



FILED

26 OCT 2023 PM 03:33

MACOMB COUNTY CLERK  
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE  
COVER PAGE**

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

3. This Statement covers From: 01/01/2023 to 10/22/2023

1. Committee I.D. Number

**137264**

4. Candidate Last Name First Name M.I.

**HAYMAN FLORENCE M**

2. Committee Name

**CTE FLORENCE M. HAYMAN**

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

**COUNCIL, NEW BALTIMORE**

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

5. Committee's Mailing Address

**53540 GRACE DR  
NEW BALTIMORE, MI 48047**

Area Code and Phone (586) 725-4690  
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.

6. Treasurer's Name & Residential Address

**SUZANNE HAUGHTON  
37328 25 MILE  
NEW BALTIMORE, MI 48047**

Area Code & Phone (586) 703-3315

7. Treasurer's Business Address

**37328 25 MILE  
NEW BALTIMORE, MI 48047**

Area Code and Phone (586) 703-3315

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

**SUZANNE HAUGHTON  
37328 25 MILE  
NEW BALTIMORE, MI 48047**

Area Code and Phone (586) 703-3315

**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 137264

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name CTE FLORENCE M. HAYMAN

| RECEIPTS                                                                                        | Column I<br>This Period        | Column II<br>Cumulative this election cycle |
|-------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------|
| 3. Contributions                                                                                |                                |                                             |
| a. Itemized (Schedule 1A - Column 6)                                                            | (3a.) \$ <u>6,555.00</u>       |                                             |
| b. Unitemized (less than \$20.01 each - no Schedule)                                            | (3b.) \$ <u>NOT APPLICABLE</u> |                                             |
| c. Subtotal of "Contributions"                                                                  | (3c.) \$ <u>6,555.00</u>       | (18.) \$ <u>6,555.00</u>                    |
| 4. Other Receipts (Schedule 1A -1, Column 6)                                                    | (4.) \$ <u>0.00</u>            | (19.) \$ <u>0.00</u>                        |
| <b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b><br>(Add Line 3c + Line 4)                      | (5.) \$ <u>6,555.00</u>        | (20.) \$ <u>6,555.00</u>                    |
| <b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>                                                 |                                |                                             |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7)                                              | (6.) \$ <u>1,352.09</u>        | (21.) \$ <u>1,352.09</u>                    |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6)                                              | (7.) \$ <u>0.00</u>            | (22.) \$ <u>0.00</u>                        |
| <b>EXPENDITURES</b>                                                                             |                                |                                             |
| 8. Expenditures                                                                                 |                                |                                             |
| a. Itemized (Schedule 1B, Column 6)                                                             | (8a.) \$ <u>6,398.46</u>       |                                             |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G)                                                    | (8b.) \$ <u>0.00</u>           |                                             |
| c. Unitemized (less than \$50.01 each - no Schedule)                                            | (8c.) \$ <u>0.00</u>           |                                             |
| <b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)                                  | (9.) \$ <u>6,398.46</u>        | (23.) \$ <u>6,398.46</u>                    |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Officeholders Only)                                 |                                |                                             |
| 10. Disbursements                                                                               |                                |                                             |
| a. Itemized (Schedule 1C, Column 6)                                                             | (10a.) \$ <u>0.00</u>          |                                             |
| b. Unitemized (less than \$50.01 each - no Schedule)                                            | (10b.) \$ <u>0.00</u>          |                                             |
| <b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Add Line 10a + Line 10b)                  | (11.) \$ <u>0.00</u>           | (24.) \$ <u>0.00</u>                        |
| <b>DEBTS AND OBLIGATIONS</b>                                                                    |                                |                                             |
| 12. Debts and Obligations                                                                       |                                |                                             |
| a. Owed <b>by</b> the Committee (Schedule 1E)                                                   | (12a.) \$ <u>0.00</u>          |                                             |
| b. Owed <b>to</b> the Committee (Schedule 1E)                                                   | (12b.) \$ <u>0.00</u>          |                                             |
| <b>BALANCE STATEMENT</b>                                                                        |                                |                                             |
| 13. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.) | (13.) \$ <u>0.52</u>           |                                             |
| 14. Amount received during reporting period<br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ <u>6,555.00</u>     |                                             |
| 15. SUBTOTAL Add lines 13 and 14                                                                | (15.) = \$ <u>6,555.52</u>     |                                             |
| 16. Amount expended during reporting period<br>(Add lines 9 and 11)                             | (16.) - \$ <u>6,398.46</u>     |                                             |
| 17. ENDING BALANCE<br>(Subtract line 16 from line 15)                                           | (17.) \$ <u>157.06</u>         | *                                           |



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 137264  
2. Committee Name CTE FLORENCE M. HAYMAN

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>03/16/2023</u> |                                                                                 |
| Name & Address:<br><b>DIANE M IRONS</b><br><b>18656 CRANBROOK DR</b><br><b>CLINTON TWP, MI 48038</b>                                                                                                                                                                                  |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>04/15/2023</u> |                                                                                 |
| Name & Address:<br><b>SUZANNE HAUGHTON</b><br><b>37328 25 MILE ROAD</b><br><b>New Baltimore, MI 48047</b>                                                                                                                                                                             |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>04/24/2023</u> |                                                                                 |
| Name & Address:<br><b>LOIS ULLRICH</b><br><b>48631 SUGARBUSH CT</b><br><b>SHELBY TWP, MI 48315</b>                                                                                                                                                                                    |                                           | \$ <u>25.00</u>                      | \$ <u>25.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>04/24/2023</u> |                                                                                 |
| Name & Address:<br><b>LOIS PIERSON</b><br><b>53217 MICHAEL DR</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                   |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |

Page Subtotal **325.00**

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 137264  
2. Committee Name CTE FLORENCE M. HAYMAN

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>04/25/2023</u> |                                                                                 |
| Name & Address:<br><b>THOMAS SEMAAN</b><br><b>52723 COULTER CT</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                  |                                           | \$ <u>50.00</u>                      | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>04/25/2023</u> |                                                                                 |
| Name & Address:<br><b>JULIENNE BAXA</b><br><b>31358 BRODERICK DR</b><br><b>NEW BALTIMORE, MI 48051</b>                                                                                                                                                                                |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>04/25/2023</u> |                                                                                 |
| Name & Address:<br><b>RICK FLYNN</b><br><b>43225 CHARDONNAY DR</b><br><b>STERLING HEIGHTS, MI 48314</b>                                                                                                                                                                               |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>04/25/2023</u> |                                                                                 |
| Name & Address:<br><b>EDWARD BRULEY</b><br><b>38157 RADDE ST</b><br><b>CLINTON TWP, MI 48036</b>                                                                                                                                                                                      |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |

Page Subtotal 350.00

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 137264  
2. Committee Name CTE FLORENCE M. HAYMAN

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>04/25/2023</u> |                                                                                 |
| Name & Address:<br><b>FREDERICK MILLER</b><br><b>51 GROSSE PINES DR</b><br><b>ROCHESTER HILLS, MI 48309</b>                                                                                                                                                                           |                                           | \$ <u>50.00</u>                      | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>04/25/2023</u> |                                                                                 |
| Name & Address:<br><b>MAROLYN BECKER</b><br><b>36839 MAIN ST</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                    |                                           | \$ <u>25.00</u>                      | \$ <u>25.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>04/26/2023</u> |                                                                                 |
| Name & Address:<br><b>LARRY MALISKEY</b><br><b>49666 REGATTA ST</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                 |                                           | \$ <u>30.00</u>                      | \$ <u>30.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>04/26/2023</u> |                                                                                 |
| Name & Address:<br><b>STEPHANIE WITKOWSKI</b><br><b>36585 CATALPA LN</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                            |                                           | \$ <u>20.00</u>                      | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |

Page Subtotal 125.00

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

Enter this total on  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 137264  
2. Committee Name CTE FLORENCE M. HAYMAN

|                                                                                                                                                                                                                                                                                                      |  |                 |                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------|---------------------------------------------------------------------------------|
| <small>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.</small> |  | 6. Amount       | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>04/26/2023</u><br>Name & Address:<br><b>DOUGLAS GROTH</b><br><b>32815 CROOKS DR</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                  |  | \$ <u>20.00</u> | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                         |  |                 |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>04/26/2023</u><br>Name & Address:<br><b>THERESA KOPSON</b><br><b>48723 CALLENS RD</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                 |  | \$ <u>20.00</u> | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                         |  |                 |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>04/26/2023</u><br>Name & Address:<br><b>ROSE ANDERSON</b><br><b>34315 LILLIAN RD</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                 |  | \$ <u>50.00</u> | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                         |  |                 |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>04/27/2023</u><br>Name & Address:<br><b>MICHAEL LABUHN</b><br><b>57248 WHITE OAKS DR</b><br><b>WASHINGTON, MI 48094</b>                                                                                |  | \$ <u>20.00</u> | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                         |  |                 |                                                                                 |

Page Subtotal **110.00**

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 137264  
2. Committee Name CTE FLORENCE M. HAYMAN

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>04/27/2023</u> |                                                                                 |
| Name & Address:<br>JOSEPH DROMPP<br>36481 FRONT ST<br>NEW BALTIMORE, MI 48047                                                                                                                                                                                                         |                                           | \$ <u>20.00</u>                      | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>04/27/2023</u> |                                                                                 |
| Name & Address:<br>SHIRLEY HAGEMAN<br>36451 MILO ST<br>NEW BALTIMORE, MI 48047                                                                                                                                                                                                        |                                           | \$ <u>25.00</u>                      | \$ <u>25.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>04/27/2023</u> |                                                                                 |
| Name & Address:<br>LILA MC CLINTOCK<br>37363 WOODLAND DR<br>NEW BALTIMORE, MI 48047                                                                                                                                                                                                   |                                           | \$ <u>20.00</u>                      | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>04/28/2023</u> |                                                                                 |
| Name & Address:<br>MICHELLE KRAUSE<br>35066 NEWPORT CT<br>NEW BALTIMORE, MI 48047                                                                                                                                                                                                     |                                           | \$ <u>50.00</u>                      | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |

Page Subtotal **115.00**

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 137264  
2. Committee Name CTE FLORENCE M. HAYMAN

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>04/28/2023</u> |                                                                                 |
| Name & Address:<br><b>LARRY GINGAS</b><br><b>50500 JEFFERSON AVE</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                |                                           | \$ <u>40.00</u>                      | \$ <u>40.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>04/30/2023</u> |                                                                                 |
| Name & Address:<br><b>RYAN COVERT</b><br><b>50578 WOODBURY DR</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                   |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>04/30/2023</u> |                                                                                 |
| Name & Address:<br><b>JACQUELINE POTRYKUS</b><br><b>59175 LONE OAK LN</b><br><b>RAY, MI 48096</b>                                                                                                                                                                                     |                                           | \$ <u>50.00</u>                      | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>04/30/2023</u> |                                                                                 |
| Name & Address:<br><b>BARBARA GECK</b><br><b>39526 WALDORF DR</b><br><b>CLINTON TWP, MI 48038</b>                                                                                                                                                                                     |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |

Page Subtotal 290.00

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 137264  
2. Committee Name CTE FLORENCE M. HAYMAN

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |  | 6. Amount        | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>04/30/2023</u><br>Name & Address:<br>ROSEMARY BAYER<br>7442 BROOKBERRY CT<br>WEST BLOOMFIELD TOWNSHIP, MI 48322                                                                         |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |  |                  |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>04/30/2023</u><br>Name & Address:<br>TIMOTHY MC CLURE<br>52841 BASE ST<br>NEW BALTIMORE, MI 48047                                                                                        |  | \$ <u>20.00</u>  | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |  |                  |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/01/2023</u><br>Name & Address:<br>BERNADETTE KRUPA<br>36876 MAIN ST<br>NEW BALTIMORE, MI 48047                                                                                       |  | \$ <u>20.00</u>  | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |  |                  |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/01/2023</u><br>Name & Address:<br>GARY CYNOWA<br>45451 FIELDING ST<br>MACOMB, MI 48042                                                                                               |  | \$ <u>50.00</u>  | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |  |                  |                                                                                 |

Page Subtotal 190.00

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 137264  
2. Committee Name CTE FLORENCE M. HAYMAN

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/01/2023</u> |                                                                                 |
| Name & Address:<br>JEANNE DENEWETH<br>121 EDMUND AVE<br>ROYAL OAK, MI 48073                                                                                                                                                                                                           |                                           | \$ <u>50.00</u>                      | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/2023</u> |                                                                                 |
| Name & Address:<br>CAROL GATFIELD<br>36581 HATHAWAY ST<br>NEW BALTIMORE, MI 48047                                                                                                                                                                                                     |                                           | \$ <u>20.00</u>                      | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/03/2023</u> |                                                                                 |
| Name & Address:<br>MARGIE HOLMES<br>36915 MAIN ST<br>NEW BALTIMORE, MI 48047                                                                                                                                                                                                          |                                           | \$ <u>20.00</u>                      | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/04/2023</u> |                                                                                 |
| Name & Address:<br>LOU MOSS<br>14725 HOLLY CT<br>SHELBY TWP, MI 48315                                                                                                                                                                                                                 |                                           | \$ <u>20.00</u>                      | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |

Page Subtotal **110.00**

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

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

1. Committee I.D. Number 137264  
2. Committee Name CTE FLORENCE M. HAYMAN

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/04/2023</u> |                                                                                 |
| Name & Address:<br>CHERYL HEPP<br>10612 LA ROCHELLE CT<br>MI 48023                                                                                                                                                                                                                    |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/05/2023</u> |                                                                                 |
| Name & Address:<br>SUSAN HAYMAN<br>17385 BIRCHLEAF CT<br>THREE RIVERS, MI 48093                                                                                                                                                                                                       |                                           | \$ <u>50.00</u>                      | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/05/2023</u> |                                                                                 |
| Name & Address:<br>MARY PACE<br>48103 PHEASANT ST<br>NEW BALTIMORE, MI 48047                                                                                                                                                                                                          |                                           | \$ <u>20.00</u>                      | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/07/2023</u> |                                                                                 |
| Name & Address:<br>TIMOTHY WEBB<br>51965 FOX POINTE DR<br>NEW BALTIMORE, MI 48047                                                                                                                                                                                                     |                                           | \$ <u>20.00</u>                      | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |

Page Subtotal 190.00

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 137264  
2. Committee Name CTE FLORENCE M. HAYMAN

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/07/2023</u> |                                                                                 |
| Name & Address:<br><b>ALLYN RYDER</b><br><b>37047 HIGHVIEW ST</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                   |                                           | \$ <u>20.00</u>                      | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/08/2023</u> |                                                                                 |
| Name & Address:<br><b>GARY GENDERNALIK</b><br><b>52624 LAUREL OAK LN</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                            |                                           | \$ <u>40.00</u>                      | \$ <u>40.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/08/2023</u> |                                                                                 |
| Name & Address:<br><b>ESTHER HESSELL</b><br><b>52675 WASHINGTON ST</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                              |                                           | \$ <u>20.00</u>                      | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/10/2023</u> |                                                                                 |
| Name & Address:<br><b>LEO LALONDE</b><br><b>24801 ROSALIND AVE</b><br><b>EASTPOINTE, MI 48021</b>                                                                                                                                                                                     |                                           | \$ <u>200.00</u>                     | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |

Page Subtotal 280.00

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 137264  
2. Committee Name CTE FLORENCE M. HAYMAN

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/16/2023</u> |                                                                                 |
| Name & Address:<br>KATHLEEN STRAIT<br>35462 WILSON ST<br>NEW BALTIMORE, MI 48047                                                                                                                                                                                                      |                                           | \$ <u>20.00</u>                      | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/16/2023</u> |                                                                                 |
| Name & Address:<br>JACK DAILEY<br>54590 RIDGE RD<br>NEW BALTIMORE, MI 48047                                                                                                                                                                                                           |                                           | \$ <u>20.00</u>                      | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/16/2023</u> |                                                                                 |
| Name & Address:<br>KATIE DAILEY<br>54590 RIDGE RD<br>NEW BALTIMORE, MI 48047                                                                                                                                                                                                          |                                           | \$ <u>20.00</u>                      | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/17/2023</u> |                                                                                 |
| Name & Address:<br>JUDY SPIECKHOUT<br>36511 HATHAWAY ST<br>NEW BALTIMORE, MI 48047                                                                                                                                                                                                    |                                           | \$ <u>20.00</u>                      | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |

Page Subtotal 80.00

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 137264  
2. Committee Name CTE FLORENCE M. HAYMAN

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/17/2023</u> |                                                                                 |
| Name & Address:<br>MONICA HAYMAN<br>50891 MARSHA LN<br>NEW BALTIMORE, MI 48047                                                                                                                                                                                                        |                                           | \$ <u>10.00</u>                      | \$ <u>10.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/18/2023</u> |                                                                                 |
| Name & Address:<br>NANCY VANDERMEER<br>52068 ELIZABETH LN<br>NEW BALTIMORE, MI 48047                                                                                                                                                                                                  |                                           | \$ <u>25.00</u>                      | \$ <u>25.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/18/2023</u> |                                                                                 |
| Name & Address:<br>PATRICIA GOLDENBOGEN<br>36500 FRONT ST<br>NEW BALTIMORE, MI 48047                                                                                                                                                                                                  |                                           | \$ <u>25.00</u>                      | \$ <u>25.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/18/2023</u> |                                                                                 |
| Name & Address:<br>BRITTANY APRIL<br>52400 HUNTLEY AVE<br>NEW BALTIMORE, MI 48047                                                                                                                                                                                                     |                                           | \$ <u>20.00</u>                      | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |

Page Subtotal 80.00

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 137264  
2. Committee Name CTE FLORENCE M. HAYMAN

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/18/2023</u> |                                                                                 |
| Name & Address:<br>NANCY LOKKE<br>50149 SPRUCE DR<br>NEW BALTIMORE, MI 48047                                                                                                                                                                                                          |                                           | \$ <u>20.00</u>                      | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/18/2023</u> |                                                                                 |
| Name & Address:<br>SUSAN HAYMAN<br>17385 BIRCHLEAF CT<br>THREE RIVERS, MI 48093                                                                                                                                                                                                       |                                           | \$ <u>20.00</u>                      | \$ <u>70.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/18/2023</u> |                                                                                 |
| Name & Address:<br>ARIEL LEAVITT<br>29876 DONNA LN<br>NEW BALTIMORE, MI 48047                                                                                                                                                                                                         |                                           | \$ <u>15.00</u>                      | \$ <u>15.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/18/2023</u> |                                                                                 |
| Name & Address:<br>ROSS YORK<br>6825 DREXEL ST<br>DEARBORN HEIGHTS, MI 48127                                                                                                                                                                                                          |                                           | \$ <u>20.00</u>                      | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |

Page Subtotal 75.00

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 137264  
2. Committee Name CTE FLORENCE M. HAYMAN

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                                                                           |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                                                                                                             | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/18/2023</u> |                                                                                 |
| Name & Address:<br><b>MONICA HAYMAN</b><br><b>50891 MARSHA LN</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                                                                                                             |                                           | \$ <u>20.00</u>                      | \$ <u>30.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                                                    |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                                              | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/18/2023</u> |                                                                                 |
| Name & Address:<br><b>HEIDI BAYER</b><br><b>402 WILSON BLVD</b><br><b>Mount Clemens, MI 48043</b>                                                                                                                                                                                                                                                                               |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                                                    |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                                                             | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/18/2023</u> |                                                                                 |
| Name & Address:<br><b>CYNTHIA SALMEN</b><br><b>53870 RIDGE RD</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                                                                                                             |                                           | \$ <u>20.00</u>                      | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                                                               |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                                                             | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/18/2023</u> |                                                                                 |
| Name & Address:<br><b>JOHN JOHNSON</b><br><b>48637 SHADY GLEN DR</b><br><b>NEW BALTIMORE, MI 48051</b>                                                                                                                                                                                                                                                                          |                                           | \$ <u>200.00</u>                     | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>PRESIDENT &amp; CEO</u> Employer <u>SOUTHEAST MICHIGAN CHAMBER OF COMMERCE</u><br>Business Address <u>59 N WALNUT ST, MT CLEMENS, MI 48043</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |

Page Subtotal **340.00**

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

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

1. Committee I.D. Number 137264  
2. Committee Name CTE FLORENCE M. HAYMAN

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/18/2023</u> |                                                                                 |
| Name & Address:<br><b>ALEXIS LEAVITT</b><br><b>50891 MARSHA LN</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                  |                                           | \$ <u>10.00</u>                      | \$ <u>10.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/01/2023</u> |                                                                                 |
| Name & Address:<br><b>DAVID DUFFY</b><br><b>36167 ST CLAIR DR</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                   |                                           | \$ <u>20.00</u>                      | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/17/2023</u> |                                                                                 |
| Name & Address:<br><b>LOIS PIERSON</b><br><b>53217 MICHAEL DR</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                   |                                           | \$ <u>20.00</u>                      | \$ <u>120.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/18/2023</u> |                                                                                 |
| Name & Address:<br><b>DENNIS RICHARDS</b><br><b>9980 ARNOLD RD</b><br><b>IRA TWP, MI 48023</b>                                                                                                                                                                                        |                                           | \$ <u>20.00</u>                      | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |

Page Subtotal 70.00

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

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

1. Committee I.D. Number 137264  
2. Committee Name CTE FLORENCE M. HAYMAN

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/18/2023</u> |                                                                                 |
| Name & Address:<br><b>STEPHANIE RICHARDS</b><br>9980 ARNOLD RD<br>IRA TWP, MI 48023                                                                                                                                                                                                   |                                           | \$ <u>20.00</u>                      | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/18/2023</u> |                                                                                 |
| Name & Address:<br><b>LORI DOLMAN</b><br>37177 BRETT DR<br>NEW BALTIMORE, MI 48047                                                                                                                                                                                                    |                                           | \$ <u>20.00</u>                      | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/18/2023</u> |                                                                                 |
| Name & Address:<br><b>RALPH DE BUCCE</b><br>37177 BRETT DR<br>NEW BALTIMORE, MI 48047                                                                                                                                                                                                 |                                           | \$ <u>20.00</u>                      | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/18/2023</u> |                                                                                 |
| Name & Address:<br><b>DONALD HAUGHTON</b><br>37328 25 MILE RD<br>NEW BALTIMORE, MI 48047                                                                                                                                                                                              |                                           | \$ <u>10.00</u>                      | \$ <u>10.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |

Page Subtotal 70.00

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 137264  
2. Committee Name CTE FLORENCE M. HAYMAN

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/18/2023</u> |                                                                                 |
| Name & Address:<br>STANLEY LISICA<br>35585 HAMER ST<br>NEW BALTIMORE, MI 48047                                                                                                                                                                                                        |                                           | \$ <u>20.00</u>                      | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/18/2023</u> |                                                                                 |
| Name & Address:<br>PATRICK HAUGHTON<br>202 SPRING STREET<br>YALE, MI 48097                                                                                                                                                                                                            |                                           | \$ <u>20.00</u>                      | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/18/2023</u> |                                                                                 |
| Name & Address:<br>TAYLOR LE BEAN<br>31024 WASHINGTON ST<br>NEW BALTIMORE, MI 48047                                                                                                                                                                                                   |                                           | \$ <u>20.00</u>                      | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/18/2023</u> |                                                                                 |
| Name & Address:<br>CHERYL HILL<br>36045 ALFRED ST<br>NEW BALTIMORE, MI 48047                                                                                                                                                                                                          |                                           | \$ <u>20.00</u>                      | \$ <u>40.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |

Page Subtotal 80.00

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 137264  
2. Committee Name CTE FLORENCE M. HAYMAN

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/18/2023</u> |                                                                                 |
| Name & Address:<br><b>KIM MONTE</b><br><b>6305 HESSEN RD</b><br><b>IRA TWP, MI 48023</b>                                                                                                                                                                                              |                                           | \$ <u>20.00</u>                      | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/18/2023</u> |                                                                                 |
| Name & Address:<br><b>JOHN MONTE</b><br><b>6305 HESSEN RD</b><br><b>IRA TWP, MI 48023</b>                                                                                                                                                                                             |                                           | \$ <u>20.00</u>                      | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/18/2023</u> |                                                                                 |
| Name & Address:<br><b>ROBERT LESLIE</b><br><b>90 WILSON STREET</b><br><b>MOUNT CLEMENS, MI 48043</b>                                                                                                                                                                                  |                                           | \$ <u>20.00</u>                      | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/18/2023</u> |                                                                                 |
| Name & Address:<br><b>JANET WILLIAMS</b><br><b>2410 PARTRIDGE RD</b><br><b>PORT HURON TWP, MI 48060</b>                                                                                                                                                                               |                                           | \$ <u>20.00</u>                      | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |

Page Subtotal 80.00

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 137264  
2. Committee Name CTE FLORENCE M. HAYMAN

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/18/2023</u> |                                                                                 |
| Name & Address:<br><b>MARGIE HOLMES</b><br><b>36915 MAIN ST</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                     |                                           | \$ <u>20.00</u>                      | \$ <u>40.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/18/2023</u> |                                                                                 |
| Name & Address:<br><b>REBECCA RODRIGUEZ</b><br><b>51022 WASHINGTON ST</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                           |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/18/2023</u> |                                                                                 |
| Name & Address:<br><b>DENNIS BRUCK</b><br><b>19637 LLOYD ST</b><br><b>CLINTON TWP, MI 48038</b>                                                                                                                                                                                       |                                           | \$ <u>50.00</u>                      | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/18/2023</u> |                                                                                 |
| Name & Address:<br><b>LAURIE HUFF</b><br><b>53637 ATHERTON ST</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                   |                                           | \$ <u>40.00</u>                      | \$ <u>40.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |

Page Subtotal 210.00

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 137264  
2. Committee Name CTE FLORENCE M. HAYMAN

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/18/2023</u> |                                                                                 |
| Name & Address:<br>MICHELLE DEBEAUSSAERT<br>39856 BRYLOR CT<br>CLINTON TWP, MI 48038                                                                                                                                                                                                  |                                           | \$ <u>40.00</u>                      | \$ <u>40.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/18/2023</u> |                                                                                 |
| Name & Address:<br>ARLENE SERAFIN<br>50860 LEMPKE ST<br>NEW BALTIMORE, MI 48047                                                                                                                                                                                                       |                                           | \$ <u>40.00</u>                      | \$ <u>40.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/18/2023</u> |                                                                                 |
| Name & Address:<br>STEPHANIE RICHARDS<br>9980 ARNOLD RD<br>IRA TWP, MI 48023                                                                                                                                                                                                          |                                           | \$ <u>60.00</u>                      | \$ <u>80.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/18/2023</u> |                                                                                 |
| Name & Address:<br>THOMAS SEMAAN<br>52723 COULTER CT<br>NEW BALTIMORE, MI 48047                                                                                                                                                                                                       |                                           | \$ <u>50.00</u>                      | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |

Page Subtotal 190.00

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

1. Committee I.D. Number 137264  
2. Committee Name CTE FLORENCE M. HAYMAN

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/18/2023</u> |                                                                                 |
| Name & Address:<br>MONICA HAYMAN<br>50891 MARSHA LN<br>NEW BALTIMORE, MI 48047                                                                                                                                                                                                        |                                           | \$ <u>20.00</u>                      | \$ <u>90.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/18/2023</u> |                                                                                 |
| Name & Address:<br>ALLYN RYDER<br>37047 HIGHVIEW ST<br>NEW BALTIMORE, MI 48047                                                                                                                                                                                                        |                                           | \$ <u>20.00</u>                      | \$ <u>40.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/18/2023</u> |                                                                                 |
| Name & Address:<br>BERNADETTE KRUPA<br>36876 MAIN ST<br>NEW BALTIMORE, MI 48047                                                                                                                                                                                                       |                                           | \$ <u>20.00</u>                      | \$ <u>40.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/18/2023</u> |                                                                                 |
| Name & Address:<br>JOHN POTRYKUS<br>59175 LONE OAK LN<br>RAY, MI 48096                                                                                                                                                                                                                |                                           | \$ <u>50.00</u>                      | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |

Page Subtotal 110.00

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 137264  
2. Committee Name CTE FLORENCE M. HAYMAN

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/18/2023</u> |                                                                                 |
| Name & Address:<br>KATHLEEN ELLIOTT<br>27442 CLARK CIR<br>NEW BALTIMORE, MI 48051                                                                                                                                                                                                     |                                           | \$ <u>50.00</u>                      | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/18/2023</u> |                                                                                 |
| Name & Address:<br>JONATHAN DEROO<br>53331 SHIRLEY ELLEN DR<br>NEW BALTIMORE, MI 48047                                                                                                                                                                                                |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/18/2023</u> |                                                                                 |
| Name & Address:<br>RONALD TROMBLEY<br>5252 COUNTY LINE RD<br>NEW HAVEN, MI 48048                                                                                                                                                                                                      |                                           | \$ <u>20.00</u>                      | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/18/2023</u> |                                                                                 |
| Name & Address:<br>JEFFREY BYRUM<br>53728 MEADOW VIEW LN<br>NEW BALTIMORE, MI 48047                                                                                                                                                                                                   |                                           | \$ <u>20.00</u>                      | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |

Page Subtotal 190.00

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 137264  
2. Committee Name CTE FLORENCE M. HAYMAN

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                                                                         |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                                                                                                           | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/18/2023</u> |                                                                                 |
| Name & Address:<br><b>RYAN COVERT</b><br><b>50578 WOODBURY DR</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                                                                                                           |                                           | \$ <u>100.00</u>                     | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>SIU RECRUITING DIRECTOR</u> Employer <u>SEAFARER INTERNATIONAL UNION</u><br>Business Address <u>520 ST CLAIR RIVER DR, ALGONAC, MI 48001</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                                            | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/18/2023</u> |                                                                                 |
| Name & Address:<br><b>JOHN MONTE</b><br><b>6305 HESSEN RD</b><br><b>IRA TWP, MI 48023</b>                                                                                                                                                                                                                                                                                     |                                           | \$ <u>500.00</u>                     | \$ <u>520.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ENGINEER/OWNER</u> Employer <u>PROJECT CONTROL ENGINEERING</u><br>Business Address <u>2420 PTE TREMBLE, ALGONAC, MI 48001</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                                                           | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/18/2023</u> |                                                                                 |
| Name & Address:<br><b>LEO LALONDE</b><br><b>24801 ROSALIND AVE</b><br><b>EASTPOINTE, MI 48021</b>                                                                                                                                                                                                                                                                             |                                           | \$ <u>50.00</u>                      | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                                         |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                                                           | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/18/2023</u> |                                                                                 |
| Name & Address:<br><b>PHILIP KRAFT</b><br><b>50127 WATERLOO</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                                                                                                             |                                           | \$ <u>25.00</u>                      | \$ <u>25.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                                                  |                                           |                                      |                                                                                 |

Page Subtotal 675.00

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 137264  
2. Committee Name CTE FLORENCE M. HAYMAN

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |  | 6. Amount       | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/18/2023</u><br>Name & Address:<br><b>GAIL HALLENDY</b><br><b>53520 BAKER RD</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                    |  | \$ <u>50.00</u> | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |  |                 |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/20/2023</u><br>Name & Address:<br><b>DAVID DUFFY</b><br><b>36167 ST CLAIR DR</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                    |  | \$ <u>20.00</u> | \$ <u>40.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |  |                 |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/20/2023</u><br>Name & Address:<br><b>DENISE DUFFY</b><br><b>36167 ST CLAIR DR</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                  |  | \$ <u>10.00</u> | \$ <u>10.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |  |                 |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/04/2023</u><br>Name & Address:<br><b>PAUL GEILEGHEM</b><br><b>37905 E HORSESHOE DR</b><br><b>CLINTON TWP, MI 48036</b>                                                               |  | \$ <u>40.00</u> | \$ <u>40.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |  |                 |                                                                                 |

Page Subtotal 120.00

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 137264  
2. Committee Name CTE FLORENCE M. HAYMAN

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                                                                |                                                      | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                                                                                                  | PAC Receipt? <input type="checkbox"/> YES            | 4. Date of Receipt <u>08/25/2023</u> |                                                                                 |
| Name & Address:<br><b>MICHELLE DONAVAN</b><br><b>35526 WINDRIDGE DR</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                                                                                            |                                                      | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>CLARK HILL PLC</u><br>Business Address <u>500 WOODWARD AVE, SUITE 3500, DETROIT, MI 48226</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                         |                                                      |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                                   | PAC Receipt? <input checked="" type="checkbox"/> YES | 4. Date of Receipt <u>08/26/2023</u> |                                                                                 |
| Name & Address:<br><b>REALTORS POLITICAL ACTION COMMITTEE OF MICHIGAN</b><br><b>720 N WASHINGTON AVE</b><br><b>LANSING, MI 48906</b>                                                                                                                                                                                                                                 |                                                      | \$ <u>250.00</u>                     | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                    |                                                      |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                                                  | PAC Receipt? <input type="checkbox"/> YES            | 4. Date of Receipt <u>09/10/2023</u> |                                                                                 |
| Name & Address:<br><b>RICHARD DENEWITH</b><br><b>121 EDMUND AVE</b><br><b>ROYAL OAK, MI 48073</b>                                                                                                                                                                                                                                                                    |                                                      | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                    |                                                      |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                                                  | PAC Receipt? <input type="checkbox"/> YES            | 4. Date of Receipt <u>09/12/2023</u> |                                                                                 |
| Name & Address:<br><b>JOHN JOHNSON</b><br><b>48637 SHADY GLEN DR</b><br><b>NEW BALTIMORE, MI 48051</b>                                                                                                                                                                                                                                                               |                                                      | \$ <u>500.00</u>                     | \$ <u>700.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>PRESIDENT &amp; CEO</u> Employer <u>SOUTHEAST MICHIGAN CHAMBER OF COMMERCE</u><br>Business Address <u>59 N WALNUT ST, MT CLEMENS, MI 48043</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |                                                      |                                      |                                                                                 |

Page Subtotal **1,350.00**

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 137264  
2. Committee Name CTE FLORENCE M. HAYMAN

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                                            |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                                                                              | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/20/2023</u> |                                                                                 |
| Name & Address:<br><b>DAWN SEDLAR</b><br><b>53239 SETTIMO CT</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                                                                               |                                           | \$ <u>250.00</u>                     | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ACCOUNT EXECUTIVE</u> Employer <u>21ST CENTURY MEDIA</u><br>Business Address <u>40600 ANN ARBOR RD, PLYMOUTH, MI 48170</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                               | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/26/2023</u> |                                                                                 |
| Name & Address:<br><b>PLUMBERS LOCAL 98 STATE PAC FUND</b><br><b>700 TOWER DR</b><br><b>TROY, MI 48098</b>                                                                                                                                                                                                                                       |                                           | \$ <u>200.00</u>                     | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                              | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/02/2023</u> |                                                                                 |
| Name & Address:<br><b>CAROLE JO CHI</b><br><b>35325 MORAVIAN DR</b><br><b>STERLING HEIGHTS, MI 48312</b>                                                                                                                                                                                                                                         |                                           | \$ <u>50.00</u>                      | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                              | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/17/2023</u> |                                                                                 |
| Name & Address:<br><b>REALTORS POLITICAL ACTION COMMITTEE OF MICHIGAN</b><br><b>720 N WASHINGTON AVE</b><br><b>LANSING, MI 48906</b>                                                                                                                                                                                                             |                                           | \$ <u>250.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                |                                           |                                      |                                                                                 |

Page Subtotal 750.00

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

6,555.00

Enter this total on  
line 3a of Summary  
Page.



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

### CANDIDATE COMMITTEE

1. Committee I. D. Number **137264**

2. Committee Name **CTE FLORENCE M. HAYMAN**

| 3. Name and Address from whom received<br>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).<br>Report <u>all</u> in-kind contributions.            | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>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? <input type="checkbox"/> Yes<br>Name & Address:<br><b>JUDY GABLE</b><br><b>51145 CLAY ST</b><br><b>NEW BALTIMORE, MI 48047</b><br>If over \$100.00 cumulative, please provide:<br>Occupation:<br>Employer Name & Business Address:                           | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>DEVEILED EGGS AND SALAMI</b><br>5. Date Of Receipt: <b>05/18/2023</b><br>6. Vendor Name & Address:                               | \$ <b>10.00</b>                | \$ <b>10.00</b>                                           |
| Memo Itemization Below                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                |                                                           |
| <input checked="" type="checkbox"/> Fund Raiser Contribution                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                |                                                           |
| Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>HEIDI BAYER</b><br><b>140 S WILSON BLVD</b><br><b>MT CLEMENS, MI 48043</b><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>RETIRED</b><br>Employer Name & Address:<br><b>RETIRED</b> | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>FRUIT &amp; VEG. TRAY, NAPKINS, PLASTIC WARE, NAPKINS,</b><br>5. Date Of Receipt: <b>05/18/2023</b><br>6. Vendor Name & Address: | \$ <b>270.00</b>               | \$ <b>270.00</b>                                          |
| Memo Itemization Below                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                |                                                           |
| <input checked="" type="checkbox"/> Fund Raiser Contribution                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                |                                                           |
| Contribution #3      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>CHERYL HILL</b><br><b>36045 ALFRED ST</b><br><b>NEW BALTIMORE, MI 48047</b><br>If over \$100.00 cumulative, please provide:<br>Occupation:<br>Employer Name & Address:                                  | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>HAM ROLL-UPS, BROWNIES, CHIPS &amp; DIP</b><br>5. Date Of Receipt: <b>05/18/2023</b><br>6. Vendor Name & Address:                | \$ <b>20.00</b>                | \$ <b>20.00</b>                                           |
| Memo Itemization Below                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                |                                                           |
| <input checked="" type="checkbox"/> Fund Raiser Contribution                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                |                                                           |
| Page Subtotal                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>300.00</b>                  | <b>300.00</b>                                             |
| Grand Total of all Schedules 1-IK<br>(Complete on last page of Schedule)                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                |                                                           |

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# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

### CANDIDATE COMMITTEE

1. Committee I. D. Number **137264**

2. Committee Name **CTE FLORENCE M. HAYMAN**

| 3. Name and Address from whom received<br>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).<br>Report <u>all</u> in-kind contributions.        | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>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? <input type="checkbox"/> Yes<br>Name & Address:<br><b>PATRICIA GOLDENBOGEN</b><br><b>36500 FRONT ST</b><br><b>NEW BALTIMORE, MI 48047</b><br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation:<br><br>Employer Name & Business Address: | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>COOKIES</b><br>5. Date Of Receipt: <b>05/18/2023</b><br>6. <b>Vendor Name &amp; Address:</b>                  | \$ <b>15.00</b>                | \$ <b>40.00</b>                                           |
| <input checked="" type="checkbox"/> Fund Raiser Contribution                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                                           |
| Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>LORENZO MORALES</b><br><b>36829 ALFRED ST</b><br><b>NEW BALTIMORE, MI 48047</b><br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation:<br><br>Employer Name & Address:              | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>SALAMI AND CRACKER JACKS</b><br>5. Date Of Receipt: <b>05/18/2023</b><br>6. <b>Vendor Name &amp; Address:</b> | \$ <b>10.00</b>                | \$ <b>10.00</b>                                           |
| <input checked="" type="checkbox"/> Fund Raiser Contribution                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                                           |
| Contribution #3      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>JANICE WIECZORKOWSKI</b><br><b>36829 ALFRED ST</b><br><b>NEW BALTIMORE, MI 48047</b><br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation:<br><br>Employer Name & Address:          | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>CHEESE AND CRACKERS</b><br>5. Date Of Receipt: <b>05/18/2023</b><br>6. <b>Vendor Name &amp; Address:</b>      | \$ <b>10.00</b>                | \$ <b>10.00</b>                                           |
| <input checked="" type="checkbox"/> Fund Raiser Contribution                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                                           |

Page Subtotal

**35.00**

**60.00**

Grand Total of all Schedules 1-IK  
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# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

### CANDIDATE COMMITTEE

1. Committee I. D. Number 137264  
2. Committee Name CTE FLORENCE M. HAYMAN

| 3. Name and Address from whom received<br>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)<br>5. Date of Receipt<br>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? <input type="checkbox"/> Yes<br>Name & Address:<br><b>MARCIA SHINSKA</b><br><b>36300 MILO ST</b><br><b>NEW BALTIMORE, MI 48047</b><br>If over \$100.00 cumulative, please provide:<br>Occupation:<br>Employer Name & Business Address:                                                                                                           | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>SHEET CAKE</b><br>5. Date Of Receipt: <b>05/18/2023</b><br>6. Vendor Name & Address:                                                                                                 | \$ <b>15.00</b>                | \$ <b>15.00</b>                                           |
| <input checked="" type="checkbox"/> Fund Raiser Contribution                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                           |
| Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>MONICA HAYMAN</b><br><b>50891 MARSHA LN</b><br><b>NEW BALTIMORE, MI 48047</b><br>If over \$100.00 cumulative, please provide:<br>Occupation:<br>Employer Name & Address:                                                                                                                   | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>RELISH TRAY, NUTS, CHEESE AND CRACKERS</b><br>5. Date Of Receipt: <b>05/18/2023</b><br>6. Vendor Name & Address:                                                                     | \$ <b>35.00</b>                | \$ <b>65.00</b>                                           |
| <input checked="" type="checkbox"/> Fund Raiser Contribution                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                           |
| Contribution #3      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>FLORENCE HAYMAN</b><br><b>53540 GRACE DR</b><br><b>NEW BALTIMORE, MI 48047</b><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>CANDIDATE</b><br>Employer Name & Address:<br><b>CITY OF NEW BALTIMORE</b><br><b>50976 WASHINGTON ST,</b><br><b>NEW BALTIMORE, MI 48047</b> | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>BEVERAGES AND ICE</b><br>5. Date Of Receipt: <b>05/18/2023</b><br>6. Vendor Name & Address:<br><b>KROGER STORES</b><br><b>35000 WASHINGTON ST,</b><br><b>NEW BALTIMORE, MI 48047</b> | \$ <b>80.00</b>                | \$ <b>80.00</b>                                           |
| <input checked="" type="checkbox"/> Fund Raiser Contribution                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                           |

Page Subtotal **130.00** **80.00**

Grand Total of all Schedules 1-IK  
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# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

### CANDIDATE COMMITTEE

1. Committee I. D. Number 137264  
2. Committee Name CTE FLORENCE M. HAYMAN

| 3. Name and Address from whom received<br>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).<br>Report <u>all</u> in-kind contributions.                                                                                                                                                          | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>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? <input type="checkbox"/> Yes<br>Name & Address:<br><b>FLORENCE HAYMAN</b><br><b>53540 GRACE DR</b><br><b>NEW BALTIMORE, MI 48047</b><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>CANDIDATE</b><br>Employer Name & Business Address:<br><b>CITY OF NEW BALTIMORE</b><br><b>50976 GREEN ST,</b><br><b>NEW BALTIMORE, MI 48047</b><br><input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <u><b>GOLF SPONSORSHIP</b></u><br>5. Date Of Receipt: <u><b>06/03/2023</b></u><br>6. Vendor Name & Address:<br><b>K OF C OF NEW BALTIMORE</b><br><b>50931 MAIN ST,</b><br><b>NEW BALTIMORE, MI 48047</b>                    | \$ <u><b>125.00</b></u>        | \$ <u><b>205.00</b></u>                                   |
| Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>FLORENCE HAYMAN</b><br><b>53540 GRACE DR</b><br><b>NEW BALTIMORE, MI 48047</b><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>CANDIDATE</b><br>Employer Name & Address:<br><b>CITY OF NEW BALTIMORE</b><br><b>50976 GREEN ST,</b><br><b>NEW BALTIMORE, MI 48047</b><br><input type="checkbox"/> Fund Raiser Contribution          | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <u><b>TOOTSIE ROLLS, SUCKERS, BUCKETS FOR PARADE</b></u><br>5. Date Of Receipt: <u><b>06/25/2023</b></u><br>6. Vendor Name & Address:<br><b>KROGER STORES</b><br><b>35000 23 MILE RD,</b><br><b>NEW BALTIMORE, MI 48047</b> | \$ <u><b>266.43</b></u>        | \$ <u><b>471.43</b></u>                                   |
| Contribution #3      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>FLORENCE HAYMAN</b><br><b>53540 GRACE DR</b><br><b>NEW BALTIMORE, MI 48047</b><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>CANDIDATE</b><br>Employer Name & Address:<br><b>CITY OF NEW BALTIMORE</b><br><b>50976 GREEN ST,</b><br><b>NEW BALTIMORE, MI 48047</b><br><input type="checkbox"/> Fund Raiser Contribution           | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <u><b>HOT DOGS AND BUNS FOR PARADE</b></u><br>5. Date Of Receipt: <u><b>06/25/2023</b></u><br>6. Vendor Name & Address:<br><b>KROGER STORES</b><br><b>35000 23 MILE RD,</b><br><b>NEW BALTIMORE, MI 48047</b>               | \$ <u><b>85.77</b></u>         | \$ <u><b>557.20</b></u>                                   |

Page Subtotal **477.20** **0.00**

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

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# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number **137264**

## CANDIDATE COMMITTEE

2. Committee Name **CTE FLORENCE M. HAYMAN**

| 3. Name and Address from whom received<br>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).<br>Report <u>all</u> in-kind contributions.                                                                                                                                                                | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>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? <input type="checkbox"/> Yes<br>Name & Address:<br><b>FLORENCE HAYMAN</b><br><b>53540 GRACE DR</b><br><b>NEW BALTIMORE, MI 48047</b><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>CANDIDATE</b><br>Employer Name & Business Address:<br><b>CITY OF NEW BALTIMORE</b><br><b>50976 GREEN ST,</b><br><b>NEW BALTIMORE, MI 48047</b><br><input type="checkbox"/> Fund Raiser Contribution       | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>ICE, COKE, CHIPS, BEER, WATER</b><br>5. Date Of Receipt: <b>06/25/2023</b><br>6. Vendor Name & Address:<br><b>KROGER STORES</b><br><b>35000 23 MILE RD,</b><br><b>NEW BALTIMORE, MI 48047</b>               | \$ <b>89.89</b>                | \$ <b>647.09</b>                                          |
| Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>FLORENCE HAYMAN</b><br><b>53540 GRACE DR</b><br><b>NEW BALTIMORE, MI 48047</b><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>CANDIDATE</b><br>Employer Name & Address:<br><b>CITY OF NEW BALTIMORE</b><br><b>50976 WASHINGTON ST,</b><br><b>NEW BALTIMORE, MI 48047</b><br><input type="checkbox"/> Fund Raiser Contribution           | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>LIONS CLUB COOKBOOK SPONSORSHIP</b><br>5. Date Of Receipt: <b>06/30/2023</b><br>6. Vendor Name & Address:<br><b>LIONS CLUB OF NEW BALTIMORE</b><br><b>P.O.BOX 394,</b><br><b>New Baltimore, MI 48047</b>    | \$ <b>20.00</b>                | \$ <b>667.09</b>                                          |
| Contribution #3      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>FLORENCE HAYMAN</b><br><b>53540 GRACE DR</b><br><b>NEW BALTIMORE, MI 48047</b><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>CANDIDATE</b><br>Employer Name & Address:<br><b>CITY OF NEW BALTIMORE</b><br><b>51006 WASHINGTON ST,</b><br><b>NEW BALTIMORE, MI 48047</b><br><input checked="" type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>TIP FOR FINN'S EATERY FOR FUNDRAISER FOOD</b><br>5. Date Of Receipt: <b>07/18/2023</b><br>6. Vendor Name & Address:<br><b>FINNS EATERY</b><br><b>51006 WASHINGTON ST,</b><br><b>NEW BALTIMORE, MI 48047</b> | \$ <b>200.00</b>               | \$ <b>867.09</b>                                          |

Page Subtotal **309.89** **0.00**

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

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# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

### CANDIDATE COMMITTEE

1. Committee I. D. Number **137264**  
2. Committee Name **CTE FLORENCE M. HAYMAN**

| 3. Name and Address from whom received<br>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)<br>5. Date of Receipt<br>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? <input type="checkbox"/> Yes<br>Name & Address:<br><b>FLORENCE HAYMAN</b><br><b>53540 GRACE DR</b><br><b>NEW BALTIMORE, MI 48047</b><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>CANDIDATE</b><br>Employer Name & Business Address:<br><b>CITY OF NEW BALTIMORE</b><br><b>50976 GREEN ST,</b><br><b>NEW BALTIMORE, MI 48047</b><br><input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>GOLF SPONSORSHIP</b><br>5. Date Of Receipt: <b>08/16/2023</b><br>6. Vendor Name & Address:<br><b>AMERICAN CANCER SOCIETY</b><br><b>P.O. BOX 10069,</b><br><b>Detroit, MI 48210</b> | \$ <b>100.00</b>               | \$ <b>967.09</b>                                          |
| Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><br><br>If over \$100.00 cumulative, please provide:<br>Occupation:<br>Employer Name & Address:<br><br><input type="checkbox"/> Fund Raiser Contribution                                                                                                                                                                                                | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description<br>5. Date Of Receipt:<br>6. Vendor Name & Address:<br><br><a href="#">Click Here for Memo Itemization</a>                                                                                       | \$                             | \$                                                        |
| Contribution #3      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><br><br>If over \$100.00 cumulative, please provide:<br>Occupation:<br>Employer Name & Address:<br><br><input type="checkbox"/> Fund Raiser Contribution                                                                                                                                                                                                 | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description<br>5. Date Of Receipt:<br>6. Vendor Name & Address:<br><br><a href="#">Click Here for Memo Itemization</a>                                                                                       | \$                             | \$                                                        |

Page Subtotal **100.00** **967.09**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule) **1,352.09**

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on line 6 of Summary  
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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number 137264  
2. Committee Name CTE FLORENCE M. HAYMAN

| 3. Name and address of person or vendor to whom paid                                                                                                                         | 4. Purpose (Required Information)                                                                                                                                                             | 5. Date                   | 6. Amount                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------|
| Expenditure #1<br>Name NEW BALTIMORE PARKS AND RECREATION<br><br>Address<br>36535 GREEN ST<br>NEW BALTIMORE, MI 48047<br><br><input checked="" type="checkbox"/> Fund Raiser | Purpose: <u>PAVILLON PERMIT/RENTAL</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                          | <u>04/24/2023</u><br>Date | \$ <u>200.00</u>                               |
| Expenditure #2<br>Name NEW BALTIMORE PARKS AND RECREATION<br><br>Address<br>36535 GREEN ST<br>NEW BALTIMORE, MI 48047<br><br><input type="checkbox"/> Fund Raiser            | Purpose: <u>BASEBALL SPONSORSHIP AND BANNERS ON 2 FIELDS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement    | <u>05/12/2023</u><br>Date | \$ <u>250.00</u><br><br>Memo Itemization Below |
| Expenditure #3<br>Name NEW BALTIMORE PARKS AND RECREATION<br><br>Address<br>36535 GREEN ST<br>NEW BALTIMORE, MI 48047<br><br><input type="checkbox"/> Fund Raiser            | Purpose: <u>SPONSORSHIP AND BANNER FOR NB SENIOR OPEN HOUSE</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>05/12/2023</u><br>Date | \$ <u>300.00</u><br><br>Memo Itemization Below |
| Expenditure #4<br>Name LR EMBROIDERED CREATIONS<br><br>Address<br>51043 WASHINGTON ST<br>NEW BALTIMORE, MI 48047<br><br><input type="checkbox"/> Fund Raiser                 | Purpose: <u>CAMPAIGN SHIRTS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                                 | <u>05/18/2023</u><br>Date | \$ <u>243.80</u><br><br>Memo Itemization Below |
| Expenditure #5<br>Name LR EMBROIDERED CREATIONS<br><br>Address<br>51043 WASHINGTON ST<br>NEW BALTIMORE, MI 48047<br><br><input type="checkbox"/> Fund Raiser                 | Purpose: <u>CAMPAIGN T SHIRTS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                               | <u>05/23/2023</u><br>Date | \$ <u>100.70</u>                               |

Subtotal this page 1,094.50  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

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Summary Page



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

1. Committee I. D. Number **137264**  
2. Committee Name **CTE FLORENCE M. HAYMAN**

| 3. Name and address of person or vendor to whom paid                                                                                                                                                 | 4. Purpose (Required Information)                                                                                                                                                                                       | 5. Date                   | 6. Amount        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|
| <b>Expenditure #1</b><br>Name <b>BAY-RAMA FISHFLY FESTIVAL PARADE COUNCIL</b><br><br>Address<br><b>P.O. BOX 25</b><br><b>New Baltimore, MI 48047</b><br><br><input type="checkbox"/> Fund Raiser     | Purpose: <u>ENTRY AND 7FT BANNER IN THE BAY-RAMA PARADE</u><br><br>Memo Itemization Below<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>05/27/2023</u><br>Date | \$ <u>150.00</u> |
| <b>Expenditure #2</b><br>Name <b>LR EMBROIDERED CREATIONS</b><br><br>Address<br><b>51043 WASHINGTON ST</b><br><b>NEW BALTIMORE, MI 48047</b><br><br><input type="checkbox"/> Fund Raiser             | Purpose: <u>CAMPAIGN T SHIRTS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                                                         | <u>06/20/2023</u><br>Date | \$ <u>63.60</u>  |
| <b>Expenditure #3</b><br>Name <b>CITY OF NEW BALTIMORE</b><br><br>Address<br><b>50976 GREEN ST</b><br><b>NEW BALTIMORE, MI 48047</b><br><br><input type="checkbox"/> Fund Raiser                     | Purpose: <u>VOTER LISTS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                                                               | <u>06/30/2023</u><br>Date | \$ <u>29.40</u>  |
| <b>Expenditure #4</b><br>Name <b>SCORE BOARD &amp; MORE (MAGNETIC SIGNS)</b><br><br>Address<br><b>5309 POINTE TREMBLE RD</b><br><b>ALGONAC, MI 48001</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>CAMPAIGN CAR SIGNS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                                                        | <u>06/30/2023</u><br>Date | \$ <u>63.60</u>  |
| <b>Expenditure #5</b><br>Name <b>U.S. POST OFFICE</b><br><br>Address<br><b>35339 23 MILE RD</b><br><b>NEW BALTIMORE, MI 48047</b><br><br><input type="checkbox"/> Fund Raiser                        | Purpose: <u>STAMPS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                                                                    | <u>06/30/2023</u><br>Date | \$ <u>108.00</u> |

Subtotal this page

**414.60**

Grand Total of all Schedules 1B  
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Summary Page



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

1. Committee I. D. Number **137264**  
2. Committee Name **CTE FLORENCE M. HAYMAN**

| 3. Name and address of person or vendor to whom paid                                                                                                                                                 | 4. Purpose (Required Information)                                                                                                                                              | 5. Date                   | 6. Amount        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|
| <b>Expenditure #1</b><br>Name <b>FINN'S EATERY AND SPIRITS</b><br><br>Address<br><b>51006 WASHINGTON ST</b><br><b>NEW BALTIMORE, MI 48047</b><br><br><input checked="" type="checkbox"/> Fund Raiser | Purpose: <u>FOOD FOR FUNDRAISER PARTICIPANTS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>07/18/2023</u><br>Date | \$ <u>371.00</u> |
| <b>Expenditure #2</b><br>Name <b>LR EMBROIDERED CREATIONS</b><br><br>Address<br><b>51043 WASHINGTON ST</b><br><b>NEW BALTIMORE, MI 48047</b><br><br><input type="checkbox"/> Fund Raiser             | Purpose: <u>CAMPAIGN SHIRTS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                  | <u>07/27/2023</u><br>Date | \$ <u>84.80</u>  |
| <b>Expenditure #3</b><br>Name <b>NEW BALTIMORE BUSINESS ALLIANCE</b><br><br>Address<br><b>50740 LENOX ST</b><br><b>NEW BALTIMORE, MI 48047</b><br><br><input type="checkbox"/> Fund Raiser           | Purpose: <u>BANNER/SPONSOR FOR COUNTRYFEST</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement   | <u>08/30/2023</u><br>Date | \$ <u>150.00</u> |
| <b>Expenditure #4</b><br>Name <b>TRI COUNTY CHAMBER OF COMMERCE</b><br><br>Address<br><b>600 S WALNUT ST</b><br><b>LANSING, MI 48933</b><br><br><input type="checkbox"/> Fund Raiser                 | Purpose: <u>SPONSOR/ADVERTISING</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement              | <u>09/05/2023</u><br>Date | \$ <u>100.00</u> |
| <b>Expenditure #5</b><br>Name <b>ANCHOR BAY CHAMBER OF COMMERCE</b><br><br>Address<br><b>51180 BEDFORD ST</b><br><b>NEW BALTIMORE, MI 48047</b><br><br><input type="checkbox"/> Fund Raiser          | Purpose: <u>FEE FOR MEET THE CANDIDATE</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement       | <u>09/05/2023</u><br>Date | \$ <u>50.00</u>  |

Subtotal this page **755.80**

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

1. Committee I. D. Number 137264  
2. Committee Name CTE FLORENCE M. HAYMAN

| 3. Name and address of person or vendor to whom paid                                                                                                                        | 4. Purpose (Required Information)                                                                                                                                                          | 5. Date                   | 6. Amount        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|
| <b>Expenditure #1</b><br>Name SCORE BOARD & MORE (MAGNETIC SIGNS)<br><br>Address<br>5309 POINTE TREMBLE RD<br>ALGONAC, MI 48001<br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>CAMPAIGN SIGNS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                               | <u>09/05/2023</u><br>Date | \$ <u>382.00</u> |
| <b>Expenditure #2</b><br>Name NEW BALTIMORE PARKS AND RECREATION<br><br>Address<br>36535 GREEN ST<br>NEW BALTIMORE, MI 48047<br><br><input type="checkbox"/> Fund Raiser    | Purpose: <u>SPONSORSHIP FOR TRICK OR TREAT NEW BALTIMORE</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>09/11/2023</u><br>Date | \$ <u>100.00</u> |
| <b>Expenditure #3</b><br>Name SCORE BOARD & MORE (MAGNETIC SIGNS)<br><br>Address<br>5309 POINTE TREMBLE RD<br>ALGONAC, MI 48001<br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>CAMPAIGN SIGNS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                               | <u>09/15/2023</u><br>Date | \$ <u>63.60</u>  |
| <b>Expenditure #4</b><br>Name U.S. POST OFFICE<br><br>Address<br>35339 23 MILE RD<br>NEW BALTIMORE, MI 48047<br><br><input type="checkbox"/> Fund Raiser                    | Purpose: <u>STAMPS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                                       | <u>09/21/2023</u><br>Date | \$ <u>51.00</u>  |
| <b>Expenditure #5</b><br>Name SCORE BOARD & MORE (MAGNETIC SIGNS)<br><br>Address<br>5309 POINTE TREMBLE RD<br>ALGONAC, MI 48001<br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>CAMPAIGN SIGNS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                               | <u>09/25/2023</u><br>Date | \$ <u>227.50</u> |

Subtotal this page

**824.10**

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

1. Committee I. D. Number 137264  
2. Committee Name CTE FLORENCE M. HAYMAN

| 3. Name and address of person or vendor to whom paid                                                                                                                            | 4. Purpose (Required Information)                                                                                                                                                           | 5. Date                   | 6. Amount          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------|
| Expenditure #1<br>Name <b>THE ORIGINAL PRINT SHOPPE</b><br><br>Address<br>270 S TELEGRAPH RD<br>PONTIAC, MI 48341<br><br><input type="checkbox"/> Fund Raiser                   | Purpose: <u>CAMPAIGN POST CARDS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                           | <u>09/25/2023</u><br>Date | \$ <u>572.40</u>   |
| Expenditure #2<br>Name <b>21ST CENTURY MEDIA</b><br><br>Address<br>P.O. BOX 8003<br>WILLOUGHBY, OH 44096<br><br><input type="checkbox"/> Fund Raiser                            | Purpose: <u>ELECTRONIC AND PRINT ADVERTISING IN BAY VOICE</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>09/25/2023</u><br>Date | \$ <u>1,000.00</u> |
| Expenditure #3<br>Name <b>SCORE BOARD &amp; MORE (MAGNETIC SIGNS)</b><br><br>Address<br>5309 POINTE TREMBLE RD<br>ALGONAC, MI 48001<br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>CAMPAIGN SIGNS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                                | <u>09/27/2023</u><br>Date | \$ <u>206.70</u>   |
| Expenditure #4<br>Name <b>ORIGINAL PRINT SHOPPE</b><br><br>Address<br>270 S TELEGRAPH RD<br>PONTIAC, MI 48341<br><br><input type="checkbox"/> Fund Raiser                       | Purpose: <u>PAMPHLETS FOR CAMPAIGN WALK</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                   | <u>10/04/2023</u><br>Date | \$ <u>477.00</u>   |
| Expenditure #5<br>Name <b>MASS MAILING, LLC</b><br><br>Address<br>35468 MOUND RD<br>STERLING HEIGHTS, MI 48310<br><br><input type="checkbox"/> Fund Raiser                      | Purpose: <u>POSTAGE FOR MASS CAMPAIGN MAILING</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement             | <u>10/07/2023</u><br>Date | \$ <u>861.36</u>   |

Subtotal this page **3,117.46**

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

Enter this total  
on line 8a of  
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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **137264**  
2. Committee Name **CTE FLORENCE M. HAYMAN**

| 3. Name and address of person or vendor to whom paid                                                                                                               | 4. Purpose (Required Information)                                                                                                                                 | 5. Date                   | 6. Amount        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|
| Expenditure #1<br>Name <b>RYAN COVERT</b><br><br>Address<br><b>50578 WOODBURY DR</b><br><b>NEW BALTIMORE, MI 48047</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <b>CAMPAIGN WEB SET-UP</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <b>10/09/2023</b><br>Date | \$ <b>192.00</b> |
| Expenditure #2<br>Name<br><br>Address<br><br><br><input type="checkbox"/> Fund Raiser                                                                              | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                      | _____<br>Date             | \$ _____         |
| Expenditure #3<br>Name<br><br>Address<br><br><br><input type="checkbox"/> Fund Raiser                                                                              | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                      | _____<br>Date             | \$ _____         |
| Expenditure #4<br>Name<br><br>Address<br><br><br><input type="checkbox"/> Fund Raiser                                                                              | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                      | _____<br>Date             | \$ _____         |
| Expenditure #5<br>Name<br><br>Address<br><br><br><input type="checkbox"/> Fund Raiser                                                                              | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                      | _____<br>Date             | \$ _____         |

Subtotal this page **192.00**  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **6,398.46**

Enter this total  
on line 8a of  
Summary Page



**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number **137264**  
2. Committee Name **CTE FLORENCE M. HAYMAN**

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

|                                                 |                                                                                             |                                                                      |                                                                                                                                                                                                   |
|-------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. Date Event Was Held<br><br><b>05/18/2023</b> | 4. Number of Individuals Attending or Participating (whichever is greater)<br><br><b>37</b> | 5. Type of Fund Raising Activity<br><br>MEET AND GREET THE CANDIDATE | 6. Address and Name (If any) of the place where the activity was held.<br>NEW BALTIMORE CITY PARK<br>50976 WASHINGTON ST<br>NEW BALTIMORE, MI 48047<br><input type="checkbox"/> Private Residence |
|-------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

7. Total Contributions **2,690.00**  
8. Other Receipts **0.00**  
9. Gross Receipts (Add lines 7 and 8) **2,690.00**  
10. Total Cost of Event **640.00**  
(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.



**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number **137264**  
2. Committee Name **CTE FLORENCE M. HAYMAN**

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

|                                                 |                                                                                             |                                                                  |                                                                                                                                                                                         |
|-------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. Date Event Was Held<br><br><b>07/17/2023</b> | 4. Number of Individuals Attending or Participating (whichever is greater)<br><br><b>45</b> | 5. Type of Fund Raising Activity<br><br>APPETIZERS AND BEVERAGES | 6. Address and Name (If any) of the place where the activity was held.<br>FINN'S EATERY<br>51006 WASHINGTON ST<br>NEW BALTIMORE, MI 48047<br><input type="checkbox"/> Private Residence |
|-------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

7. Total Contributions **1,765.00**  
8. Other Receipts **0.00**  
9. Gross Receipts (Add lines 7 and 8) **1,765.00**  
10. Total Cost of Event **571.00**  
(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.