



FILED

26 JUL 2024 PM 04:12

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

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

3. This Statement covers From: 03/15/2024 to 07/21/2024

1. Committee I.D. Number

140360

4. Candidate Last Name First Name M.I.

HOWARD MICHAEL J

2. Committee Name

CTE MICHAEL HOWARD

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

12 COUNTY COMMISSIONER, MACOMB COUNTY

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

5. Committee's Mailing Address

**23725 BEIERMAN AVE
WARREN, MI 48091**

6. Treasurer's Name & Residential Address

**MICHAEL J HOWARD
23725 BEIERMAN AVE
WARREN, MI 48091**

Area Code and Phone (586) 213-3197
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) 213-3197

7. Treasurer's Business Address

**23725 BEIERMAN AVE
WARREN, MI 48091**

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

Area Code and Phone (586) 213-3197

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

07/26/2024

Candidate _____
Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/26/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140360

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE MICHAEL HOWARD

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>18,582.49</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>18,582.49</u>	(18.) \$ <u>18,582.49</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>18,582.49</u>	(20.) \$ <u>18,582.49</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>722.45</u>	(21.) \$ <u>722.45</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>18,572.96</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>18,572.96</u>	(23.) \$ <u>18,572.96</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>4,100.00</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>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>18,582.49</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>18,582.49</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>18,572.96</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>9.53</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140360
2. Committee Name CTE MICHAEL HOWARD

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>03/15/2024</u> Name & Address: MICHAEL HOWARD 23725 BEIERMAN AVE WARREN, MI 48091		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>WOODWORKER</u> Employer <u>HOWARD FAMILY DESIGNS</u> Business Address <u>23725 BEIERMAN AVE, WARREN, MI 48091</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/25/2024</u> Name & Address: MICHAEL HOWARD 23725 BEIERMAN AVE WARREN, MI 48091		\$ <u>4,000.00</u>	\$ <u>4,100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>WOODWORKER</u> Employer <u>HOWARD FAMILY DESIGNS</u> Business Address <u>23725 BEIERMAN AVE, WARREN, MI 48091</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/26/2024</u> Name & Address: KAYLI MCTAGUE 21 UPTON RD ALBANY, NY 12208		\$ <u>26.13</u>	\$ <u>26.13</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>03/27/2024</u> Name & Address: EMILY BUSCH 97 DENNISON ST OXFORD, MI 48371		\$ <u>103.75</u>	\$ <u>103.75</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **4,229.88**

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 140360
2. Committee Name CTE MICHAEL HOWARD

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: EMILY WIZE 731 E 14 MILE RD BIRMINGHAM, MI 48009		\$ <u>103.75</u>	\$ <u>103.75</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>FERNDALE PUBLIC SCHOOLS</u> Business Address <u>2610 PINECREST DR, FERNDALE, MI 48220</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/28/2024</u>	
Name & Address: CARL MARLINGA 5228 CARAWAY DR STERLING HEIGHTS, MI 48314		\$ <u>517.75</u>	\$ <u>517.75</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>03/29/2024</u>	
Name & Address: ALEX BRONSON 34 QUEEN ST MT CLEMENS, MI 48043		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER-SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>34 QUEEN 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>03/31/2024</u>	
Name & Address: ROSLYN GRAFSTEIN 29637 SPOON AVE MADISON HEIGHTS, MI 48071		\$ <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 **821.50**

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 140360
2. Committee Name CTE MICHAEL HOWARD

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>04/01/2024</u>	
Name & Address: LAURIE GERALDS 299 SONIA AVE MADISON HEIGHTS, MI 48071		\$ <u>52.00</u>	\$ <u>52.00</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>04/01/2024</u>	
Name & Address: ERICK RICK 1689 HAMPTON RD MT CLEMENS, MI 48043		\$ <u>103.75</u>	\$ <u>103.75</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>04/04/2024</u>	
Name & Address: KEVIN HIGGINS 28045 MAVIS DR WARREN, MI 48088		\$ <u>155.50</u>	\$ <u>155.50</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR AND ASSOCIATE BROKER</u> Employer <u>MR. WONDERFUL REALTY LLC</u> Business Address <u>28045 MAVIS DR, WARREN, MI 48088</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/04/2024</u>	
Name & Address: LINDA KOCH 30563 RIDGEFIELD AVE WARREN, MI 48088		\$ <u>52.00</u>	\$ <u>52.00</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 **363.25**

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 140360
2. Committee Name CTE MICHAEL HOWARD

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>04/05/2024</u>	
Name & Address: SAMUEL GREENE 14710 ROSEMARY BLVD OAK PARK, MI 48237		\$ <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>04/08/2024</u>	
Name & Address: BIRDIE NASH 29484 ASHLAND AVE HARRISON TWP, MI 48045		\$ <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>04/09/2024</u>	
Name & Address: JEFFERY SCHRODER 1592 E LINCOLN ST BIRMINGHAM, MI 48009		\$ <u>103.75</u>	\$ <u>103.75</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>PLUNKETT COONEY</u> Business Address <u>38505 WOODWARD AVE, BLOOMFIELD HILLS, MI 48304</u> 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: MICHAEL CHEHAB 38410 WESTCHESTER RD STERLING HEIGHTS, MI 48310		\$ <u>57.18</u>	\$ <u>57.18</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 **245.93**

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 140360
2. Committee Name CTE MICHAEL HOWARD

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>04/11/2024</u> Name & Address: LIPTON LARRY 2543 ESSEX LN BLOOMFIELD HILLS, MI 48304		\$ <u>25.00</u>	\$ <u>25.00</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>04/12/2024</u> Name & Address: JADA WEATHERSPOON 4455 CENTRAL BLVD ANN ARBOR, MI 48108		\$ <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>04/19/2024</u> Name & Address: GEORGE BARNES 30980 WENDBROOK LN BEVERLY HILLS, MI 48025		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>HERITAGE VISION PLANS, INC.</u> Business Address <u>1 WOODWARD AVE, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/20/2024</u> Name & Address: SOLOMON STERLING 24626 MILLCREEK DR FARMINGTON HILLS, MI 48336		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TRUCK DRIVER</u> Employer <u>MCKESSON</u> Business Address <u>30881 SCHOOLCRAFT RD, LIVONIA, MI 48150</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,800.00**

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

Enter this total on
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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140360
2. Committee Name CTE MICHAEL HOWARD

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>04/20/2024</u> Name & Address: STEVEN HAWRING 1001 WOODWARD AVE DETROIT, MI 48226		\$ <u>26.13</u>	\$ <u>26.13</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>04/20/2024</u> Name & Address: EMILY BUSCH 97 DENNISON ST OXFORD, MI 48371		\$ <u>52.00</u>	\$ <u>155.75</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/22/2024</u> Name & Address: SHARON ROSE 28359 ALINE DR WARREN, MI 48093		\$ <u>100.00</u>	\$ <u>100.00</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>04/22/2024</u> Name & Address: JERRY BURDEN 26620 BURG RD 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 203.13

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

1. Committee I.D. Number 140360
2. Committee Name CTE MICHAEL HOWARD

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>04/22/2024</u> Name & Address: JACKIE KELLY 2524 CHALK FARM RD N 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>04/22/2024</u> Name & Address: RUSSELL BELLANT 19619 HELEN ST DETROIT, MI 48234		\$ <u>100.00</u>	\$ <u>100.00</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>04/22/2024</u> Name & Address: JUDY ROBINSON 344 YARMOUTH RD BLOOMFIELD HILLS, MI 48301		\$ <u>52.00</u>	\$ <u>52.00</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: GEORGE-MICHAEL HIGGINS 28045 MAVIS DR WARREN, MI 48088		\$ <u>310.75</u>	\$ <u>310.75</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR ORGANIZER</u> Employer <u>FOR OUR FUTURE MICHIGAN</u> Business Address <u>19900 E 10 MILE RD, ST CLAIR SHORES, MI 48080</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 512.75

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

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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140360
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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>04/22/2024</u>	
Name & Address: CALEB ROSE 19 MOROSS ST MT CLEMENS, MI 48043		\$ <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: ANGELA ROGENSUES 13254 COMMON RD WARREN, MI 48088		\$ <u>517.75</u>	\$ <u>517.75</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>13254 COMMON RD, WARREN, MI 48088</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: SHANNON KINH 41328 RUGOSA DR CLINTON TWP, MI 48038		\$ <u>52.00</u>	\$ <u>52.00</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: DUNHAM DEVON 120 GLYNN CT DETROIT, MI 48202		\$ <u>52.00</u>	\$ <u>52.00</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 646.75

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140360
2. Committee Name CTE MICHAEL HOWARD

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>04/22/2024</u>	
Name & Address: AISHA FAROOQI 34648 FONTANA DR STERLING HEIGHTS, MI 48312		\$ <u>103.75</u>	\$ <u>103.75</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/22/2024</u>	
Name & Address: CAROLE CHI 35325 MORAVIAN DR STERLING HEIGHTS, MI 48312		\$ <u>52.00</u>	\$ <u>52.00</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: LEAH BERDY 32252 HAWTHORNE DR WARREN, MI 48092		\$ <u>103.75</u>	\$ <u>103.75</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>OPC ROCHESTER</u> Business Address <u>650 LETICA DR, ROCHESTER, MI 48307</u> 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: MAI XIONG PO BOX 5385 WARREN, MI 48090		\$ <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 359.50

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140360
2. Committee Name CTE MICHAEL HOWARD

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>04/22/2024</u>	
Name & Address: MELANIE HARTMAN 191 ERIN CASTLE DR ROCHESTER HILLS, MI 48306		\$ <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>04/24/2024</u>	
Name & Address: PATRICIA BATEY 1492 PIERCE ST BIRMINGHAM, MI 48009		\$ <u>103.75</u>	\$ <u>103.75</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>04/24/2024</u>	
Name & Address: DELORES PRANTER 32302 SHAWN DR WARREN, MI 48088		\$ <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>04/25/2024</u>	
Name & Address: VERONICA ADAMS 877 BURLINGAME ST DETROIT, MI 48202		\$ <u>26.13</u>	\$ <u>26.13</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 229.88

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140360
2. Committee Name CTE MICHAEL HOWARD

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>04/28/2024</u> Name & Address: DECARLO CHENAULT 22808 MAC ARTHUR BLVD WARREN, MI 48089		\$ <u>259.00</u>	\$ <u>259.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DETROIT POLICE OFFICER</u> Employer <u>CITY OF DETROIT</u> Business Address <u>1301 3RD 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>04/28/2024</u> Name & Address: DAVID TRISELL 292 JONES ST MT CLEMENS, MI 48043		\$ <u>26.13</u>	\$ <u>26.13</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>05/06/2024</u> Name & Address: ROBERT MIJAC 43710 VIA ANTONIO 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/07/2024</u> Name & Address: RONNIE ALLEN 24413 PANAMA AVE WARREN, MI 48091		\$ <u>10.60</u>	\$ <u>10.60</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 **345.73**

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

1. Committee I.D. Number 140360
2. Committee Name CTE MICHAEL HOWARD

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>05/09/2024</u> Name & Address: SHARON ROSE 28359 ALINE DR WARREN, MI 48093		\$ <u>50.00</u>	\$ <u>150.00</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>05/10/2024</u> Name & Address: STEVEN HAWRING 1001 WOODWARD AVE DETROIT, MI 48226		\$ <u>23.02</u>	\$ <u>49.15</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: JOEL RUTHERFORD 5683 STORROW CT WARREN, MI 48092		\$ <u>52.00</u>	\$ <u>52.00</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>05/15/2024</u> Name & Address: STEPHANIE'S CHANGEMAKER FUND PO BOX 12175 LANSING, MI 48901		\$ <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 225.02

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

1. Committee I.D. Number 140360
2. Committee Name CTE MICHAEL HOWARD

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>05/21/2024</u> Name & Address: DINA SHARGABIAN STUBER 5784 LIMESTONE DR TROY, MI 48085		\$ <u>26.13</u>	\$ <u>26.13</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>05/22/2024</u> Name & Address: FRED HUEBENER 11955 FRAZHO RD WARREN, MI 48089		\$ <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>05/22/2024</u> Name & Address: CARL HOENLE 3462 MICHAEL 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/22/2024</u> Name & Address: LORIE BARNWELL 5182 CUTTY LN WARREN, MI 48092		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TREASURER</u> Employer <u>CITY OF WARREN</u> Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **376.13**

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

1. Committee I.D. Number 140360
2. Committee Name CTE MICHAEL HOWARD

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>05/22/2024</u>	
Name & Address: GEORGE CHAPP 4753 STILWELL DR WARREN, MI 48092		\$ <u>26.13</u>	\$ <u>26.13</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>05/22/2024</u>	
Name & Address: MONICA PAPASIAN 6106 CHICAGO RD WARREN, MI 48092		\$ <u>155.50</u>	\$ <u>155.50</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTANT</u> Employer <u>KARMANOS CANCER INSTITUTE</u> Business Address <u>4100 JOHN R ST, DETROIT, MI 48201</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/22/2024</u>	
Name & Address: ALEX KELLEY 5685 ARDEN AVE WARREN, MI 48092		\$ <u>103.75</u>	\$ <u>103.75</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address <u>5685 ARDEN AVE, WARREN, MI 48092</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/22/2024</u>	
Name & Address: ALEXANDER BERDY 7520 READY AVE WARREN, MI 48091		\$ <u>103.75</u>	\$ <u>103.75</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLITICAL OPERATIVE</u> Employer <u>SELF EMPLOYED</u> Business Address <u>7520 READY AVE, WARREN, MI 48091</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **389.13**

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

1. Committee I.D. Number 140360
2. Committee Name CTE MICHAEL HOWARD

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>05/22/2024</u>	
Name & Address: LORI GOLDMAN 31985 MAYFAIR LN BEVERLY HILLS, MI 48025		\$ <u>155.50</u>	\$ <u>155.50</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>BERKSHIRE HATHAWAY</u> Business Address <u>880 S OLD WOODWARD AVE, BIRMINGHAM, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/22/2024</u>	
Name & Address: GEORGE-MICHAEL HIGGINS 28045 MAVIS DR WARREN, MI 48088		\$ <u>67.53</u>	\$ <u>378.28</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR ORGANIZER</u> Employer <u>FOR OUR FUTURE MICHIGAN</u> Business Address <u>19900 E 10 MILE RD, ST CLAIR SHORES, MI 48080</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>05/22/2024</u>	
Name & Address: SHEET METAL WORKERS LOCAL 80 17100 W 12 MILE RD SOUTHFIELD, MI 48076		\$ <u>280.00</u>	\$ <u>280.00</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>05/23/2024</u>	
Name & Address: ADURA CALHOUN 408 COUNTRY CLUB DR ST CLAIR SHORES, MI 48082		\$ <u>103.75</u>	\$ <u>103.75</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 **606.78**

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

1. Committee I.D. Number 140360
2. Committee Name CTE MICHAEL HOWARD

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>05/28/2024</u> Name & Address: DAVID TRISELL 292 JONES ST MT CLEMENS, MI 48043		\$ <u>26.13</u>	\$ <u>52.26</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>05/29/2024</u> Name & Address: CARMELA FINN 32631 DESMOND DR WARREN, MI 48093		\$ <u>52.00</u>	\$ <u>52.00</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>06/01/2024</u> Name & Address: BLAF PAC 23725 BEIERMAN AVE WARREN, MI 48091		\$ <u>700.00</u>	\$ <u>700.00</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>06/03/2024</u> Name & Address: WILLIAM SCHENK 28683 LUND AVE WARREN, MI 48093		\$ <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 **828.13**

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

1. Committee I.D. Number 140360
2. Committee Name CTE MICHAEL HOWARD

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>06/03/2024</u>	
Name & Address: DIANE YOUNG 13250 IRVINGTON DR WARREN, MI 48088		\$ <u>103.75</u>	\$ <u>103.75</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL PLANNER</u> Employer <u>ARROWROOT</u> Business Address <u>13250 IRVINGTON DR, WARREN, MI 48088</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: KAYLI MCTAGUE 21 UPTON RD ALBANY, NY 12208		\$ <u>25.00</u>	\$ <u>51.13</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>06/03/2024</u>	
Name & Address: ARISTOTLE ECONOMON 30939 GEORGETOWN DR WARREN, MI 48093		\$ <u>26.13</u>	\$ <u>26.13</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>06/03/2024</u>	
Name & Address: KEVIN HIGGINS 28045 MAVIS DR WARREN, MI 48088		\$ <u>103.75</u>	\$ <u>259.25</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR AND ASSOCIATE BROKER</u> Employer <u>MR. WONDERFUL REALTY LLC</u> Business Address <u>28045 MAVIS DR, WARREN, MI 48088</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 258.63

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

1. Committee I.D. Number 140360
2. Committee Name CTE MICHAEL HOWARD

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>06/08/2024</u> Name & Address: THOMAS MURPHY 11780 CAVALIER DR STERLING HEIGHTS, MI 48313		\$ <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>06/08/2024</u> Name & Address: STEPHANIE CHANG FOR SENATE 32317 PO BOX DETROIT, MI 48232		\$ <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>06/08/2024</u> Name & Address: PATRICA BELANGER 14938 ALMA DR STERLING HEIGHTS, MI 48313		\$ <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>06/08/2024</u> Name & Address: KATHLEEN MCCAUGHNA 2257 FRAZHO RD WARREN, MI 48091		\$ <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
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140360
2. Committee Name CTE MICHAEL HOWARD

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>06/08/2024</u>	
Name & Address: ADURA CALHOUN 408 COUNTRY CLUB DR ST CLAIR SHORES, MI 48082		\$ <u>100.00</u>	\$ <u>203.75</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			
3. Contribution #2	PAC Receipt? ☒ YES	4. Date of Receipt <u>06/10/2024</u>	
Name & Address: IUPAT POLITICAL ACTION TOGETHER POLITICAL COMMITTEE 7234 PARKWAY DR HANOVER, MD 21076		\$ <u>1,500.00</u>	\$ <u>1,500.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/12/2024</u>	
Name & Address: YVONNE KNIAZ 14016 PERNELL DR STERLING HEIGHTS, MI 48313		\$ <u>26.13</u>	\$ <u>26.13</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>06/12/2024</u>	
Name & Address: HENRY NEWNAN 27156 GAIL DR WARREN, MI 48093		\$ <u>259.00</u>	\$ <u>259.00</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 **1,885.13**

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

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

1. Committee I.D. Number 140360
2. Committee Name CTE MICHAEL HOWARD

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>06/14/2024</u>	
Name & Address: LISA BLAZEVSKI 31253 GAY ST ROSEVILLE, MI 48066		\$ <u>103.75</u>	\$ <u>103.75</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT PROSECUTING ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, 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>06/18/2024</u>	
Name & Address: BUZZ THOMAS 18051 HAMILTON RD DETROIT, MI 48203		\$ <u>259.00</u>	\$ <u>259.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>ACTIVATE DETROIT - THOMAS GROUP CONSULTING</u> Business Address <u>18051 HAMILTON RD, DETROIT, MI 48203</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>06/18/2024</u>	
Name & Address: MICHIGAN REGIONAL COUNCIL OF CARPENTERS 11687 AMERICAN ST DETROIT, MI 48204		\$ <u>2,500.00</u>	\$ <u>2,500.00</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>06/19/2024</u>	
Name & Address: BIRDIE NASH 29484 ASHLAND AVE HARRISON TWP, MI 48045		\$ <u>35.00</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 2,897.75

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 140360
2. Committee Name CTE MICHAEL HOWARD

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>06/20/2024</u>	
Name & Address: CHARONDA WORMLEY 27244 CHARLES DR SOUTHFIELD, MI 48076		\$ <u>103.75</u>	\$ <u>103.75</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>06/22/2024</u>	
Name & Address: GARY CYNOWA 45451 FIELDING ST MACOMB, MI 48042		\$ <u>103.75</u>	\$ <u>103.75</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>06/22/2024</u>	
Name & Address: GERALD HASSPACHER KENNEDY CIR WARREN, MI 48093		\$ <u>52.00</u>	\$ <u>52.00</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>06/22/2024</u>	
Name & Address: HENRY NEWNAN 27156 GAIL DR WARREN, MI 48093		\$ <u>200.00</u>	\$ <u>459.00</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 459.50

Grand Total of All Schedules 1A
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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140360
2. Committee Name CTE MICHAEL HOWARD

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>06/23/2024</u>	
Name & Address: KAYLI MCTAGUE 21 UPTON RD ALBANY, NY 12208		\$ <u>20.95</u>	\$ <u>72.08</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>06/27/2024</u>	
Name & Address: KAYLI MCTAGUE 21 UPTON RD ALBANY, NY 12208		\$ <u>15.78</u>	\$ <u>87.86</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>06/28/2024</u>	
Name & Address: DAVID TIRSELL 292 JONES ST MT CLEMENS, MI 48043		\$ <u>26.13</u>	\$ <u>26.13</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>07/01/2024</u>	
Name & Address: KENNETH KRONNER 30340 MERRICK WARREN, MI 48092		\$ <u>26.13</u>	\$ <u>26.13</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 88.99

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140360
2. Committee Name CTE MICHAEL HOWARD

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>07/06/2024</u> Name & Address: JACKIE KELLY 2524 CHALK FARM RD N WARREN, MI 48091		\$ <u>50.00</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>07/16/2024</u> Name & Address: FEMS FOR DEMS 31985 MAYFAIR LN BEVERLY HILLS, MI 48025		\$ <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>07/18/2024</u> Name & Address: KEVIN HIGGINS 28045 MAVIS DR WARREN, MI 48088		\$ <u>259.00</u>	\$ <u>518.25</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR AND ASSOCIATE BROKER</u> Employer <u>MR. WONDERFUL REALTY LLC</u> Business Address <u>28045 MAVIS DR, WARREN, MI 48088</u> 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 **409.00**

Grand Total of All Schedules 1A
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18,582.49

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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number **140360**

2. Committee Name **CTE MICHAEL HOWARD**

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: LAURA ARTZ 3069 TUXEDO DR WARREN, MI 48092 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	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 CLIPBOARDS 5. Date Of Receipt: 04/29/2024 6. Vendor Name & Address:	\$ 21.17	\$ 21.17
☐ Fund Raiser Contribution			
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: ANGELA ROGENSUES 13254 COMMON RD WARREN, MI 48088 If over \$100.00 cumulative, please provide: Occupation: SELF EMPLOYED Employer Name & Address:	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 32 7' STUDDER T POST AND POST DRIVER 5. Date Of Receipt: 05/30/2024 6. Vendor Name & Address:	\$ 311.28	\$ 829.03
☐ Fund Raiser Contribution			
Contribution #3 PAC Receipt? ☐ Yes Name & Address: MICHIGAN REGIONAL COUNCIL OF CARPENTERS 11687 AMERICAN ST DETROIT, MI 48204 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	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 PAID CANVASS 5. Date Of Receipt: 06/24/2024 6. Vendor Name & Address: MICHIGAN REGIONAL COUNCIL OF CARPENTERS 11687 AMERICAN ST, DETROIT, MI 48204	\$ 390.00	\$ 2,890.00
☐ Fund Raiser Contribution			

Page Subtotal **722.45** **3,740.20**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **722.45**

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140360
2. Committee Name CTE MICHAEL HOWARD

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MACOMB COUNTY CLERK Address 120 N MAIN ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: <u>FILING COST</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/15/2024</u> Date	\$ <u>100.00</u>
Expenditure #2 Name SQUARE SPACE Address 8 CLARKSON ST NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: <u>WEBSITE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/25/2024</u> Date	\$ <u>276.00</u>
Expenditure #3 Name NGP VAN Address 655 15TH ST NW WASHINGTON, DC 20005 ☐ Fund Raiser	Purpose: <u>NGP VB SOFTWARE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/27/2024</u> Date	\$ <u>250.00</u>
Expenditure #4 Name PARAGON SOLUTIONS Address 2141 E BROADWAY RD TEMPE, AZ 85282 ☐ Fund Raiser	Purpose: <u>PARAGON SYSTEMS PAYMENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/02/2024</u> Date	\$ <u>30.00</u>
Expenditure #5 Name ALLIED UNION SERVICES Address 240 N FENWAY DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: <u>LETTER AND MAGNETS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/19/2024</u> Date	\$ <u>995.20</u>

Subtotal this page **1,651.20**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140360**
2. Committee Name **CTE MICHAEL HOWARD**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name NGP VAN Address 655 15TH ST NW WASHINGTON, DC 20005 ☐ Fund Raiser	Purpose: NPG VAN SOFTWARE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/20/2024 Date	\$ 150.00
Expenditure #2 Name MEIJER Address 29505 MOUND RD WARREN, MI 48092 ☐ Fund Raiser	Purpose: CAKE FOR FUNDRAISER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/22/2024 Date	\$ 62.49
Expenditure #3 Name THE DOVETAIL Address 29200 HOOVER RD WARREN, MI 48093 ☐ Fund Raiser	Purpose: COFFEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/22/2024 Date	\$ 72.02
Expenditure #4 Name CAMPAIGN VERIFY Address 1215 31ST ST NW WASHINGTON, DC 20007 ☐ Fund Raiser	Purpose: CAMPAIGN VERIFY ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/25/2024 Date	\$ 95.00
Expenditure #5 Name USPS Address 28401 MOUND RD WARREN, MI 48090 ☐ Fund Raiser	Purpose: STAMPS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/01/2024 Date	\$ 1,060.00

Subtotal this page **1,439.51**
Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140360
2. Committee Name CTE MICHAEL HOWARD

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name PARAGON SOLUTIONS Address 2141 E BROADWAY RD TEMPE, AZ 85282 ☐ Fund Raiser	Purpose: <u>PARAGON SYSTEMS PAYMENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/02/2024</u> Date	\$ <u>176.02</u>
Expenditure #2 Name ALLIED UNION SERVICES Address 240 N FENWAY DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: <u>LITERATURE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/16/2024</u> Date	\$ <u>1,607.39</u>
Expenditure #3 Name NGP VAN Address 655 15TH ST NW WASHINGTON, DC 20005 ☐ Fund Raiser	Purpose: <u>NGP VAN SOFTWARE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/20/2024</u> Date	\$ <u>150.00</u>
Expenditure #4 Name ALLIED UNION SERVICES Address 240 N FENWAY DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: <u>POSTCARDS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/20/2024</u> Date	\$ <u>692.07</u>
Expenditure #5 Name USPS Address 28401 MOUND RD WARREN, MI 48090 ☐ Fund Raiser	Purpose: <u>STAMPS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/20/2024</u> Date	\$ <u>1,855.00</u>

Subtotal this page **4,480.48**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140360**
2. Committee Name **CTE MICHAEL HOWARD**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ALLIED UNION SERVICES Address 240 N FENWAY DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: <u>COMMERCIAL AND LAWN SIGN BUNDLE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/23/2024</u> Date	\$ <u>2,044.56</u>
Expenditure #2 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>FACEBOOK AD</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/03/2024</u> Date	\$ <u>5.00</u>
Expenditure #3 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>FACEBOOK AD</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/03/2024</u> Date	\$ <u>5.05</u>
Expenditure #4 Name PARAGON SOLUTIONS Address 2141 E BROADWAY RD TEMPE, AZ 85282 ☐ Fund Raiser	Purpose: <u>PARAGON SYSTEMS PAYMENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/03/2024</u> Date	\$ <u>37.10</u>
Expenditure #5 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>FACEBOOK AD</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/03/2024</u> Date	\$ <u>7.00</u>

Subtotal this page **2,098.71**

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

1. Committee I. D. Number 140360
2. Committee Name CTE MICHAEL HOWARD

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MEIJER Address 29505 MOUND RD WARREN, MI 48092 ☐ Fund Raiser	Purpose: <u>CANVASSING SUPPLIES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/03/2024</u> Date	\$ <u>29.67</u>
Expenditure #2 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>FACEBOOK SYSTEM VERIFICATION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/04/2024</u> Date	\$ <u>10.00</u>
Expenditure #3 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>FACEBOOK AD</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/05/2024</u> Date	\$ <u>15.00</u>
Expenditure #4 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>FACEBOOK ADS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/06/2024</u> Date	\$ <u>25.00</u>
Expenditure #5 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>FACEBOOK ADS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/07/2024</u> Date	\$ <u>35.00</u>

Subtotal this page

114.67

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

1. Committee I. D. Number 140360
2. Committee Name CTE MICHAEL HOWARD

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MENARDS Address 32501 VAN DYKE AVE WARREN, MI 48093 ☐ Fund Raiser	Purpose: T-POST ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/07/2024 Date	\$ 74.56
Expenditure #2 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: META ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/10/2024 Date	\$ 50.00
Expenditure #3 Name OUR CREDIT UNION Address 5625 TWELVE MILE RD WARREN, MI 48092 ☐ Fund Raiser	Purpose: BANK FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/13/2024 Date	\$ 15.00
Expenditure #4 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: META ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/13/2024 Date	\$ 75.00
Expenditure #5 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: META ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/17/2024 Date	\$ 75.00

Subtotal this page **289.56**

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

1. Committee I. D. Number 140360
2. Committee Name CTE MICHAEL HOWARD

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: META ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/20/2024</u> Date	\$ <u>100.00</u>
Expenditure #2 Name NGP VAN Address 655 15TH ST NW WASHINGTON, DC 20005 ☐ Fund Raiser	Purpose: NPG VAN SOFTWARE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/20/2024</u> Date	\$ <u>150.00</u>
Expenditure #3 Name UNIVERSAL LANES Address 2101 E 12 MILE RD Warren, MI 48092 ☒ Fund Raiser	Purpose: BOWLING LANE PACKAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/22/2024</u> Date	\$ <u>120.00</u>
Expenditure #4 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: META ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/23/2024</u> Date	\$ <u>100.00</u>
Expenditure #5 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: META ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/23/2024</u> Date	\$ <u>3.05</u>

Subtotal this page **473.05**

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

1. Committee I. D. Number 140360
2. Committee Name CTE MICHAEL HOWARD

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ALLIED UNION SERVICES Address 240 N FENWAY DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: <u>MAIL BANKING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/24/2024</u> Date	\$ <u>30.00</u>
Expenditure #2 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>META ADS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/26/2024</u> Date	\$ <u>100.00</u>
Expenditure #3 Name ALLIED UNION SERVICES Address 240 N FENWAY DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: <u>MAILER FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/27/2024</u> Date	\$ <u>6,339.84</u>
Expenditure #4 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>META ADS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/30/2024</u> Date	\$ <u>125.00</u>
Expenditure #5 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>META ADS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/30/2024</u> Date	\$ <u>55.57</u>

Subtotal this page **6,650.41**
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 140360
2. Committee Name CTE MICHAEL HOWARD

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name PARAGON SOLUTIONS Address 2141 E BROADWAY RD TEMPE, AZ 85282 ☐ Fund Raiser	Purpose: <u>PARAGON SYSTEMS PAYMENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/02/2024</u> Date	\$ <u>43.02</u>
Expenditure #2 Name SCALE TO WIN Address 13742 HARPER ST SANTA ANA, CA 92703 ☐ Fund Raiser	Purpose: <u>TEXTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/03/2024</u> Date	\$ <u>257.05</u>
Expenditure #3 Name MENARDS Address 32501 VAN DYKE AVE WARREN, MI 48093 ☐ Fund Raiser	Purpose: <u>META ADS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/04/2024</u> Date	\$ <u>175.00</u>
Expenditure #4 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>META ADS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/09/2024</u> Date	\$ <u>250.30</u>
Expenditure #5 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>META ADS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/19/2024</u> Date	\$ <u>250.00</u>

Subtotal this page

975.37

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 140360
2. Committee Name CTE MICHAEL HOWARD

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name YO MAMA'S FROZEN TREATS Address 17560 STRATFORD DR SOUTHFIELD, MI 48075 ☐ Fund Raiser	Purpose: <u>FOOD FOR COMMUNITY EVENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/19/2024</u> Date	\$ <u>250.00</u>
Expenditure #2 Name NGP VAN Address 655 15TH ST NW WASHINGTON, DC 20005 ☐ Fund Raiser	Purpose: <u>NPG VAN SOFTWARE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/20/2024</u> Date	\$ <u>150.00</u>
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Click Here for Memo Itemization Type			
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Click Here for Memo Itemization Type			
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Click Here for Memo Itemization Type			

Subtotal this page	400.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)	18,572.96

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140360
2. Committee Name CTE MICHAEL HOWARD

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: MICHAEL HOWARD 23725 BEIERMAN AVE WARREN, MI 48091	4. Type: <u>CAMPAIGN LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>03/15/2024</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: MICHAEL HOWARD 23725 BEIERMAN AVE WARREN, MI 48091	4. Type: <u>CAMPAIGN LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>03/25/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>4,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>4,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

4,100.00

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

4,100.00

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

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



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **140360**
2. Committee Name **CTE MICHAEL HOWARD**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 04/22/2024	4. Number of Individuals Attending or Participating (whichever is greater) 38	5. Type of Fund Raising Activity CAMPAIGN LAUNCH	6. Address and Name (If any) of the place where the activity was held. THE DOVETAIL 29200 HOOVER RD WARREN, MI 48093 ☐ Private Residence
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7. Total Contributions **1,949.76**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **1,949.76**
10. Total Cost of Event **134.96**
(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 **140360**
2. Committee Name **CTE MICHAEL HOWARD**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 06/22/2024	4. Number of Individuals Attending or Participating (whichever is greater) 23	5. Type of Fund Raising Activity BOWLING NIGHT	6. Address and Name (If any) of the place where the activity was held. UNIVERSAL LANES 2101 E 12 MILE RD WARREN, MI 48092 ☐ Private Residence
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7. Total Contributions **698.38**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **698.38**
10. Total Cost of Event **120.00**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.