



FILED

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MACOMB COUNTY CLERK
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**CANDIDATE COMMITTEE
COVER PAGE**

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

3. This Statement covers From: 01/01/2024 to 07/21/2024

1. Committee I.D. Number

140333

4. Candidate Last Name First Name M.I.

BUDNICK SCOTT

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

SHERIFF, MACOMB COUNTY

2. Committee Name

CTE SCOTT BUDNICK FOR SHERIFF

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

5. Committee's Mailing Address

**P. O. BOX 11
NOVI, MI 48376**

6. Treasurer's Name & Residential Address

**DAVID STAUDT
43155 MAIN STREET, STE 2210E
NOVI, MI 48375**

Area Code and Phone (248) 561-5055
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

Area Code & Phone (248) 561-5055

7. Treasurer's Business Address

**43155 MAIN STREET, STE 2210E
NOVI, MI 48375**

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

Area Code and Phone (248) 561-5055

Area Code and Phone () -

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☒ Primary
☐ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement ()
Coverage Year

9d. ☐ Amendment to Campaign Statement
(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

Date of Election, Convention or Caucus

08/06/2024

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper _____
Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/25/2024

Candidate _____
Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/25/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140333

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE SCOTT BUDNICK FOR SHERIFF

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>17,630.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>17,630.00</u>	(18.) \$ <u>23,661.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>17,630.00</u>	(20.) \$ <u>23,661.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>19,574.60</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>21,615.67</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>1.97</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>21,617.64</u>	(23.) \$ <u>21,806.62</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>25,074.60</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>5,842.02</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>17,630.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>23,472.02</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>21,617.64</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1,854.38</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140333
2. Committee Name CTE SCOTT BUDNICK FOR SHERIFF

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>01/22/2024</u>	
Name & Address: DAVID ENWYIA 52904 FOREST GROVE SHELBY TWP, MI 48315		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>COLLISION GUYS</u> Business Address <u>4445 22 MILE RD, SHELBY TWP, MI 48317</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/01/2024</u>	
Name & Address: SCOTT BUDNICK 19736 EDINBERG DR MACOMB, MI 48044		\$ <u>5,000.00</u>	\$ <u>25,074.60</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLICE OFFICER</u> Employer <u>HAMTRAMCK POLICE DEPARTMENT</u> Business Address <u>3401 EVALINE ST, HAMTRAMCK, MI 48212</u> Type of Contribution: ☒ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/05/2024</u>	
Name & Address: TINA KOSAKOWSKI 49171 SNOWSHOE DR MACOMB, MI 48044		\$ <u>150.00</u>	\$ <u>270.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DENTAL OFFICE MANAGER</u> Employer <u>MGM DENTAL</u> Business Address <u>4501 24 MILE RD, SHELBY TWP, MI 48316</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/06/2024</u>	
Name & Address: GENEVIEVE CRAIG 71537 SARAH DR MI 48065		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 5,750.00

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 140333
2. Committee Name CTE SCOTT BUDNICK FOR SHERIFF

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>02/09/2024</u> Name & Address: ASHLEY MULLINS 260 NESBIT LN ROCHESTER HILLS, MI 48309		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/23/2024</u> Name & Address: STEPHANIE PERRIN 20836 VERMANDER AVE CLINTON TWP, MI 48035		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/27/2024</u> Name & Address: JOE AMORE 49630 ELLIS CT SHELBY TWP, MI 48315		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/27/2024</u> Name & Address: JOHN AMORE 27191 EAGLE CT NEW BALTIMORE, MI 48051		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **300.00**

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 140333
2. Committee Name CTE SCOTT BUDNICK FOR SHERIFF

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>02/27/2024</u> Name & Address: PETER GLOTZBACH 47429 LEXINGTON DR MACOMB, MI 48044		\$ <u>50.00</u>	\$ <u>170.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>N/A, N/A, MI 00000</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/28/2024</u> Name & Address: LUISE DIPKA 17037 N NUNNELEY RD CLINTON TWP, MI 48036		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/28/2024</u> Name & Address: JULI ELKINS 14957 MILAN CT SHELBY TWP, MI 48315		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/28/2024</u> Name & Address: SANDRA HAROUTUNIAN 35139 BOBCEAN RD CLINTON TWP, MI 48035		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **185.00**

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 140333
2. Committee Name CTE SCOTT BUDNICK FOR SHERIFF

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>02/28/2024</u>	
Name & Address: STEVEN NADER 6453 WOODREED AVE SHELBY TWP, MI 48316		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>QUALITY CONTROLLER</u> Employer <u>TRIUMPH GEARED SOLUTIONS</u> Business Address <u>15375 23 MILE RD, MACOMB, MI 48042</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/28/2024</u>	
Name & Address: SUNNY REDDY 4000 LIVERNOIS RD TROY, MI 48098		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/28/2024</u>	
Name & Address: ALEXANDRIA TAYLOR 11210 GABRIEL ST ROMULUS, MI 48174		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/01/2024</u>	
Name & Address: LAURA DANIELS 33638 KLEIN CT FRASER, MI 48026		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 400.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/01/2024</u> Name & Address: MICHELLE LEAKE 48586 SANDIFER CT SHELBY TWP, MI 48317		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/01/2024</u> Name & Address: MARTINZIE SIMS 7591 THOMAS CT SHELBY TWP, MI 48317		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/01/2024</u> Name & Address: MICHAEL SZYMANSKI 2221 WINDY HILL LN OAKLAND TWP, MI 48363		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/04/2024</u> Name & Address: ANDREW AGBAN 23505 PLAYVIEW ST ST CLAIR SHORES, MI 48082		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 250.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/04/2024</u>	
Name & Address: JEFF FIORE 37153 WOODPOINTE DR CLINTON TWP, MI 48036		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/04/2024</u>	
Name & Address: JIMMY FOSTER 33693 MULVEY RD FRASER, MI 48026		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/04/2024</u>	
Name & Address: BRANDON FRANCE 48770 SHELBY RD APT 6 SHELBY TWP, MI 48317		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/04/2024</u>	
Name & Address: THOMAS JOHANNES 49410 RICHMOND CT SHELBY TWP, MI 48315		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 270.00

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/04/2024</u> Name & Address: SAMANTHA MANNINO 28257 KINGSBERRY ST NEW BALTIMORE, MI 48047		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/04/2024</u> Name & Address: NICK MARLAWS 36096 FARMBROOK DR CLINTON TWP, MI 48035		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/04/2024</u> Name & Address: CAMERON MILAVEC 28257 KINGSBERRY ST NEW BALTIMORE, MI 48047		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/04/2024</u> Name & Address: SHANE PODROWA 43145 CHARLEMAGNE AVE STERLING HEIGHTS, MI 48314		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 230.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/04/2024</u>	
Name & Address: MARIO STOPPA 31280 UTICA RD FRASER, MI 48026		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/04/2024</u>	
Name & Address: VASKO TEVDOVSKI 44433 SUNNYSIDE DR STERLING HEIGHTS, MI 48313		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>ATKO MARKET</u> Business Address <u>45521 HAYES RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/04/2024</u>	
Name & Address: JEROME VANNSTE FOX LN W #206 SHELBY TWP, MI 48317		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: MIKE SOBECKI 19704 EDINBERG DR MACOMB, MI 48044		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 400.00

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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/16/2024</u>	
Name & Address: RONALD SINGER 31120 NELSON DR WARREN, MI 48088		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/16/2024</u>	
Name & Address: MIKE ZIENTAK 51829 E POINTE LN NEW BALTIMORE, MI 48051		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/20/2024</u>	
Name & Address: MELISSA PEHLIS 52101 MONACO DR MACOMB, MI 48042		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/20/2024</u>	
Name & Address: MELISSA PEHLIS 52101 MONACO DR MACOMB, MI 48042		\$ <u>25.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 100.00

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 140333
2. Committee Name CTE SCOTT BUDNICK FOR SHERIFF

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>03/27/2024</u>	
Name & Address: JANINE BROWN 6765 BOULDER POINTE DR WASHINGTON, MI 48094		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/27/2024</u>	
Name & Address: JANINE BROWN 6765 BOULDER POINTE DR WASHINGTON, MI 48094		\$ <u>75.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/28/2024</u>	
Name & Address: MICHAEL FEDENIS 52261 HAWTHORNE DR NEW BALTIMORE, MI 48047		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/06/2024</u>	
Name & Address: ALEXIS KAY 35970 HAWTHORNE DR CLINTON TWP, MI 48035		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 200.00

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(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/08/2024</u>	
Name & Address: STEVEN NADER 6453 WOODREED AVE SHELBY TWP, MI 48316		\$ <u>50.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>QUALITY CONTROLLER</u> Employer <u>TRIUMPH GEARED SOLUTIONS</u> Business Address <u>15375 23 MILE RD, MACOMB, MI 48042</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/09/2024</u>	
Name & Address: KRISTIN BATTAGLIA 51736 EVA DR MACOMB, MI 48042		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/09/2024</u>	
Name & Address: PHILLIP PRUSINSKI 43924 FREEWAY DR STERLING HEIGHTS, MI 48313		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/09/2024</u>	
Name & Address: GUS SEMAAN 2169 HASLER LAKE RD LAPEER, MI 48446		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OPERATIONS MANAGER</u> Employer <u>ASC</u> Business Address <u>12137 MERRIMAN RD, LIVONIA, MI 48150</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 350.00

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(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/09/2024</u> Name & Address: ANTHONY ZATEK 18531 BEECHWOOD ST ROSEVILLE, MI 48066		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/10/2024</u> Name & Address: JOHN AMORE 27191 EAGLE CT NEW BALTIMORE, MI 48051		\$ <u>25.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/10/2024</u> Name & Address: JESSICA BAKER 14838 SPARROW DR SHELBY TWP, MI 48315		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/10/2024</u> Name & Address: SAMANTHA BAKER 76801 OMO RD ARMADA, MI 48005		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 100.00

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

Enter this total on
line 3a of Summary
Page.



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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/10/2024</u>	
Name & Address: TERRI BAKER 14838 SPARROW DR SHELBY TWP, MI 48315		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/10/2024</u>	
Name & Address: DEANNA BETTERTON 21253 BOQUET DR MACOMB, MI 48044		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/10/2024</u>	
Name & Address: JUSTIN BRICKLER 49263 BULLDOG DR MACOMB, MI 48044		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/10/2024</u>	
Name & Address: JUSTIN BRICKLER 49263 BULLDOG DR MACOMB, MI 48044		\$ <u>25.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 100.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/10/2024</u>	
Name & Address: JUSTIN BUI 38631 ARLINGDALE DR STERLING HEIGHTS, MI 48310		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/10/2024</u>	
Name & Address: LAURA DANIELS 33638 KLEIN CT FRASER, MI 48026		\$ <u>25.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE AGENT</u> Employer <u>REAL ESTATE ONE</u> Business Address <u>44250 GARFIELD RD, STE 200, CLINTON TWP, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/10/2024</u>	
Name & Address: TYLER DESLOOVER 21404 DEXTER BLVD WARREN, MI 48089		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/10/2024</u>	
Name & Address: JOHN DIMITRIOU 823 E 2ND ST ROYAL OAK, MI 48067		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 175.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/10/2024</u>	
Name & Address: JOHN DIMITRIOU 823 E 2ND ST ROYAL OAK, MI 48067		\$ <u>25.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>ALTAIR</u> Business Address <u>1820 E BIG BEAVER RD, TROY, MI 48083</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/10/2024</u>	
Name & Address: JOSHUA EVANS 42233 PARKSIDE CIR STERLING HEIGHTS, MI 48314		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/10/2024</u>	
Name & Address: KATHERINE FERRITER 1210 MCLEAN AVE ROYAL OAK, MI 48067		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/10/2024</u>	
Name & Address: ELENA FINAZZO 54719 HIBISCUS DR MACOMB, MI 48042		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 100.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/10/2024</u>	
Name & Address: CATRINA GALLI 51294 BLUE SPRUCE DR MACOMB, MI 48042		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/10/2024</u>	
Name & Address: ZACH GIELEGHEM 13127 STONEGATE DR STERLING HEIGHTS, MI 48312		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/10/2024</u>	
Name & Address: JOSE GONZALEZ 121 SUMMER ST ORION TWP, MI 48362		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/10/2024</u>	
Name & Address: JOSH HEUMAN 24647 PEBBLE BEACH LN MACOMB, MI 48042		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 100.00

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

Enter this total on
line 3a of Summary
Page.



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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/10/2024</u> Name & Address: JOSH HEUMAN 24647 PEBBLE BEACH LN MACOMB, MI 48042 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>25.00</u>	\$ <u>50.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/10/2024</u> Name & Address: JACOB HOXSEY 64464 MOUND RD WASHINGTON, MI 48095 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>25.00</u>	\$ <u>25.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/10/2024</u> Name & Address: WENDY JENKINS 25203 ANCHORAGE ST HARRISON TWP, MI 48045 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>25.00</u>	\$ <u>25.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/10/2024</u> Name & Address: ALLISON KELMAN 8924 SAN MARCO BLVD STERLING HEIGHTS, MI 48313 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>25.00</u>	\$ <u>25.00</u>

Page Subtotal 100.00

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

Enter this total on
line 3a of Summary
Page.



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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/10/2024</u>	
Name & Address: RONALD KLINGER 5592 STONY CREEK PLACE N APT 16 SHELBY TOWNSHIP, MI 48316		\$ <u>25.00</u>	\$ <u>175.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO AND PRINCIPAL</u> Employer <u>AM SPECIALTIES, INC.</u> Business Address <u>5985 WALL ST, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/10/2024</u>	
Name & Address: TINA KOSAKOWSKI 49171 SNOWSHOE DR MACOMB, MI 48044		\$ <u>100.00</u>	\$ <u>370.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DENTAL OFFICE MANAGER</u> Employer <u>MGM DENTAL</u> Business Address <u>4501 24 MILE RD, SHELBY TWP, MI 48316</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/10/2024</u>	
Name & Address: SHANA KOT 37754 MAPLEHILL ST HARRISON TWP, MI 48045		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/10/2024</u>	
Name & Address: ROSALIE LAVIGNE 33374 JEFFERSON AVE ST CLAIR SHORES, MI 48082		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 175.00

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

Enter this total on
line 3a of Summary
Page.



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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/10/2024</u> Name & Address: WESLEY LENGYEL 37754 MAPLEHILL ST HARRISON TWP, MI 48045	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/10/2024</u> Name & Address: COURTNEY LEZUCHOWSKI 36557 MAAS DR STERLING HEIGHTS, MI 48312	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/10/2024</u> Name & Address: TIFFANEY LEZUCHOWSKI 36557 MAAS DR STERLING HEIGHTS, MI 48312	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/10/2024</u> Name & Address: BRANDON LOGAN 19202 VICTOR ST ROSEVILLE, MI 48066	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		

Page Subtotal 100.00

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

Enter this total on
line 3a of Summary
Page.



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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>04/10/2024</u> Name & Address: CYNTHIA MACERONI 36 N PLAZA BLVD #304 ROCHESTER HILLS, MI 48307 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>25.00</u>	\$ <u>25.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/10/2024</u> Name & Address: JAKE MARTIN 44283 MEADOWLAKE DR STERLING HEIGHTS, MI 48313 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>25.00</u>	\$ <u>25.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/10/2024</u> Name & Address: ALYSSA MATT CAVALIER DR STERLING HEIGHTS, MI 48313 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/10/2024</u> Name & Address: PEYTON MCINNES 35447 ROOSEVELT 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>25.00</u>	\$ <u>25.00</u>

Page Subtotal 125.00

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 140333
2. Committee Name CTE SCOTT BUDNICK FOR SHERIFF

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>04/10/2024</u>	
Name & Address: KAITLYNN MOSS 3575 WEDGEWOOD DR LAPEER, MI 48446		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/10/2024</u>	
Name & Address: VANCE PATRICK 30545 LONGCREST ST SOUTHFIELD, MI 48076		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/10/2024</u>	
Name & Address: MELISSA PEHLIS 52101 MONACO DR MACOMB, MI 48042		\$ <u>25.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/10/2024</u>	
Name & Address: AVA PISA 61269 CORALBURST DR WASHINGTON, MI 48094		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 200.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/10/2024</u> Name & Address: ASHLEY POLLEINER 370 WOODSIDE CT #34 ROCHESTER, MI 48307 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/10/2024</u> Name & Address: SHEILA POMARANSKI 46261 COACHWOOD DR SHELBY TWP, MI 48315 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>25.00</u>	\$ <u>25.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/10/2024</u> Name & Address: JOHN PRAINITO 14838 SPARROW DR SHELBY TWP, MI 48315 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>25.00</u>	\$ <u>25.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/10/2024</u> Name & Address: JACOB RHEIN 6560 MELDRUM RD FAIR HAVEN, MI 48023 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>25.00</u>	\$ <u>25.00</u>

Page Subtotal 125.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/10/2024</u>	
Name & Address: ROBERT RICASA 5029 BERNICE AVE WARREN, MI 48091		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/10/2024</u>	
Name & Address: ROBERT RICASA 5029 BERNICE AVE WARREN, MI 48091		\$ <u>25.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/10/2024</u>	
Name & Address: ROBERT RICASA 5029 BERNICE AVE WARREN, MI 48091		\$ <u>25.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/10/2024</u>	
Name & Address: RICH SMOLINSKI 19768 EDINBERG DR MACOMB, MI 48044		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 125.00

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(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/10/2024</u>	
Name & Address: DANIEL SUSSBAUER 413 JOSLYN RD ORION TWP, MI 48362		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/10/2024</u>	
Name & Address: BEN WRIGHT 22306 REMICK DR CLINTON TWP, MI 48036		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/22/2024</u>	
Name & Address: JESSE BARTSCH 2273 N MILFORD RD HIGHLAND TWP, MI 48357		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/22/2024</u>	
Name & Address: GAVIN CHALOU 26142 FALMOUTH DR WARREN, MI 48089		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 125.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/22/2024</u>	
Name & Address: GEORGE COUTILISH 16226 ANGORA LN MACOMB, MI 48044		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/22/2024</u>	
Name & Address: TERRI DENDY 306 BASKET BRANCH OXFORD, MI 48371		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/22/2024</u>	
Name & Address: LUISE DIPKA 17037 N NUNNELEY RD CLINTON TWP, MI 48036		\$ <u>25.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/22/2024</u>	
Name & Address: BILL FRANZEN 46423 COACHWOOD DR SHELBY TWP, MI 48315		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 125.00

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 140333
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/22/2024</u>	
Name & Address: PAUL FUJIMOTO 52076 HUNTLEY AVE NEW BALTIMORE, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/22/2024</u>	
Name & Address: PETER GLOTZBACH 47429 LEXINGTON DR MACOMB, MI 48044		\$ <u>25.00</u>	\$ <u>195.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>N/A, N/A, MI 00000</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/22/2024</u>	
Name & Address: THOMAS JOHANNES 49410 RICHMOND CT SHELBY TWP, MI 48315		\$ <u>40.00</u>	\$ <u>140.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/22/2024</u>	
Name & Address: SCOTT LUPO 53978 LILY DR MACOMB, MI 48042		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 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 140333
2. Committee Name CTE SCOTT BUDNICK FOR SHERIFF

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/22/2024</u>	
Name & Address: JAREAD PARZIALE 8195 CHRISTOPHER ST WASHINGTON, MI 48094		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/22/2024</u>	
Name & Address: DANIEL RAPP 19200 32 MILE RD RAY, MI 48096		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/22/2024</u>	
Name & Address: ISAIAH ROBERTSON 9054 N STONY DR WASHINGTON, MI 48094		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/22/2024</u>	
Name & Address: THOMAS SCILLIAN 6609 AUBURN RD UTICA, MI 48317		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 100.00

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**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/22/2024</u>	
Name & Address: RON SMOLINSKI 15034 RIVERCREST DR STERLING HEIGHTS, MI 48312		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/22/2024</u>	
Name & Address: PAULA STOUT 27113 WINSLOW AVE WARREN, MI 48092		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/22/2024</u>	
Name & Address: MEGAN VULTAGGIO 21932 RIO GRANDE DR MACOMB, MI 48044		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/22/2024</u>	
Name & Address: AUDREY BROWN 7009 BOULDER POINTE DR WASHINGTON, MI 48094		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 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
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CANDIDATE COMMITTEE**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/22/2024</u>	
Name & Address: BRUCE MUGERIAN 37020 SANDALWOOD FARMINGTON HILLS, MI 48331		\$ <u>210.00</u>	\$ <u>210.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>N/A, N/A, MI 00000</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/22/2024</u>	
Name & Address: NANCY O'CONNOR 8678 STROM DR STERLING HEIGHTS, MI 48314		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/22/2024</u>	
Name & Address: MEGAN STURGIS 47833 SANDY RIDGE DR MACOMB, MI 48044		\$ <u>80.00</u>	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/16/2024</u>	
Name & Address: JOHN SNIDER 53775 VIAR DR SHELBY TWP, MI 48315		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 440.00

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

Enter this total on
line 3a of Summary
Page.



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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/16/2024</u>	
Name & Address: NANCY SNIDER 53775 VIAR DR SHELBY TWP, MI 48315		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/16/2024</u>	
Name & Address: JOHN VASOS 64600 NORWICH CIR WASHINGTON, MI 48095		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/29/2024</u>	
Name & Address: JANINE BROWN 6765 BOULDER POINTE DR WASHINGTON, MI 48094		\$ <u>35.00</u>	\$ <u>135.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>N/A, N/A, MI 00000</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/01/2024</u>	
Name & Address: LAWRENCE BROWN 61269 CORALBURST DR WASHINGTON, MI 48094		\$ <u>105.00</u>	\$ <u>105.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>N/A</u> Employer <u>RETIRED</u> Business Address <u>N/A, N/A, MI 00000</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 260.00

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

Enter this total on
line 3a of Summary
Page.



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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/01/2024</u>	
Name & Address: MELISSA PEHLIS 52101 MONACO DR MACOMB, MI 48042		\$ <u>35.00</u>	\$ <u>110.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BOOKKEEPER</u> Employer <u>UNIVERSITY MANAGEMENT CO</u> Business Address <u>52101 MONACO DR, MACOMB, MI 48042</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/01/2024</u>	
Name & Address: MELISSA PEHLIS 52101 MONACO DR MACOMB, MI 48042		\$ <u>35.00</u>	\$ <u>145.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BOOKKEEPER</u> Employer <u>UNIVERSITY MANAGEMENT CO</u> Business Address <u>52101 MONACO DR, MACOMB, MI 48042</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/01/2024</u>	
Name & Address: AVA PISA 61269 CORALBURST DR WASHINGTON, MI 48094		\$ <u>35.00</u>	\$ <u>85.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer <u>N/A</u> Business Address <u>N/A, N/A, MI 00000</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/01/2024</u>	
Name & Address: AVA PISA 61269 CORALBURST DR WASHINGTON, MI 48094		\$ <u>35.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer <u>N/A</u> Business Address <u>N/A, N/A, MI 00000</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **140.00**

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 140333
2. Committee Name CTE SCOTT BUDNICK FOR SHERIFF

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>06/01/2024</u>	
Name & Address: DAMIEN THOMAS 47688 HIDDEN MEADOWS DR MACOMB, MI 48044		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/11/2024</u>	
Name & Address: BRANDON WILLIAMS 49054 KIMBERLY ANN LN NEW BALTIMORE, MI 48051		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/13/2024</u>	
Name & Address: SANDRA WHEELER 12311 PRAIRIE DR STERLING HEIGHTS, MI 48312		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/13/2024</u>	
Name & Address: ROY WILSON 34733 FARGO DR STERLING HEIGHTS, MI 48312		\$ <u>70.00</u>	\$ <u>70.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **215.00**

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 140333
2. Committee Name CTE SCOTT BUDNICK FOR SHERIFF

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>06/13/2024</u>	
Name & Address: SANDRA WHEELER 12311 PRAIRIE DR STERLING HEIGHTS, MI 48312		\$ <u>35.00</u>	\$ <u>135.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>N/A, N/A, MI 00000</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/13/2024</u>	
Name & Address: NELDA CARPENTER 20182 BROADACRES ST CLINTON TWP, MI 48035		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/16/2024</u>	
Name & Address: JANINE BROWN 6765 BOULDER POINTE DR WASHINGTON, MI 48094		\$ <u>35.00</u>	\$ <u>170.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>N/A, N/A, MI 00000</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/17/2024</u>	
Name & Address: GEORGE DEDVUKAJ 53521 LUANN DR SHELBY TWP, MI 48316		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 205.00

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 140333
2. Committee Name CTE SCOTT BUDNICK FOR SHERIFF

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>06/25/2024</u> Name & Address: JANINE BROWN 6765 BOULDER POINTE DR WASHINGTON, MI 48094		\$ <u>30.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>N/A, N/A, MI 00000</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/25/2024</u> Name & Address: JAMES RIEHL 49446 GOULETTE POINTE DR NEW BALTIMORE, MI 48047		\$ <u>5,000.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>N/A, N/A, MI 00000</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/30/2024</u> Name & Address: DENNIS BROHL 20555 22 MILE RD MACOMB, MI 48044		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/08/2024</u> Name & Address: SUE VANDEBERGHE 26135 34 MILE RD RICHMOND, MI 48005		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **5,180.00**

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 140333
2. Committee Name CTE SCOTT BUDNICK FOR SHERIFF

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>07/20/2024</u>	
Name & Address: ZINOVIK NOSOVSKIY 3920 LANCASTER DR STERLING HEIGHTS, MI 48310		\$ 500.00	\$ 500.00
5. If over \$100.00 cumulative, please provide:			
Occupation <u>RETIRED</u> Employer <u>N/A</u>			
Business Address <u>N/A, N/A, N/A, MI 00000</u>			
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **500.00**

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

17,630.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140333**
2. Committee Name **CTE SCOTT BUDNICK FOR SHERIFF**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name BANK OF AMERICA Address 100 N TRYON ST CHARLOTTE, NC 28202 ☐ Fund Raiser	Purpose: BANK SERVICE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/02/2024 Date	\$ 16.00
Expenditure #2 Name IMPACT MEDIA PROFESSIONALS, LLC Address 43155 MAIN STREET STE 2210E NOVI, MI 48375 ☐ Fund Raiser	Purpose: SOCIAL MEDIA AND WEB DESIGN ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/09/2024 Date Memo Itemization Below	\$ 990.00
Expenditure #3 Name MEMORY TIME LLC Address 2280 CUMBERLAND RD ROCHESTER HILLS, MI 48307 ☐ Fund Raiser	Purpose: SOCIAL MEDIA & WEB DESIGN ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/09/2024 Date (Memo Itemization)	\$ (990.00)
Expenditure #4 Name IMPACT MEDIA PROFESSIONALS, LLC Address 43155 MAIN STREET STE 2210E NOVI, MI 48375 ☐ Fund Raiser	Purpose: CREATIVE DESIGN ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/18/2024 Date Memo Itemization Below	\$ 235.00
Expenditure #5 Name HORTOS ADVERTISING Address 6715 RIVER ROAD MARINE CITY, MI 48039 ☐ Fund Raiser	Purpose: CREATIVE DESIGN ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/18/2024 Date (Memo Itemization)	\$ (235.00)

Subtotal this page

1,241.00

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 **140333**
2. Committee Name **CTE SCOTT BUDNICK FOR SHERIFF**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name IMPACT MEDIA PROFESSIONALS, LLC Address 43155 MAIN STREET STE 2210E NOVI, MI 48375 ☒ Fund Raiser	Purpose: <u>FUNDRAISER FOOD DEPOSIT</u> Memo Itemization Below ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/19/2024</u> Date	\$ <u>1,000.00</u>
Expenditure #2 Name VILLA PENNA Address 43985 HAYES RD STERLING HEIGHTS, MI 48313 ☒ Fund Raiser	Purpose: <u>FUNDRAISER FOOD DEPOSIT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/19/2024</u> Date	\$ <u>(1,000.00)</u>
Expenditure #3 Name TERRA STRADA DESIGN Address 15843 BUCKINGHAM AVE BEVERLY HILLS, MI 48025 ☐ Fund Raiser	Purpose: <u>CAMPAIGN PRINTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/12/2024</u> Date	\$ <u>5,000.00</u>
Expenditure #4 Name VILLA PENNA Address 43985 HAYES RD STERLING HEIGHTS, MI 48313 ☒ Fund Raiser	Purpose: <u>FOOD FOR FUNDRAISER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/01/2024</u> Date	\$ <u>2,259.50</u>
Expenditure #5 Name COYOTE JOES Address 49440 RYAN RD SHELBY TWP, MI 48317 ☒ Fund Raiser	Purpose: <u>FOOD FOR FUNDRAISER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/12/2024</u> Date	\$ <u>1,000.00</u>

Subtotal this page **9,259.50**
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 **140333**
2. Committee Name **CTE SCOTT BUDNICK FOR SHERIFF**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CREATOR MEDIA NETWORK Address 49816 PLYMOUTH WAY PLYMOUTH TWP, MI 48170 ☐ Fund Raiser	Purpose: <u>CAMPAIGN SOCIAL MEDIA</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/18/2024</u> Date	\$ <u>2,000.00</u>
Expenditure #2 Name ANDEOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/19/2024</u> Date	\$ <u>77.50</u>
Expenditure #3 Name ALL AMERICAN SCREENPRINTING Address 42496 MOUND RD STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: <u>CAMPAIGN T SHIRTS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/22/2024</u> Date	\$ <u>2,274.76</u>
Expenditure #4 Name O'HALLORANS PUBLIC HOUSE Address 112 MACOMB PL MT CLEMENS, MI 48043 ☒ Fund Raiser	Purpose: <u>FOOD FOR FUNDRAISER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/01/2024</u> Date	\$ <u>1,300.98</u>
Expenditure #5 Name BANK OF AMERICA Address 100 N TRYON ST CHARLOTTE, NC 28202 ☐ Fund Raiser	Purpose: <u>MONTHLY BANK FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/03/2024</u> Date	\$ <u>16.00</u>

Subtotal this page **5,669.24**

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 **140333**
2. Committee Name **CTE SCOTT BUDNICK FOR SHERIFF**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name REDWIN Address 1776 WILSON BLVD STE 530 ARLINGTON, VA 22209 ☐ Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/11/2024</u> Date	\$ <u>0.39</u>
Expenditure #2 Name TRACTOR SUPPLY Address 57155 GRATIOT AVE NEW HAVEN, MI 48048 ☐ Fund Raiser	Purpose: <u>SIGN POSTS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/12/2024</u> Date	\$ <u>200.02</u>
Expenditure #3 Name ANEDOT Address 1340 POYDRAS ST NEW ORLEANS, LA 70112 ☐ Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/13/2024</u> Date	\$ <u>14.70</u>
Expenditure #4 Name TERRA STRADA DESIGN Address 15843 BUCKINGHAM AVE BEVERLY HILLS, MI 48025 ☐ Fund Raiser	Purpose: <u>CAMPAIGN SIGNAGE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/27/2024</u> Date	\$ <u>1,000.00</u>
Expenditure #5 Name THE HOME DEPOT Address 45301 NORTHPOINTE BLVD UTICA, MI 48315 ☐ Fund Raiser	Purpose: <u>CAMPAIGN SIGN STAKES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/27/2024</u> Date	\$ <u>186.26</u>

Subtotal this page

1,401.37

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 **140333**
2. Committee Name **CTE SCOTT BUDNICK FOR SHERIFF**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name IMPACT MEDIA PROFESSIONALS, LLC Address 43155 MAIN STREET STE 2210E NOVI, MI 48375 ☐ Fund Raiser	Purpose: PRINT AND MAIL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2024 Date	\$ 311.75
Expenditure #2 Name THE HOME DEPOT Address 45301 NORTHPOINTE BLVD UTICA, MI 48315 ☐ Fund Raiser	Purpose: CAMPAIGN SIGN STAKES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2024 Date	\$ 197.16
Expenditure #3 Name TRACTOR SUPPLY Address 57155 GRATIOT AVE NEW HAVEN, MI 48048 ☐ Fund Raiser	Purpose: CAMPAIGN SIGN STAKES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/05/2024 Date	\$ 190.40
Expenditure #4 Name THE HOME DEPOT Address 45301 NORTHPOINTE BLVD UTICA, MI 48315 ☐ Fund Raiser	Purpose: SIGN NYLON TIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/05/2024 Date	\$ 22.20
Expenditure #5 Name SUNOCO Address 45015 VAN DYKE AVE UTICA, MI 48317 ☐ Fund Raiser	Purpose: CAMPAIGN VEHICLE GAS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/12/2024 Date	\$ 125.00

Subtotal this page **846.51**

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 **140333**
2. Committee Name **CTE SCOTT BUDNICK FOR SHERIFF**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SUNOCO Address 45015 VAN DYKE AVE UTICA, MI 48317 ☐ Fund Raiser	Purpose: CAMPAIGN VEHICLE GAS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/16/2024 Date	\$ 137.50
Expenditure #2 Name TERRA STRADA DESIGN Address 15843 BUCKINGHAM AVE BEVERLY HILLS, MI 48025 ☐ Fund Raiser	Purpose: CAMPAIGN PRINT AND SIGNAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/17/2024 Date	\$ 2,500.00
Expenditure #3 Name THE HOME DEPOT Address 45301 NORTHPOINTE BLVD UTICA, MI 48315 ☐ Fund Raiser	Purpose: CAMPAIGN SIGN STAKES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/17/2024 Date	\$ 435.55
Expenditure #4 Name MOBILE Address 37045 VAN DYKE AVE STERLING HEIGHTS, MI 48312 ☐ Fund Raiser	Purpose: CAMPAIGN GAS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/19/2024 Date	\$ 125.00
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 **3,198.05**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **21,615.67**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140333
2. Committee Name CTE SCOTT BUDNICK FOR SHERIFF

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: SCOTT BUDNICK 19736 EDINBERG DR MACOMB, MI 48044	4. Type: <u>CAMPAIGN SHIRTS</u> 5. <u>Date Debt Was Incurred:</u> <u>08/04/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>392.20</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>392.20</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Debt #2 Corp? ☐ Yes Owed to or by: SCOTT BUDNICK 19736 EDINBERG DR MACOMB, MI 48044	4. Type: <u>CAMPAIGN ADVERTISING</u> 5. <u>Date Debt Was Incurred:</u> <u>08/04/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>1,300.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>1,300.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Debt #3 Corp? ☐ Yes Owed to or by: SCOTT BUDNICK 19736 EDINBERG DR MACOMB, MI 48044	4. Type: <u>CAMPAIGN PRINTING</u> 5. <u>Date Debt Was Incurred:</u> <u>08/04/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>84.78</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>84.78</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

1,776.98

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

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

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140333
2. Committee Name CTE SCOTT BUDNICK FOR SHERIFF

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: SCOTT BUDNICK 19736 EDINBERG DR MACOMB, MI 48044	4. Type: <u>FILING FEE</u> 5. <u>Date Debt Was Incurred:</u> <u>08/05/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>100.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>100.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: SCOTT BUDNICK 19736 EDINBERG DR MACOMB, MI 48044	4. Type: <u>COMPLIANCE SERVICES</u> 5. <u>Date Debt Was Incurred:</u> <u>08/13/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>250.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>250.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: SCOTT BUDNICK 19736 EDINBERG DR MACOMB, MI 48044	4. Type: <u>LOAN BY CANDIDATE</u> 5. <u>Date Debt Was Incurred:</u> <u>08/16/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>500.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>500.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

850.00

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

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

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140333
2. Committee Name CTE SCOTT BUDNICK FOR SHERIFF

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: SCOTT BUDNICK 19736 EDINBERG DR MACOMB, MI 48044	4. Type: <u>CAMPAIGN T-SHIRTS</u> 5. <u>Date Debt Was Incurred:</u> <u>08/21/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>4,859.54</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>4,859.54</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: SCOTT BUDNICK 19736 EDINBERG DR MACOMB, MI 48044	4. Type: <u>CAMPAIGN T-SHIRTS</u> 5. <u>Date Debt Was Incurred:</u> <u>09/05/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>2,238.37</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>2,238.37</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: SCOTT BUDNICK 19736 EDINBERG DR MACOMB, MI 48044	4. Type: <u>CAMPAIGN EVENT BAGS</u> 5. <u>Date Debt Was Incurred:</u> <u>09/07/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>331.78</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>331.78</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

7,429.69

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

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140333
2. Committee Name CTE SCOTT BUDNICK FOR SHERIFF

This Schedule itemizes:

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Debt #1 Corp? ☐ Yes Owed to or by: SCOTT BUDNICK 19736 EDINBERG DR MACOMB, MI 48044	4. Type: <u>FOOD FOR CAMPAIGN EVENT</u> 5. <u>Date Debt Was Incurred:</u> <u>09/07/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 282.83</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>282.83</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: SCOTT BUDNICK 19736 EDINBERG DR MACOMB, MI 48044	4. Type: <u>CAMPAIGN EVENT KOOZIES</u> 5. <u>Date Debt Was Incurred:</u> <u>09/08/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 6,637.19</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>6,637.19</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: SCOTT BUDNICK 19736 EDINBERG DR MACOMB, MI 48044	4. Type: <u>FOOD FOR CAMPAIGN EVENT</u> 5. <u>Date Debt Was Incurred:</u> <u>09/09/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 227.88</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>227.88</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

7,147.90

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

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140333
2. Committee Name CTE SCOTT BUDNICK FOR SHERIFF

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Debt #1 Corp? ☐ Yes Owed to or by: SCOTT BUDNICK 19736 EDINBERG DR MACOMB, MI 48044	4. Type: <u>FOOD FOR CAMPAIGN EVENT</u> 5. <u>Date Debt Was Incurred:</u> <u>09/10/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>227.88</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>227.88</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: SCOTT BUDNICK 19736 EDINBERG DR MACOMB, MI 48044	4. Type: <u>TICKET TO POLITICAL EVENT</u> 5. <u>Date Debt Was Incurred:</u> <u>09/11/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>68.02</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>68.02</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: SCOTT BUDNICK 19736 EDINBERG DR MACOMB, MI 48044	4. Type: <u>TICKET TO POLITICAL EVENT</u> 5. <u>Date Debt Was Incurred:</u> <u>09/12/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>68.02</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>68.02</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

363.92

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

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

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DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140333
2. Committee Name CTE SCOTT BUDNICK FOR SHERIFF

This Schedule itemizes:

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Debt #1 Corp? ☐ Yes Owed to or by: SCOTT BUDNICK 19736 EDINBERG DR MACOMB, MI 48044	4. Type: <u>CAMPAIGN CALENDAR</u> 5. <u>Date Debt Was Incurred:</u> <u>09/17/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 24.77</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>24.77</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: SCOTT BUDNICK 19736 EDINBERG DR MACOMB, MI 48044	4. Type: <u>CAMPAIGN EVENT JACETS</u> 5. <u>Date Debt Was Incurred:</u> <u>09/29/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 481.16</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>481.16</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: SCOTT BUDNICK 19736 EDINBERG DR MACOMB, MI 48044	4. Type: <u>FR FOOD & FACILITY RENTAL</u> 5. <u>Date Debt Was Incurred:</u> <u>11/02/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 2,000.18</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>2,000.18</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

2,506.11

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

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

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DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140333
2. Committee Name CTE SCOTT BUDNICK FOR SHERIFF

This Schedule itemizes:

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Debt #1 Corp? ☐ Yes Owed to or by: SCOTT BUDNICK 19736 EDINBERG DR MACOMB, MI 48044	4. Type: <u>LOAN BY CANDIDATE</u> 5. <u>Date Debt Was Incurred:</u> <u>02/01/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 5,000.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 5,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

5,000.00

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

25,074.60

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

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**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **140333**
2. Committee Name **CTE SCOTT BUDNICK FOR SHERIFF**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 02/28/2024	4. Number of Individuals Attending or Participating (whichever is greater) 50	5. Type of Fund Raising Activity MEET AND GREET	6. Address and Name (If any) of the place where the activity was held. VILLA PENNA 43985 HAYES RD STERLING HEIGHTS, MI 48313 ☐ Private Residence
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7. Total Contributions **2,775.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **2,775.00**
10. Total Cost of Event **3,259.50**
(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 **140333**
2. Committee Name **CTE SCOTT BUDNICK FOR SHERIFF**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 04/10/2024	4. Number of Individuals Attending or Participating (whichever is greater) 100	5. Type of Fund Raising Activity MEET AND GREET	6. Address and Name (If any) of the place where the activity was held. COYOTE JOES 49440 RYAN RD ☐ SHELBY TWP, MI 48317 Private Residence
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7. Total Contributions **3,245.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **3,245.00**
10. Total Cost of Event **1,000.00**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
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- 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 **140333**
2. Committee Name **CTE SCOTT BUDNICK FOR SHERIFF**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 06/01/2024	4. Number of Individuals Attending or Participating (whichever is greater) 50	5. Type of Fund Raising Activity MEET AND GREET	6. Address and Name (If any) of the place where the activity was held. O'HALLORANS PUBLIC HOUSE 112 MACOMB PL MT CLEMENS, MI 48043 ☐ Private Residence
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7. Total Contributions **315.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **315.00**
10. Total Cost of Event **1,300.98**
(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.
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