



FILED

24 JUL 2024 AM 11:01

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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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

138663

4. Candidate Last Name First Name M.I.

WICKERSHAM ANTHONY M

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

SHERIFF, MACOMB COUNTY

2. Committee Name

CTE ANTHONY M. WICKERSHAM

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

5. Committee's Mailing Address

**P.O. BOX 752
MT. CLEMENS, MI 48046**

6. Treasurer's Name & Residential Address

**LAUREN WICKERSHAM
32447 ARLINGTON
NEW HAVEN, MI 48048**

Area Code and Phone (586) 612-1312
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

Area Code & Phone (586) 713-8883

7. Treasurer's Business Address

**32447 ARLINGTON
NEW HAVEN, MI 48048**

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

**LOIS WICKERSHAM
32447 ARLINGTON
NEW HAVEN, MI 48048**

Area Code and Phone (586) 713-8883

Area Code and Phone (586) 259-0242

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 late fees or has any outstanding debt.

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

Effective date of dissolution

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

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

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/24/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/24/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 138663

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE ANTHONY M. WICKERSHAM

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>27,645.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>27,645.00</u>	(18.) \$ <u>151,925.00</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>27,645.00</u>	(20.) \$ <u>151,925.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>4,763.84</u>	(21.) \$ <u>15,925.84</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>8,820.52</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>52.04</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>8,872.56</u>	(23.) \$ <u>19,806.96</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>9,086.62</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>9,086.62</u>	(24.) \$ <u>18,384.64</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>110,117.27</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>27,645.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>137,762.27</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>17,959.18</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>119,803.09</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138663
2. Committee Name CTE ANTHONY M. WICKERSHAM

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>02/23/2024</u>	
Name & Address: JAMES LANGTRY 54847 CONGAREE DR MACOMB, MI 48042		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/03/2024</u>	
Name & Address: BRIAN PELC 37836 JEFFERSON AVE HARRISON TWP, MI 48045		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VP</u> Employer <u>FOUR SLIDE TECH INC.</u> Business Address <u>33946 DOREKA DR, FRASER, MI 48026</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/19/2024</u>	
Name & Address: DAVID STEPHANOFF 55205 RIVER STONE DR SHELBY TWP, MI 48315		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>STEPHAN TECH</u> Business Address <u>42400 GARFIELD RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/24/2024</u>	
Name & Address: VARIO SYNDER JR. 4109 OAK TREE CIR ROCHESTER, MI 48306		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 4,200.00

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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SCHEDULE 1A
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1. Committee I.D. Number 138663
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/01/2024</u> Name & Address: ZACHARY WILLIAMS 59187 NORTH AVE RAY, MI 48096		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>DALCO SERVICES</u> Business Address <u>59187 NORTH AVE, RAY, MI 48096</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☒ YES 4. Date of Receipt <u>05/07/2024</u> Name & Address: SHEET METAL WORKERS LOCAL 80 17100 W 12 MILE RD SOUTHFIELD, MI 48076		\$ <u>580.00</u>	\$ <u>580.00</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>05/13/2024</u> Name & Address: TIMOTHY ROSE 16158 22 MILE RD MACOMB, MI 48044		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>16158 22 MILE RD, MACOMB, MI 48044</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/15/2024</u> Name & Address: DEBRA ESQUIVEL 49896 MILLER CT CHESTERFIELD, MI 48047		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>PRIVATE MORTGAGE WHOLESale</u> Business Address <u>35525 23 MILE RD, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,580.00

Grand Total of All Schedules 1A
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2. Committee Name CTE ANTHONY M. WICKERSHAM

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>05/23/2024</u>	
Name & Address: RITA DOELLE 24013 HARVARD SHORE DR ST CLAIR SHORES, MI 48082		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>J.C. DOELLE</u> Business Address <u>24013 HARVARD SHORE DR, ST CLAIR SHORES, MI 48082</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/24/2024</u>	
Name & Address: YAZAN ABUSAIF 47640 BRENNAN DR. MACOMB, MI 48044		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>AZ GUNS SHOP</u> Business Address <u>8111 WILORAY AVE, SHELBY TWP, MI 48317</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: SAL VIVIANO 4921 DEER CREEK CT WASHINGTON, MI 48094		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>STERLING HEIGHTS DODGE</u> Business Address <u>40111 VAN DYKE AVE, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/03/2024</u>	
Name & Address: RAYMOND CONFER 12119 FOREST GLEN LN SHELBY TWP, MI 48315		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **3,000.00**

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/03/2024</u>	
Name & Address: ROBERT HUTH 19500 HALL RD CLINTON TWP, MI 48038		\$ <u>500.00</u>	\$ <u>1,878.50</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>ROBERT, HUTH, LANGE, AND BADALAMENTI</u> Business Address <u>19500 HALL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/03/2024</u>	
Name & Address: ROBERT KIRK 19500 HALL RD CLINTON TWP, MI 48038		\$ <u>500.00</u>	\$ <u>1,878.50</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>ROBERT, HUTH, LANGE, BADLAMENTI</u> Business Address <u>19500 HALL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/04/2024</u>	
Name & Address: JAMES SAPE 1024 COVE RD TOWNSHIP OF WALES, MI 48027		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>OUTDOOR EQUIPMENT COMPANY</u> Business Address <u>23075 27 MILE RD, RAY, MI 48096</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/04/2024</u>	
Name & Address: NICOLE HUDSON 2602 TRAFFORD RD ROYAL OAK, MI 48073		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>DISCOVER OWNER</u> Business Address <u>220 S MAIN ST, ROYAL OAK, MI 48067</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 3,500.00

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/05/2024</u> Name & Address: DANIEL RUSSELL 17680 MAISONS DR CLINTON TWP, MI 48038		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNT MANAGER</u> Employer <u>CENTURY SECURITY GROUP</u> Business Address <u>1400 OAKMAN BLVD, DETROIT, MI 48238</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/05/2024</u> Name & Address: EDWARD MACIEJESKI 7648 EMERSON WASHINGTON, MI 48094		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>MACLE LAW</u> Business Address <u>55113 VAN DYKE AVE, 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>06/13/2024</u> Name & Address: JOHN JOHNSON 48637 SHADY GLEN DR NEW BALTIMORE, MI 48051		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>SE MICHIGAN CHAMBER OF COMMERCE</u> Business Address <u>59 S WALNUT ST, MT CLEMENS, MI 48043</u> 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: ROBERT VARGO 850 STONEY CREEK RD OAKLAND TWP, MI 48363		\$ <u>4,000.00</u>	\$ <u>4,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>VARGO GOLF COMPANY</u> Business Address <u>29231 GROESBECK HWY, ROSEVILLE, MI 48066</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 7,000.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/13/2024</u>	
Name & Address: <u>RM LEWICKI</u> <u>8147 RIVER RD</u> <u>MARINE CITY, MI 48039</u>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>HIGHWAY AUTO PARTS</u> Business Address <u>29231 GROESBECK HWY, ROSEVILLE, MI 48066</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: <u>PETER CARROLL</u> <u>860 HEMINGWAY RD</u> <u>ORION TWP, MI 48362</u>		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>OUTDOOR ENHANCEMENTS</u> Business Address <u>850 STONEY CREEK RD, OAKLAND TWP, MI 48363</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>06/25/2024</u>	
Name & Address: <u>PLUMBERS LOCAL 98</u> <u>700 TOWER DR</u> <u>TROY, MI 48098</u>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: <u>ALLEN ABOONA</u> <u>6556 MONTICELLO N DR</u> <u>WASHINGTON, MI 48095</u>		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTING</u> Employer <u>DRI</u> Business Address <u>660 GRISWOLD ST, NORTHVILLE, MI 48167</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,125.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: JASON ABRO 55205 HEARTHSIDE 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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: YAZAN ABUSAIF 47640 BRENNAN DR. MACOMB, MI 48044		\$ <u>250.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>AZ GUNS SHOP</u> Business Address <u>8111 WILORAY AVE, SHELBY TWP, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: JASON ARLOW 5709 ARNOLD LAKE RD GLADWIN, MI 48624		\$ <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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: ANTHONY AUBREY 43459 CHARDONNAY DR STERLING HEIGHTS, MI 48314		\$ <u>105.00</u>	\$ <u>105.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>JEWELER</u> Employer <u>ROCHESTER JEWELRY & COIN</u> Business Address <u>117 W 4TH ST, ROCHESTER, MI 48307</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 525.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: DARRELL BABBITT 390 PALMS RD GOODELLS, MI 48027		\$ <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>07/10/2024</u>	
Name & Address: ELIZABETH BAGOS 36617 STACEY ST NEW BALTIMORE, MI 48047		\$ <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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: JEFF BUDZYNOWSKI 48865 BEACON SQUARE DR MACOMB, MI 48044		\$ <u>140.00</u>	\$ <u>740.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LIEUTENANT</u> Employer <u>MACOMB COUNTY</u> Business Address <u>43565 ELIZABETH RD, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: GEORGE CALVET 21129 PRATT RD ARMADA, 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 295.00

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

1. Committee I.D. Number 138663
2. Committee Name CTE ANTHONY M. WICKERSHAM

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>07/10/2024</u>	
Name & Address: HANY CHOULAGH 48568 AMBER LN SHELBY TWP, MI 48315		\$ <u>140.00</u>	\$ <u>140.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LANGUAGE ANALYST</u> Employer <u>DOJ</u> Business Address <u>477 MICHIGAN AVE, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: HETHEM CHOULAGH 43798 HOLMES DR STERLING HEIGHTS, MI 48314		\$ <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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: CHRISTOPHER COSTANZO 7197 WELLINGTON PL WASHINGTON, MI 48094		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: DAVID CRABTREE 46358 SAWYER LN 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			

Page Subtotal 280.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: ELIZABETH DARGA 31369 ROWLAND LN NEW BALTIMORE, MI 48051		\$ <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>07/10/2024</u>	
Name & Address: RAY DEBUCK 55228 BENSON CT SHELBY TWP, MI 48316		\$ <u>100.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTRACTOR</u> Employer <u>DEBUCK CONSTRUCTION</u> Business Address <u>6805 AUBURN RD, UTICA, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: FRED DIXON 47026 MALBURG WAY 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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: DONALD DOMIN 2128 KINGSCROSS DR SHELBY TWP, MI 48316		\$ <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			

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: ROBERT DOHERTY 46228 EMERSON CT MACOMB, MI 48044		\$ <u>210.00</u>	\$ <u>210.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CAPTAIN</u> Employer <u>MACOMB COUNTY</u> Business Address <u>43565 ELIZABETH RD, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: ERIC EHRLER 30738 SCHOOL SECTION RD RICHMOND, MI 48062		\$ <u>210.00</u>	\$ <u>210.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LIEUTENANT</u> Employer <u>MACOMB COUNTY</u> Business Address <u>43565 ELIZABETH RD, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: ANGELA ELSEY 1391 S RIVER POINTE LN ST CLAIR, MI 48079		\$ <u>170.00</u>	\$ <u>170.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DISPATCH DIRECTOR</u> Employer <u>MACOMB COUNTY</u> Business Address <u>43565 ELIZABETH RD, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: BUD FOX 48153 MALLARD DR NEW BALTIMORE, MI 48047		\$ <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			

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: JOHN GEMELLARO 57666 STONEBRIAR DR WASHINGTON, MI 48094		\$ <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>07/10/2024</u>	
Name & Address: CALEB GIBSON 48348 JEROME DR SHELBY TWP, MI 48315		\$ <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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: KEVIN GILLESPIE 50865 TAYLOR ST NEW BALTIMORE, MI 48047		\$ <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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: JEFF GORNICKI 34310 WEST HILL CHESTERFIELD, MI 48047		\$ <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			

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138663
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: JACK GREER 988 HOLLYWOOD AVE GROSSE POINTE WOODS, MI 48236		\$ <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>07/10/2024</u>	
Name & Address: AARON HALL 43765 PINTAIL DR CLINTON TWP, MI 48038		\$ <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>07/10/2024</u>	
Name & Address: COREY JANKOWSKI 340 E WASHINGTON ST ROMEO, MI 48065		\$ <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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: DANNY JENKS 29576 OLD N RIVER RD HARRISON TWP, MI 48045		\$ <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			

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: ROBERT JILES 22484 RAMBLING 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>07/10/2024</u>	
Name & Address: TOM JILES 55591 BROUGHTON RD MACOMB, MI 48042		\$ <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>07/10/2024</u>	
Name & Address: VICKIE KASHINSKY 41531 BELVIDERE ST HARRISON TWP, MI 48045		\$ <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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: SKIP MACCARONE 13921 BASILISCO CHASE 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			

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

1. Committee I.D. Number 138663
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: MIKE MAGNOLI 6402 BAYPOINT WASHINGTON, MI 48094		\$ <u>70.00</u>	\$ <u>370.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>59227 VAN DYKE AVE, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: GIOVAN MANNINO 8249 PINE CREEK CT SHELBY TWP, MI 48316		\$ <u>50.00</u>	\$ <u>1,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: DINO MARRA 45807 WATERSLIDE 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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: MAYER CHRISTOPHER 21677 PHOENIX DR MACOMB, MI 48044		\$ <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 225.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: ODAY MICHAEL 43615 INGLENOOK CT STERLING HEIGHTS, MI 48314		\$ <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>07/10/2024</u>	
Name & Address: JEFFREY MCPHERSON 65719 HAVEN RIDGE RD NEW HAVEN, MI 48050		\$ <u>210.00</u>	\$ <u>843.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LIEUTENANT</u> Employer <u>MACOMB COUNTY</u> Business Address <u>43565 ELIZABETH RD, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: SEAN MCPHERSON 864 CUMBERLAND RIDGE CT ROCHESTER, MI 48307		\$ <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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: DENISE MENTZER 1399 KINGSLEY ST MT CLEMENS, MI 48043		\$ <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			

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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: CHRISTINA MILLER 52012 COPPER CREEK CT NEW BALTIMORE, MI 48047		\$ <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>07/10/2024</u>	
Name & Address: LORI MISCH 35497 PIERCE ST RICHMOND, MI 48062		\$ <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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: BRANT PERRY 18265 PALMER DR MACOMB, MI 48042		\$ <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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: TONY PETRYKOWSKI 19550 POTOMAC DR MACOMB, MI 48044		\$ <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			

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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/10/2024</u> Name & Address: STEVE PORTER 47744 BURTON DR 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/10/2024</u> Name & Address: RYAN RUTTAN 21158 VAN K DR GROSSE POINTE WOODS, MI 48236		\$ <u>35.00</u>	\$ <u>668.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LIEUTENANT</u> Employer <u>MACOMB COUNTY</u> Business Address <u>43565 ELIZABETH RD, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/10/2024</u> Name & Address: DARYN SANTINI 14803 CHIPPEWA DR WARREN, MI 48088		\$ <u>140.00</u>	\$ <u>140.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LIEUTENANT</u> Employer <u>MACOMB COUNTY</u> Business Address <u>43565 ELIZABETH RD, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/10/2024</u> Name & Address: DARRYL SAGE 49312 MUSTANG DR MACOMB, MI 48042		\$ <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 310.00

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 138663
2. Committee Name CTE ANTHONY M. WICKERSHAM

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>07/10/2024</u> Name & Address: DINO SERRAIUCCU 16706 ZACHARY DR MACOMB, MI 48042		\$ <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>07/10/2024</u> Name & Address: ANTHONY SERVITTO 172 MOROSS ST MT CLEMENS, MI 48043		\$ <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>07/10/2024</u> Name & Address: KELLY SIMMONS 789 HIGHLANDER ST ORION TWP, MI 48362		\$ <u>140.00</u>	\$ <u>140.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/10/2024</u> Name & Address: CHRIS SORRENTINO 21342 GENTRY DR MACOMB, MI 48044		\$ <u>245.00</u>	\$ <u>745.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>BUTT INC.</u> Business Address <u>35520 FORTON CT, CLINTON TWP, MI 48035</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 470.00

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138663
2. Committee Name CTE ANTHONY M. WICKERSHAM

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>07/10/2024</u>	
Name & Address: JIM SPRAGUE 47843 CARD RD. 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>07/10/2024</u>	
Name & Address: STEPHANIE STAGER 54821 CABRILLO DR MACOMB, MI 48042		\$ <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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: THOMAS STAWSKI 47579 VALLEYBROOK DR NEW BALTIMORE, MI 48051		\$ <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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: BILL TONDREAU 38120 LANGE ST HARRISON TOWNSHIP, MI 48080		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SHEET METAL WORKER</u> Employer <u>FORD MOTOR CO</u> Business Address <u>38000 MOUND RD, STERLING HEIGHTS, MI 48310</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 325.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138663
2. Committee Name CTE ANTHONY M. WICKERSHAM

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>07/10/2024</u>	
Name & Address: GARY WIEGAND 555 NOLAN WALES, MI 48027		\$ <u>200.00</u>	\$ <u>534.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LIEUTENANT</u> Employer <u>MACOMB COUNTY</u> Business Address <u>43565 ELIZABETH RD, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: PATRICIA ZARA 52551 ANTLER DR MACOMB, MI 48042		\$ <u>105.00</u>	\$ <u>105.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OFFICE ASSISTANT SENIOR</u> Employer <u>MACOMB COUNTY</u> Business Address <u>43565 ELIZABETH RD, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: MARY ZERAFA 14913 KELLY 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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: STEVE ZVLANTAS 31894 N RIVER RD HARRISON TWP, MI 48045		\$ <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 475.00

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 138663
2. Committee Name CTE ANTHONY M. WICKERSHAM

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>07/10/2024</u> Name & Address: LAITH HANNA 1161 PEMBROKE DR BLOOMFIELD HILLS, MI 48304		\$ 35.00	\$ 335.00
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>MOTOR CITY PETROLEUM</u> Business Address <u>16500 32 MILE RD, RAY, MI 48096</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		Click Here for Memo Itemization	
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		Click Here for Memo Itemization	
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		Click Here for Memo Itemization	

Page Subtotal **35.00**

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

27,645.00

Enter this total on
line 3a of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number **138663**
2. Committee Name **CTE ANTHONY M. WICKERSHAM**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: SAL VIVIANO 4921 DEER CREEK CT WASHINGTON, MI 48094 If over \$100.00 cumulative, please provide: Occupation: OWNER Employer Name & Business Address: STERLING HEIGHTS DODGE 40111 VAN DYKE AVE, STERLING HEIGHTS, MI 48313 ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☒ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description FOOD, DRINKS, CIGARS AND MUSIC 5. Date Of Receipt: 06/13/2024 6. Vendor Name & Address: GOLDEN HAWK RESTAURANT 9861 MEISNER RD, CASCO, MI 48064	\$ 3,760.84	\$ 4,760.84
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: MATTHEW AUBREY 52892 7 OAKS DR SHELBY TWP, MI 48316 If over \$100.00 cumulative, please provide: Occupation: OWNER Employer Name & Address: TAP & BARREL GRILL 50055 VAN DYKE AVE, SHELBY TWP, MI 48317 ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☒ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description FOOD AND DRINKS 5. Date Of Receipt: 07/10/2024 6. Vendor Name & Address: TAP & BARREL GRILL 50055 VAN DYKE AVE, SHELBY TOWNSHIP, MI 48317	\$ 1,003.00	\$ 1,003.00
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address: Click Here for Memo Itemization	\$	\$

Page Subtotal **4,763.84** **5,763.84**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **4,763.84**

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **138663**
2. Committee Name **CTE ANTHONY M. WICKERSHAM**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name USPS Address 155 S MAIN ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: BOX RENEWAL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/03/2024 Date	\$ 210.00
Expenditure #2 Name MACOMB COUNTY CLERKS OFFICE Address 40 N MAIN ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: FILING FEE FOR 2024 ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/30/2024 Date	\$ 100.00
Expenditure #3 Name AMERICAN GRAPHICS Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/14/2024 Date	\$ 5,671.00
Expenditure #4 Name AMERICAN GRAPHICS Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☒ Fund Raiser	Purpose: TICKETS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/10/2024 Date	\$ 65.72
Expenditure #5 Name TRACTOR SUPPLY Address 57155 GRATIOT AVE NEW HAVEN, MI 48048 ☐ Fund Raiser	Purpose: ZIPTIES/POLES FOR SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/22/2024 Date	\$ 153.48

Subtotal this page **6,200.20**

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

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Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **138663**
2. Committee Name **CTE ANTHONY M. WICKERSHAM**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name AMERICAN GRAPHICS Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☒ Fund Raiser	Purpose: TICKETS FOR EVENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/02/2024 Date	\$ 55.12
Expenditure #2 Name AMERICAN GRAPHICS Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: LAWN SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/16/2024 Date	\$ 2,565.20
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **2,620.32**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **8,820.52**

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**
(For use by officeholders only)

1. Committee I. D. Number 138663
2. Committee Name CTE ANTHONY M. WICKERSHAM

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: MT. CLEMENS LIONS CLUB 165 CROCKER BLVD MT CLEMENS, MI 48043	Purpose <u>QUARTERLY DUES</u>	<u>01/02/2024</u> Date	\$ <u>85.00</u>
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>OO</u> ☐ Fund Raiser		
Disbursement # 2 Name & Address: MACOMB SCIENCE OLYMPIAD P.O. BOX 763 STERLING HEIGHTS, MI 48311	Purpose <u>DONATION SPONSOR</u>	<u>01/08/2024</u> Date	\$ <u>100.00</u>
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u> ☐ Fund Raiser		
Disbursement # 3 Name & Address: SELFRIDGE BASE COMMUNITY COUNCIL P.O. BOX 450064 SELFRIDGE ANG BASE, MI 48045	Purpose <u>1/4 PAGE AD</u>	<u>03/22/2024</u> Date	\$ <u>550.00</u>
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>KO</u> ☐ Fund Raiser		
Disbursement # 4 Name & Address: MT. CLEMENS LIONS CLUB 165 CROCKER BLVD MT CLEMENS, MI 48043	Purpose <u>QUARTERLY DUES</u>	<u>04/01/2024</u> Date	\$ <u>85.00</u>
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>OO</u> ☐ Fund Raiser		
Subtotal this page			820.00
Grand Total of all Schedules 1C (Complete on last page of Schedule)			

Enter this total
on line 10a of
Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**
(For use by officeholders only)

1. Committee I. D. Number 138663
2. Committee Name CTE ANTHONY M. WICKERSHAM

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: CRIMESTOPPERS OF MICHIGAN 18000 W NINE MILE RD SOUTHFIELD, MI 48075	Purpose FOURSOME - SPONSOR	<u>04/04/2024</u> Date	\$ <u>800.00</u>
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u> ☒ Fund Raiser		
Disbursement # 2 Name & Address: MACOMB COUNTY SHERIFF'S OFFICE HONOR GUARD 43565 ELIZABETH RD MT CLEMENS, MI 48043	Purpose TICKETS FOR EVENT	<u>04/29/2024</u> Date	\$ <u>100.00</u>
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u> ☒ Fund Raiser		
Disbursement # 3 Name & Address: CARE HOUSE 131 MARKET ST MT CLEMENS, MI 48043	Purpose FOURSOME SPONSOR	<u>05/02/2024</u> Date	\$ <u>700.00</u>
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u> ☒ Fund Raiser		
Disbursement # 4 Name & Address: SAMS CLUB 45600 UTICA PARK BLVD UTICA, MI 48315	Purpose CANDY FOR PARADE	<u>05/23/2024</u> Date	\$ <u>100.62</u>
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>BO</u> ☐ Fund Raiser		
Subtotal this page			1,700.62
Grand Total of all Schedules 1C (Complete on last page of Schedule)			

Enter this total
on line 10a of
Summary Page

***PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES**

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**
(For use by officeholders only)

1. Committee I. D. Number 138663
2. Committee Name CTE ANTHONY M. WICKERSHAM

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: AMERICAN POLISH CENTURY CLUB 33204 MAPLE LN DR STERLING HEIGHTS, MI 48312	Purpose <u>ADVERTISEMENT</u>	<u>05/24/2024</u> Date	\$ <u>550.00</u>
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>KO</u> ☐ Fund Raiser		
Disbursement # 2 Name & Address: MT. CLEMENS LIONS CLUB 165 CROCKER BLVD MT CLEMENS, MI 48043	Purpose <u>QUARTERLY DUES</u>	<u>07/02/2024</u> Date	\$ <u>85.00</u>
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>OO</u> ☐ Fund Raiser		
Disbursement # 3 Name & Address: C&G NEWSPAPERS 13650 E ELEVEN MILE RD WARREN, MI 48089	Purpose <u>1/2 PAGE AD</u>	<u>07/05/2024</u> Date	\$ <u>5,654.00</u>
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>KO</u> ☐ Fund Raiser		
Disbursement # 4 Name & Address: THE ITALIAN TRIBUNE P.O. BOX 380407 CLINTON TOWNSHIP, MI 48038	Purpose <u>AD-SPONSOR</u>	<u>07/05/2024</u> Date	\$ <u>277.00</u>
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>KO</u> ☐ Fund Raiser		
Subtotal this page			<u>6,566.00</u>
Grand Total of all Schedules 1C (Complete on last page of Schedule)			<u>9,086.62</u>

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on line 10a of
Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **138663**
2. Committee Name **CTE ANTHONY M. WICKERSHAM**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 06/13/2024	4. Number of Individuals Attending or Participating (whichever is greater) 20	5. Type of Fund Raising Activity COCKTAILS, HORS D'OEUVRES, & DINNER	6. Address and Name (If any) of the place where the activity was held. GOLDEN HAWK RESTAURENT 9861 MEISNER RD CASCO, MI 48064 ☐ Private Residence
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7. Total Contributions **21,000.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **21,000.00**
10. Total Cost of Event **3,760.84**
(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 **138663**
2. Committee Name **CTE ANTHONY M. WICKERSHAM**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 07/10/2024	4. Number of Individuals Attending or Participating (whichever is greater) 130	5. Type of Fund Raising Activity FAMILY AND FRIENDS NIGHT OUT	6. Address and Name (If any) of the place where the activity was held. TAP AND BARREL 50055 VAN DYKE AVE SHELBY TWP, MI 48317 ☐ Private Residence
---	--	--	---

7. Total Contributions **5,365.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **5,365.00**
10. Total Cost of Event **1,123.84**
(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.