



**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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

1. Committee I.D. Number 139741		3. This Statement covers From: 01/01/2023 to 10/22/2023	
2. Committee Name CTE LAURA LYNN SZYMANSKI		4. Candidate Last Name SZYMANSKI First Name LAURA M.I. L 4a. Office Sought Including District # or Community Served (If applicable) COUNCIL, NEW BALTIMORE 4b. County of Residence MACOMB	
5. Committee's Mailing Address 38281 MURDICK NEW BALTIMORE, MI 48047 Area Code and Phone (586) 321-9654 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 SUE CIPRIANO 35484 GRANT STREET NEW BALTIMORE, MI 48047 Area Code & Phone (586) 321-9401	
7. Treasurer's Business Address 35484 GRANT STREET NEW BALTIMORE, MI 48047 Area Code and Phone (586) 321-9401		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) SUE CIPRIANO 35484 GRANT STREET NEW BALTIMORE, MI 48047 Area Code and Phone (586) 321-9401	
9. TYPE OF STATEMENT 9a. ☒ Pre-Election OR 9b. ☐ Post-Election Pre-Election or Post-Election Statement relates to: ☐ Primary ☒ General ☐ Convention ☐ Special ☐ School ☐ Caucus Date of Election, Convention or Caucus 11/07/2023		Required ONLY if candidate is not on the ballot for the current year: ☐ July Quarterly ☐ October Quarterly 9c. ☐ Annual Statement () Coverage Year 9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) 9e. Dissolution of Candidate Committee ☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record keeper Susan A. Cipriano Type or Print Name Susan A. Cipriano Signature		Submitted electronically, signature on file Date 10/25/23	
Candidate Laura Szymanski Type or Print Name Laura Szymanski Signature		Submitted electronically, signature on file Date 10/25/23	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number

139741

2. Committee Name

CTE Laura Szymanski

**SUMMARY PAGE
CANDIDATE COMMITTEE**

	Column I This Period	Column II Cumulative this election cycle
RECEIPTS		
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 2930-	(18.) \$ 2930-
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	(19.) \$ 0
c. Subtotal of "Contributions"	(3c.) \$ 2930-	(20.) \$ 2930-
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 0	
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 2930-	
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 0	(21.) \$ 0
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0	(22.) \$ 0
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 3061.44	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 3061.44	(23.) \$ 3061.44
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ 0	(24.) \$ 0
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 0	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ 270.18	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ 2930-	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ 3200.18	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ 3061.44	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 138.74	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number

139741

2. Committee Name

CTE Laura Szymanski

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>8-13-23</u> Name & Address: <u>WEBB, TIM</u> <u>51965 FOX POINTE DR</u> <u>NEW BALTIMORE, MI 48047</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>40-</u>	
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>8-13-23</u> Name & Address: <u>CHAMBERLIN, LISA</u> <u>36912 HIGH VIEW ST</u> <u>NEW BALTIMORE MI 48047</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>50-</u>	
		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>8-13-23</u> Name & Address: <u>HANSON, ANDREA</u> <u>49504 NAUTICAL DR</u> <u>CHESTERFIELD MI 48047</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>100-</u>	
		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>8-13-23</u> Name & Address: <u>REICHLING, NICHOLAS & LEE</u> <u>7265 YORKTOWN LN</u> <u>SHELBY TWP. MI 48317</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>200-</u>	
		Click Here for Memo Itemization	

Page Subtotal

390.00

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 139741
2. Committee Name CTA LAURA SZYMANSKI

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 all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>8-13-23</u> Name & Address: <u>HUBBINS, ROBERT</u> <u>51820 RIVARD</u> <u>NEW BALTIMORE MI 48047</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>OXFORD RESTAURANT INC</u> Click Here for Memo Itemization Business Address <u>56100 WASHINGTON NEW BALTIMORE MI 48047</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>200-</u>	\$ _____
3. Contribution # 2 PAC Receipt? ☐ YES 4. Date of Receipt <u>8-13-23</u> Name & Address: <u>NEW BALTIMORE FIRE FIGHTERS ASSN</u> <u>36535 GREEN ST</u> <u>NEW BALTIMORE MI 48047</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>FIRE FIGHTERS</u> Employer <u>CITY OF NEW BALTIMORE</u> Click Here for Memo Itemization Business Address <u>36535 GREEN ST NEW BALTIMORE MI 48047</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>200-</u>	\$ _____
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>8-13-23</u> Name & Address: <u>DUFFY, DAVID</u> <u>36167 ST CLAIR DR</u> <u>NEW BALTIMORE MI 48047</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>50-</u>	\$ _____
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>7-27-23</u> Name & Address: <u>MC CLURE, TIMOTHY</u> <u>52841 BASE ST</u> <u>NEW BALTIMORE MI 48047</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>50-</u>	\$ _____

Page Subtotal

500.00

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 139741
2. Committee Name CTE Laura Szymanski

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>8-13-23</u> Name & Address: <u>601ST, JDDI</u> <u>10321 ARNOLD RD</u> <u>IRA, MI 48023</u>		\$ <u>100-</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>8-13-23</u> Name & Address: <u>ADDY, ROSE</u> <u>38158 CIRCLO</u> <u>HARRISON TWP, MI 48045</u>		\$ <u>20-</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>8-13-23</u> Name & Address: <u>TROBELL, DAVE + JAN</u> <u>52552 LAUREL OAK LN</u> <u>CHESTERFIELD, MI 48017</u>		\$ <u>100-</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>8-13-23</u> Name & Address: <u>WARTIAN, MAUREEN</u> <u>38315 MURDICKS</u> <u>NEW BALTIMORE, MI 48017</u>		\$ <u>20-</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

240.00

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 139741
2. Committee Name CTE LAURA SZYMANSKI

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 all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>8-13-23</u> Name & Address: <u>TYRRELL, RUSSELL MICHELE</u> <u>38332 MURDICK DR</u> <u>NEW BALTIMORE MI 48047</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>25-</u>	
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>8-13-23</u> Name & Address: <u>TYRRELL, DEAN + KRISTY</u> <u>37108 MURDICK DR</u> <u>NEW BALTIMORE MI 48047</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>25-</u>	
		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>8-13-23</u> Name & Address: <u>WELSHS, MARK</u> <u>54566 BEACON COVE</u> <u>NEW BALTIMORE MI 48047</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>100-</u>	
		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>8-13-23</u> Name & Address: <u>SEMAN, THOMAS</u> <u>52723 COULTER CT</u> <u>NEW BALTIMORE MI 48047</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>25-</u>	
		Click Here for Memo Itemization	

Page Subtotal

175.00

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 139741
2. Committee Name CTE LAURA SZYMANSKI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>8-13-23</u> Name & Address: <u>TOWNSEND, WILLIAM</u> <u>34814 JEROME ST</u> <u>CHESTERFIELD, MI 48047</u>		\$ <u>50-</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>8-13-23</u> Name & Address: <u>KRAFT, PHILIP</u> <u>50127 WATERLOO</u> <u>CHESTERFIELD MI 48047</u>		\$ <u>25-</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>8-13-23</u> Name & Address: <u>TELEOLOG 4</u> <u>51525 INDUSTRIAL DR</u> <u>NEW BALTIMORE MI 48047</u>		\$ <u>1000-</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address <u>51525 INDUSTRIAL DR NEW BALTIMORE</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>8-13-23</u> Name & Address: <u>LUMB, JAMES A</u> <u>36844 MARQUARDT CT</u> <u>NEW BALTIMORE MI 48047</u>		\$ <u>100-</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 1175.00

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

139741

2. Committee Name

CTE LAURA SZYMANSKI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>8-13-23</u> Name & Address: THOMSON, DIANE 53430 BRADFORD CT NEW BALTIMORE MI 48047 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>200-</u> \$ _____	Click Here for Memo Itemization
3. Contribution # 2 PAC Receipt? ☐ YES 4. Date of Receipt <u>8-13-23</u> Name & Address: REICHLING, WILLIAM 26699 BOSTON DR CHESTERFIELD, MI 48047 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>100-</u> \$ _____	Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>8-13-23</u> Name & Address: BARTKOWICZ, TOM + ROSE 36489 HALEY DR NEW BALTIMORE MI 48047 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>25</u> \$ _____	Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>8-13-23</u> Name & Address: GARVIN, ROBERT 50848 ASHLEY ST NEW BALTIMORE MI 48047 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>50-</u> \$ _____	Click Here for Memo Itemization

Page Subtotal

375.00

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

139741

2. Committee Name

CTE Laura Szymanski

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 all contributions regardless of amount.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1

PAC Receipt? ☐ YES

4. Date of Receipt 8-13-23

Name & Address:

SOSAN CIPRIANO
35484 GRANT ST
NEW BALTIMORE MI 48047

\$ 75.00 \$

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2

PAC Receipt? ☐ YES

4. Date of Receipt _____

Name & Address

\$ _____ \$ _____

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #3

PAC Receipt? ☐ YES

4. Date of Receipt _____

Name & Address

\$ _____ \$ _____

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #4

PAC Receipt? ☐ YES

4. Date of Receipt _____

Name & Address

\$ _____ \$ _____

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

75-

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

2930-

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139741
2. Committee Name CTE Laura Szymanski

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>ADVIA BANK</u> Address <u>35600 MAIN ST</u> <u>NEW BALTIMORE MI</u> <u>48047</u> ☐ Fund Raiser	Purpose: <u>print statement</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/17/23</u> Date	<u>\$ 1.00</u>
Expenditure #2 Name <u>USPS</u> Address <u>35339 23 MILE RD</u> <u>NEW BALTIMORE MI</u> <u>48047</u> ☐ Fund Raiser	Purpose: <u>Stamps</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/18/23</u> Date	<u>\$ 39.60</u>
Expenditure #3 Name <u>ADVIA BANK</u> Address <u>35600 MAIN ST</u> <u>NEW BALTIMORE MI</u> <u>48047</u> ☐ Fund Raiser	Purpose: <u>starter checks</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/13/23</u> Date	<u>\$ 3.00</u>
Expenditure #4 Name <u>SAWICKI + SONS</u> Address <u>1521 W. LAFALETTE</u> <u>DETROIT MI</u> <u>48216</u> ☐ Fund Raiser	Purpose: <u>lawn signs</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/4/23</u> Date	<u>\$ 535.83</u>
Expenditure #5 Name <u>Families Against Narcotics</u> Address <u>Paradox Church</u> <u>28211 mound Rd</u> <u>Warren MI 48092</u> ☐ Fund Raiser	Purpose: <u>donation</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/18/23</u> Date	<u>\$ 100-</u>

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139741
2. Committee Name CTE Laura Szymanski

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>4 Imprint</u> Address <u>101 Commerce ST</u> <u>Oshkosh, WI</u> <u>54901</u> ☐ Fund Raiser	Purpose: <u>pens</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/20/23</u> Date	\$ <u>190.86</u>
Expenditure #2 Name <u>GORDON FOOD SERVICE</u> Address <u>51630 Grationt</u> <u>Chesterfield, MI</u> <u>48051</u> ☐ Fund Raiser	Purpose: <u>FOOD FOR COMMITTEE MEETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/23/23</u> Date	\$ <u>77.24</u>
Expenditure #3 Name <u>CITY OF NEW BALTIMORE</u> Address <u>36535 Green ST</u> <u>New Baltimore MI</u> <u>48047</u> ☐ Fund Raiser	Purpose: <u>Printing of absentee ballot list</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/24/23</u> Date	\$ <u>135.99</u>
Expenditure #4 Name <u>FINS</u> Address <u>51006 WASHINGTON ST</u> <u>NEW BALTIMORE MI</u> <u>48047</u> ☒ Fund Raiser	Purpose: <u>fund raiser</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/1/23</u> Date	\$ <u>461-</u>
Expenditure #5 Name <u>CHICKEN SHACK</u> Address <u>31880 23 MILE RD</u> <u>CHESTERFIELD MI</u> <u>48047</u> ☐ Fund Raiser	Purpose: <u>FOOD FOR COMMITTEE MEETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/1/23</u> Date	\$ <u>67.54</u>

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139741
2. Committee Name CTE Laura Szymanski

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>ANCHOR BAY CHAMBER OF COMMERCE</u> Address <u>51180 BEDFORD ST</u> <u>NEW BALTIMORE MI</u> <u>48047</u> ☐ Fund Raiser	Purpose: <u>MEET THE CANDIDATE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/13/23</u> Date	\$ <u>50.00</u>
Expenditure #2 Name <u>USPS</u> Address <u>35339 23 MILE RD</u> <u>NEW BALTIMORE MI</u> <u>48047</u> ☐ Fund Raiser	Purpose: <u>STAMPS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/18/23</u> Date	\$ <u>153.00</u>
Expenditure #3 Name <u>USPS</u> Address <u>35339 23 MILE RD</u> <u>NEW BALTIMORE MI</u> <u>48047</u> ☐ Fund Raiser	Purpose: <u>STAMPS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/18/23</u> Date	\$ <u>306.00</u>
Expenditure #4 Name <u>Revolutionary Print Mgt</u> Address <u>51145 WASHINGTON ST</u> <u>NEW BALTIMORE MI</u> <u>48047</u> ☐ Fund Raiser	Purpose: <u>CARDS FOR MAILING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/18/23</u> Date	\$ <u>106.13</u>
Expenditure #5 Name <u>NEW BALTIMORE PARKS + REC</u> Address <u>36535 GREEN ST</u> <u>NEW BALTIMORE MI</u> <u>48047</u> ☐ Fund Raiser	Purpose: <u>PASS OUT CANDY</u> <u>TENT SPONSOR</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/18/23</u> Date	\$ <u>750</u>

Subtotal this page

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139741
2. Committee Name CTE Laura Szymanski

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>AMAZON</u> Address <u>410 TERRY AVE N</u> <u>SEATTLE, WA</u> <u>98101</u> ☐ Fund Raiser	Purpose: <u>Candy to pass out</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/21/23</u> Date	\$ <u>84.25</u>
Expenditure #2 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page

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

3061.44

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139741

2. Committee Name CTE LAURA SZYMANSKI

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>7-25-23</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>33</u>	5. Type of Fund Raising Activity <u>APPETIZERS - MEET + GREET</u>	6. Address and Name (If any) of the place where the activity was held. <u>FIN'S</u> <u>51000 WASHINGTON ST</u> <u>NEW BARTIMORE MI</u> ☐ Private Residence <u>48047</u>
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7. Total Contributions 2855.00

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) 2855.00

10. Total Cost of Event 461.00

(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.