PO BOX 392264 PITTSBURGH, PA 15251 ☐ Fund Raiser	Purpose: DATA SOFTWARE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/09/2023 Date	\$ 250.00
Expenditure #2 Name OFFICE DEPOT/OFFICE MAX Address 33840 SOUTHBOUND GRATIOT AVE CLINTON TWP, MI 48035 ☒ Fund Raiser	Purpose: ENVELOPES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/10/2023 Date	\$ 49.60
Expenditure #3 Name USPS Address 155 S MAIN ST MT CLEMENS, MI 48043 ☒ Fund Raiser	Purpose: STAMPS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/11/2023 Date	\$ 396.00
Expenditure #4 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/20/2023 Date	\$ 13.65
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 **709.25**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **709.25**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140338
2. Committee Name IONA MEANS FOR TRUSTEE

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: IONA MEANS 34183 VINITA ST CLINTON TWP, MI 48035	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/05/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 110.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 110.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: IONA MEANS 34183 VINITA ST CLINTON TWP, MI 48035	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/05/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 250.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 250.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: IONA MEANS 34183 VINITA ST CLINTON TWP, MI 48035	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/10/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 49.60</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 49.60</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

409.60

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 140338
2. Committee Name IONA MEANS FOR TRUSTEE

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: IONA MEANS 34183 VINITA ST CLINTON TWP, MI 48035	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/11/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 396.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 396.00</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)

396.00

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

805.60

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 **140338**
2. Committee Name **IONA MEANS FOR TRUSTEE**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 10/31/2023	4. Number of Individuals Attending or Participating (whichever is greater) 0	5. Type of Fund Raising Activity FUTURE FUNDRAISER ON 10/31/2023	6. Address and Name (If any) of the place where the activity was held. PRIVATE RESIDENCE 34183 VINITA ST CLINTON TWP, MI 48035 ☒ Private Residence
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7. Total Contributions **0.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **0.00**
10. Total Cost of Event **0.00**
(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.