



FILED

26 JUL 2024 PM 02:34

MACOMB COUNTY CLERK
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**CANDIDATE COMMITTEE
COVER PAGE**

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

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

1. Committee I.D. Number

140106

2. Committee Name

CTE BRAD KERSTEN

4. Candidate Last Name

KERSTEN

First Name

BRAD

M.I.

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

SUPERVISOR, CHESTERFIELD TWP

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

5. Committee's Mailing Address

**P. O. BOX 534
CHESTERFIELD, MI 48047**

Area Code and Phone (810) 250-8196

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

**JANET GILLESPIE
28060 GRAHAM DRIVE
CHESTERFIELD, MI 48047**

Area Code & Phone (586) 322-2456

7. Treasurer's Business Address

**28060 GRAHAM DRIVE
CHESTERFIELD, MI 48047**

Area Code and Phone (586) 322-2456

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

**BRAD KERSTEN
53300 SHAWN DRIVE
CHESTERFIELD, MI 48047**

Area Code and Phone (810) 250-8196

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

07/26/2024

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 140106

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE BRAD KERSTEN

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>26,785.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>26,785.00</u>	(18.) \$ <u>36,760.00</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>26,785.00</u>	(20.) \$ <u>36,760.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</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>12,978.20</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>60.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>13,038.20</u>	(23.) \$ <u>15,551.41</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>7,000.00</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>8,537.15</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>26,785.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>35,322.15</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>13,038.20</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>22,283.95</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140106
2. Committee Name CTE BRAD KERSTEN

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>02/26/2024</u> Name & Address: BARBARA SHERIDAN 50876 REDWOOD LN NEW BALTIMORE, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/27/2024</u> Name & Address: GORDON WILSON 49572 COMPASS POINT DR CHESTERFIELD, MI 48047		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>ANDERSON ECKSTEIN & WESTRICK</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/27/2024</u> Name & Address: DAVID MORELLI 22756 MACOMB INDUSTRIAL DR CLINTON TWP, MI 48036		\$ <u>500.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>MORELLI CUSTOM HOMES</u> Business Address <u>22756 MACOMB INDUSTRIAL DR, CLINTON TWP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/27/2024</u> Name & Address: JASON ARLOW 5709 ARNOLD RD COTTRELLVILLE, MI 48039		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>ANDERSON ECKSTEIN & WESTRICK</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 800.00

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 140106
2. Committee Name CTE BRAD KERSTEN

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/28/2024</u>	
Name & Address: STEPHEN PANGORI 8106 ROSEBUD LN VILLAGE OF CLARKSTON, MI 48348		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>ANDERSON ECKSTEIN & WESTRICK</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/17/2024</u>	
Name & Address: DAVID FARIDA 50093 GRATIOT AVE CHESTERFIELD, MI 48051		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETAIL</u> Employer <u>SD LIQUOR & TOBACCO OUTLET</u> Business Address <u>50093 GRATIOT AVE, CHESTERFIELD, MI 48051</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/20/2024</u>	
Name & Address: BRIAN DEMUYNCK 45774 POINT LAKEVIEW ST NEW BALTIMORE, MI 48047		\$ <u>75.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CRIMINAL INVESTIGATOR</u> Employer <u>CITY OF STERLING HEIGHTS</u> Business Address <u>40333 DODGE PARK RD, 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>03/20/2024</u>	
Name & Address: JEFF BOHM 3453 ST CLAIR SHORES BLVD EAST CHINA, MI 48054		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>VIKING FITNESS CTR</u> Business Address <u>MARYSVILLE, MI 48040</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 925.00

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 140106
2. Committee Name CTE BRAD KERSTEN

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>03/20/2024</u> Name & Address: KIM ELWARD 46658 SAWYER LN MACOMB, MI 48044		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/20/2024</u> Name & Address: SHANE GIANINO 38340 TRILLIUM PL HARRISON TWP, MI 48045		\$ <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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/20/2024</u> Name & Address: PAMELA HORNBERGER 53611 KATARINA DR CHESTERFIELD, MI 48051		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/20/2024</u> Name & Address: JEFFERY WHITE 12856 BELLE RIVER RD RILEY TOWNSHIP, MI 48041		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 200.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/20/2024</u>	
Name & Address: DANNY BAILEY 48233 AMERICAN ELM DR MACOMB, MI 48044		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/20/2024</u>	
Name & Address: JOHN KAPOUSIS 4893 CRYSTAL CREEK LN WASHINGTON, MI 48094		\$ <u>200.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>G&T AUTO PARTS</u> Business Address <u>54525 GRATIOT AVE, CHESTERFIELD, MI 48051</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/20/2024</u>	
Name & Address: VITO STROLIS 19862 WESTCHESTER DR CLINTON TWP, MI 48038		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>RUEHLES TOWING</u> Business Address <u>N GRATIOT AVE, Mount 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>03/20/2024</u>	
Name & Address: EUGENE DAGOSTINI 38700 VAN DYKE AVE STERLING HEIGHTS, MI 48312		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>DAGOSTINI LTD BLDRS</u> Business Address <u>38700 VAN DYKE AVE, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 650.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/20/2024</u>	
Name & Address: ROBERT KIRK 19500 HALL RD CLINTON TWP, MI 48038		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KIRK HUTH LANGE & 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>03/20/2024</u>	
Name & Address: ROBERT HUTH 19500 HALL RD CLINTON TWP, MI 48038		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KIRK HUTH LANGE & 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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/20/2024</u>	
Name & Address: SCOTTIE DENHA 400 HAMILTON ROW BIRMINGHAM, MI 48009		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE</u> Employer <u>L A INSURANCE</u> Business Address <u>400 HAMILTON RD, Birmingham, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/20/2024</u>	
Name & Address: WILLIAM JARVIS 5050 N OCEAN DR RIVIERA BEACH, FL 33404		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address <u>MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,500.00**

Grand Total of All Schedules 1A
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/20/2024</u> Name & Address: MARSHALL KNAPP 47921 JEFFERSON AVE CHESTERFIELD, MI 48047 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MARSHALL'S ART</u> Business Address <u>47921 JEFFERSON AVE, CHESTERFIELD, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>250.00</u>	\$ <u>500.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/20/2024</u> Name & Address: SHANE SELLERS 46310 JASMINE CT CHESTERFIELD, MI 48047 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/20/2024</u> Name & Address: CATHERINE DEDECKER 29218 COTTON RD CHESTERFIELD, MI 48047 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/20/2024</u> Name & Address: THOMAS SEMAAN 52723 COULTER CT NEW BALTIMORE, MI 48047 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>

Page Subtotal 550.00

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/20/2024</u> Name & Address: SCOTT LOCKWOOD 950 SOUTHDOWN RD BLOOMFIELD HILLS, MI 48304		\$ <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>03/20/2024</u> Name & Address: RALPH MACCARONE 13921 BASILISCO CHASE DR SHELBY TWP, MI 48315		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY TREASURER</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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/20/2024</u> Name & Address: KHODER ABDALLAH 38229 PINEBROOK DR STERLING HEIGHTS, MI 48310		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>JUAN MIGUEL'S</u> Business Address <u>21342 HALL 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>03/20/2024</u> Name & Address: JOHN ORAM P O BOX 252755 WEST BLOOMFIELD, MI 48325		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>5STAROUTDOOR.COM</u> Business Address <u>P O BOX 252755, WEST BLOOMFIELD, MI 48325</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 700.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/20/2024</u>	
Name & Address: ERIC THEUT 26175 24 MILE RD CHESTERFIELD, MI 48051		\$ <u>250.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER SUPPLIES</u> Employer <u>THEUT PRODUCTS</u> Business Address <u>47875 GRATIOT AVE, CHESTERFIELD, MI 48051</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/20/2024</u>	
Name & Address: KOLBY MILLER 1919 HARTLAND WOODS DR HOWELL, MI 48843		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>MEDSTAR AMBULANCE</u> Business Address <u>380 GRATIOT AVE, CLINTON TWP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/20/2024</u>	
Name & Address: RYAN BENNETT 52517 SILENT RIDGE DR CHESTERFIELD, MI 48051		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>VICTORY MOTORS</u> Business Address <u>29169 23 MILE RD, CHESTERFIELD, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/20/2024</u>	
Name & Address: JON NOVAK 22611 O'CONNOR ST ST CLAIR SHORES, MI 48080		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>CONCORDIA CONTRACTING LLC</u> Business Address <u>6336 MILLETT AVE, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,150.00**

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

1. Committee I.D. Number 140106
2. Committee Name CTE BRAD KERSTEN

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>03/20/2024</u> Name & Address: RANDY COUSINEAU 47185 SUGARBUSH RD CHESTERFIELD, MI 48047		\$ <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>03/20/2024</u> Name & Address: CHALDEAN CHAMBER PAC 30095 NORTHWESTERN HWY FARMINGTON HILLS, MI 48334		\$ <u>725.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/20/2024</u> Name & Address: WENDY IACOBELLI 53639 CHRISTY DR CHESTERFIELD, MI 48051		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address <u>53639 CHRISTY DR, CHESTERFIELD, MI 48051</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/20/2024</u> Name & Address: CHRISTOPHER LABELLE 49746 GOULETTE POINTE DR CHESTERFIELD, MI 48047		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>LABELLE ELECTRIC</u> Business Address <u>241 CHURCH ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,650.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
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1. Committee I.D. Number 140106
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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>03/20/2024</u>	
Name & Address: BERNARD ROSSEEL 25589 26 MILE RD LENOX, MI 48048		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>ROSSEEL'S EQUIPMENT INC</u> Business Address <u>60529 GRATIOT AVE, LENOX, MI 48048</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/20/2024</u>	
Name & Address: EDEL DENHA 901 WELLSLEY CT BLOOMFIELD HILLS, MI 48304		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address <u>S DORT HWY, GRAND BLANC, MI 48439</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/20/2024</u>	
Name & Address: TINA GALLO 6303 26 MILE RD WASHINGTON, MI 48094		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address <u>6303 26 MILE RD, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/20/2024</u>	
Name & Address: KEVIN DENHA 700 N OLD WOODWARD AVE BIRMINGHAM, MI 48009		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>REAL ESTATE</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,250.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
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1. Committee I.D. Number 140106
2. Committee Name CTE BRAD KERSTEN

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>03/20/2024</u> Name & Address: CHRIS WROBLEWSKI 28955 WILLIAM P ROSSO HWY NEW BALTIMORE, MI 48047 5. If over \$100.00 cumulative, please provide: Occupation <u>SMALL BUSINESS OWNER</u> Employer <u>CSW LLC</u> Business Address <u>28955 WILLIAM P ROSSO HWY, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/20/2024</u> Name & Address: SUSAN CHON 28955 WILLIAM P ROSSO HWY NEW BALTIMORE, MI 48047 5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE ADMIN</u> Employer <u>THE CARPET GUYS</u> Business Address <u>28955 WILLIAM P ROSSO HWY, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/20/2024</u> Name & Address: HERTEL FOR MICHIGAN 22401 LAVON ST ST CLAIR SHORES, MI 48081 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/20/2024</u> Name & Address: DAN O'LEAERY 4254 WASHINGTON CRESCENT DR TROY, MI 48085 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>

Page Subtotal **2,350.00**

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

1. Committee I.D. Number 140106
2. Committee Name CTE BRAD KERSTEN

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>03/20/2024</u>	
Name & Address: KEN KORBER 5230 REMER RD CHINA TOWNSHIP, MI 48054		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OUTDOOR EQUIPMENT</u> Employer <u>SALES MANAGER</u> Business Address <u>23075 27 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 <u>03/20/2024</u>	
Name & Address: PAUL MILLER 28363 GAMBLE RD CHESTERFIELD, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/20/2024</u>	
Name & Address: JOSEPH BIONDO 50258 VAN DYKE AVE SHELBY TWP, MI 48317		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SAL MAR HOMES</u> Business Address <u>50258 VAN DYKE AVE, SHELBY TWP, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/20/2024</u>	
Name & Address: JOHN JOHNSON 49650 COMPASS POINT DR CHESTERFIELD, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 550.00

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

1. Committee I.D. Number 140106
2. Committee Name CTE BRAD KERSTEN

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>03/20/2024</u>	
Name & Address: RICHARD KORTE 28313 KATIE RD CHESTERFIELD, 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>03/20/2024</u>	
Name & Address: ERIN TANKERSLEY 20336 YALE ST ST CLAIR SHORES, MI 48081		\$ <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>03/20/2024</u>	
Name & Address: CTE MAT KING 2525 WOODLAND CT PORT HURON, MI 48060		\$ <u>100.00</u>	\$ <u>200.00</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>04/23/2024</u>	
Name & Address: GLENN QUICK 53299 SHAWN DR CHESTERFIELD, MI 48047		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 310.00

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

1. Committee I.D. Number 140106
2. Committee Name CTE BRAD KERSTEN

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>05/16/2024</u>	
Name & Address: BARBARA PIONK 52732 LAUREL OAK LN CHESTERFIELD, MI 48047		\$ <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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/04/2024</u>	
Name & Address: NICK BENACQUISTO 2666 WINDEMERE RD BIRMINGHAM, MI 48009		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>GT SCRAP RECYCLING</u> Business Address <u>48475 GRATIOT AVE, CHESTERFIELD, MI 48051</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/10/2024</u>	
Name & Address: RAY SAELENS 4016 VENDOME AVE AUBURN HILLS, MI 48326		\$ <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>06/15/2024</u>	
Name & Address: BRAD KERSTEN 53300 SHAWN DR CHESTERFIELD, MI 48047		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SUPERVISOR</u> Employer <u>CHESTERFIELD TOWNSHIP</u> Business Address <u>47275 SUGARBUSH RD, CHESTERFIELD, MI 48047</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			

Page Subtotal 2,550.00

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

1. Committee I.D. Number 140106
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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>06/17/2024</u> Name & Address: PAUL WESTRICK 32463 SUTTON RD NEW BALTIMORE, MI 48047	\$ <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>06/28/2024</u> Name & Address: STEPHEN PANGORI 8106 ROSEBUD LN VILLAGE OF CLARKSTON, MI 48348	\$ <u>200.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>ANDERSON ECKSTEIN & WESTRICK</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/28/2024</u> Name & Address: JASON ARLOW 5709 ARNOLD RD COTTRELLVILLE, MI 48039	\$ <u>200.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>ANDERSON ECKSTEIN & WESTRICK</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/28/2024</u> Name & Address: GORDON WILSON 49572 COMPASS POINT DR CHESTERFIELD, MI 48047	\$ <u>200.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>ANDERSON ECKSTEIN & WESTRICK</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		

Page Subtotal **650.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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1. Committee I.D. Number 140106
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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>06/28/2024</u> Name & Address: BRIAN ACKERMAN 33652 CLIPPER CT CHESTERFIELD, MI 48047		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GENERAL MANAGER</u> Employer <u>FRIENDLY AUTO GROUP</u> Business Address <u>32899 VAN DYKE AVE, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/28/2024</u> Name & Address: LINDA HARTMAN 48221 FORBES ST CHESTERFIELD, 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/28/2024</u> Name & Address: WENDY JONES 50826 W SHAMROCK ST NEW BALTIMORE, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/28/2024</u> Name & Address: BETHANY YOUNG 50645 BOWER DR NEW BALTIMORE, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 750.00

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

1. Committee I.D. Number 140106
2. Committee Name CTE BRAD KERSTEN

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>06/28/2024</u> Name & Address: AL MANSOUR 330 HAMILTON ROW BIRMINGHAM, MI 48009		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MANSOUR COMPANIES</u> Business Address <u>330 HAMILTON ROW, 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>06/28/2024</u> Name & Address: KIM ELWARD 46658 SAWYER LN MACOMB, MI 48044		\$ <u>100.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHIEF OF STAFF</u> Employer <u>MACOMB COUNTY</u> Business Address <u>ONE SOUTH MAIN, MOUNT 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>06/28/2024</u> Name & Address: MARIA MCGUIRE 34350 23 MILE RD CHESTERFIELD, MI 48047		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>REAL ESTATE SALES</u> Business Address <u>34350 23 MILE RD, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/28/2024</u> Name & Address: MICHAEL MALONE 46352 CANDLEBERRY DR CHESTERFIELD, MI 48047		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address <u>46352 CANDLEBERRY DR, CHESTERFIELD, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,775.00**

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

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2. Committee Name CTE BRAD KERSTEN

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>06/28/2024</u>	
Name & Address: JAMES BURTON 1373 SUNVIEW CT ROCHESTER, MI 48307		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>HRC ENGINEERING</u> Business Address <u>105 E GRAND RIVER AVE, HOWELL, MI 48843</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/28/2024</u>	
Name & Address: JON NOVAK 22611 O'CONNOR ST ST CLAIR SHORES, MI 48080		\$ <u>300.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>CONCORDIA CONTRACTING LLC</u> Business Address <u>6336 MILLETT AVE, STERLING HEIGHTS, MI 48312</u> 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: GEORGE CURIS 37362 FIORE TRAIL CLINTON TWP, MI 48036		\$ <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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/28/2024</u>	
Name & Address: RM LEWICKI 49877 MILLER CT CHESTERFIELD, MI 48047		\$ <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 2,550.00

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 140106
2. Committee Name CTE BRAD KERSTEN

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>06/28/2024</u>	
Name & Address: MATTHEW JARVIS 61279 BURNINGWOOD DR WASHINGTON, MI 48094		\$ <u>1,200.00</u>	\$ <u>1,200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GENERAL MANAGER</u> Employer <u>JARVIS/BMSCAT</u> Business Address <u>41800 EXECUTIVE DR, HARRISON TWP, MI 48045</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: RICHARD WAGNER 7560 MARY LOU CT SHELBY TWP, MI 48317		\$ <u>500.00</u>	\$ <u>500.00</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>07/11/2024</u>	
Name & Address: RYAN LEWICKI 187 IRVINE LN GROSSE POINTE FARMS, MI 48236		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address <u>187 IRVINE LN, GROSSE POINTE FARMS, MI 48236</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/11/2024</u>	
Name & Address: ROSS LEWICKI 75 TONNANCOUR PL GROSSE POINTE FARMS, MI 48236		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address <u>75 TONNANCOUR PL, GROSSE POINTE FARMS, MI 48236</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 2,700.00

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 140106
2. Committee Name CTE BRAD KERSTEN

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>07/13/2024</u>	
Name & Address: JOSEPH PALUZZI 399 FISHER RD GROSSE POINTE, MI 48230		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation <u>DEVELOPER</u> Employer <u>MHB COMPANIES</u>			
Business Address <u>399 FISHER RD, GROSSE POINTE, MI 48230</u>			
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal

1,225.00

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

26,785.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140106
2. Committee Name CTE BRAD KERSTEN

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name U S POSTAL SERVICE Address 35339 23 MILE RD NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: P O BOX RENEWAL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/22/2024 Date	\$ <u>176.00</u>
Expenditure #2 Name ANEDOT Address 5555 HILTON AVE BATON ROUGE, LA 70808 ☐ Fund Raiser	Purpose: ANEDOT FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/28/2024 Date	\$ <u>24.60</u>
Expenditure #3 Name CHARTER TWP OF CHESTERFIELD Address 47275 SUGARBUSH RD CHESTERFIELD, MI 48047 ☐ Fund Raiser	Purpose: FILING FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/01/2024 Date	\$ <u>100.00</u>
Expenditure #4 Name CHESTERFIELD YOUTH FOOTBALL & CHEER Address 46958 GRATIOT AVE CHESTERFIELD, MI 48051 ☐ Fund Raiser	Purpose: SPONSOR/AD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/08/2024 Date	\$ <u>1,000.00</u>
Expenditure #5 Name LOUIS' CHOP HOUSE Address 50355 GRATIOT AVE NEW BALTIMORE, MI 48051 ☒ Fund Raiser	Purpose: DINNER FUNDRAISER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/20/2024 Date	\$ <u>1,398.14</u>

Subtotal this page **2,698.74**

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 140106
2. Committee Name CTE BRAD KERSTEN

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name YOUNIGUECARDS.COM INC Address 42816 WILLSHARON ST STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: PRINTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/27/2024 Date	\$ 99.00
Expenditure #2 Name ANEDOT Address 5555 HILTON AVE BATON ROUGE, LA 70808 ☐ Fund Raiser	Purpose: ANEDOT FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/31/2024 Date	\$ 35.20
Expenditure #3 Name ANEDOT Address 5555 HILTON AVE BATON ROUGE, LA 70808 ☐ Fund Raiser	Purpose: ANEDOT FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/30/2024 Date	\$ 83.30
Expenditure #4 Name YOUNIGUECARDS.COM INC Address 42816 WILLSHARON ST STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/03/2024 Date	\$ 395.00
Expenditure #5 Name HORTOS ADVERTISING Address 6715 RIVER RD COTTRELLVILLE, MI 48039 ☐ Fund Raiser	Purpose: GRAPHIC DESIGN ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/06/2024 Date	\$ 210.00

Subtotal this page **822.50**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140106**
2. Committee Name **CTE BRAD KERSTEN**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name HORTOS ADVERTISING Address 6715 RIVER RD COTTRELLVILLE, MI 48039 ☐ Fund Raiser	Purpose: <u>GRAPHIC DESIGN SERVICES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/10/2024</u> Date	\$ <u>180.00</u>
Expenditure #2 Name YOUNIGUECARDS.COM INC Address 42816 WILLSHARON ST STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: <u>PRINTING/POSTAGE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/19/2024</u> Date	\$ <u>4,372.56</u>
Expenditure #3 Name YOUNIGUECARDS.COM INC Address 42816 WILLSHARON ST STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: <u>PRINTING/POSTAGE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/26/2024</u> Date	\$ <u>3,158.20</u>
Expenditure #4 Name SUGARBUSH TAVERN Address 27900 21 MILE RD CHESTERFIELD, MI 48047 ☒ Fund Raiser	Purpose: <u>FUNDRAISER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/28/2024</u> Date	\$ <u>800.00</u>
Expenditure #5 Name ANEDOT Address 5555 HILTON AVE BATON ROUGE, LA 70808 ☐ Fund Raiser	Purpose: <u>ANEDOT FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/30/2024</u> Date	\$ <u>22.60</u>

Subtotal this page **8,533.36**

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 140106
2. Committee Name CTE BRAD KERSTEN

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ANEDOT Address 5555 HILTON AVE BATON ROUGE, LA 70808 ☐ Fund Raiser	Purpose: <u>ANEDOT FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/15/2024</u> Date	\$ <u>69.60</u>
Expenditure #2 Name 21ST CENTURY MEDIA Address P O BOX 8003 WILLOUGHBY, OH 44096 ☐ Fund Raiser	Purpose: <u>NEWSPAPER AD</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/19/2024</u> Date	\$ <u>854.00</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	923.60
Grand Total of all Schedules 1B (Complete on last page of Schedule)	12,978.20

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140106
2. Committee Name CTE BRAD KERSTEN

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: BRAD KERSTEN 53300 SHAWN DRIVE CHESTERFIELD, MI 48047	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/20/2021</u> 6. <u>Original Amount of Debt:</u> <u>\$ 2,400.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>2,400.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? ☐ Yes Owed to or by: BRAD KERSTEN 53300 SHAWN DRIVE CHESTERFIELD, MI 48047	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>03/18/2022</u> 6. <u>Original Amount of Debt:</u> <u>\$ 3,600.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>3,600.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #3 Corp? ☐ Yes Owed to or by: BRAD KERSTEN 53300 SHAWN DR CHESTERFIELD, MI 48047	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/15/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>1,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

7,000.00

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

7,000.00

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 140106
2. Committee Name CTE BRAD KERSTEN

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>03/20/2024</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>60</u>	5. Type of Fund Raising Activity <u>DINNER FUNDRAISER</u>	6. Address and Name (If any) of the place where the activity was held. <u>LOUIS' CHOP HOUSE</u> <u>50355 GRATIOT AVE</u> <u>CHESTERFIELD, MI 48051</u> ☐ Private Residence
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7. Total Contributions 14,585.00
8. Other Receipts 0.00
9. Gross Receipts (Add lines 7 and 8) 14,585.00
10. Total Cost of Event 1,398.14
(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 140106
2. Committee Name CTE BRAD KERSTEN

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>06/28/2024</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>50</u>	5. Type of Fund Raising Activity <u>DINNER FUNDRAISER</u>	6. Address and Name (If any) of the place where the activity was held. <u>SUGARBUSH TAVERN</u> <u>27900 21 MILE RD</u> <u>CHESTERFIELD, MI 48047</u> ☐ Private Residence
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7. Total Contributions 6,925.00
8. Other Receipts 0.00
9. Gross Receipts (Add lines 7 and 8) 6,925.00
10. Total Cost of Event 800.00
(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.