



FILED

26 JUL 2024 PM 03:39

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: 01/01/2024 to 07/21/2024

1. Committee I.D. Number

138903

4. Candidate Last Name

ELLIOTT

First Name

KATHLEEN

M.I.

V

2. Committee Name

CTE KATHY ELLIOTT

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

TREASURER, CHESTERFIELD TWP

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

5. Committee's Mailing Address

**27442 CLARK CIRCLE
CHESTERFIELD TWP, MI 48051**

6. Treasurer's Name & Residential Address

**KATHLEEN V ELLIOTT
27442 CLARK CIRCLE
CHESTERFIELD TWP, MI 48051**

Area Code and Phone (586) 690-2855

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) 690-2855

7. Treasurer's Business Address

**27442 CLARK CIRCLE
CHESTERFIELD TWP, MI 48051**

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

Area Code and Phone (586) 690-2855

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 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 138903

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE KATHY ELLIOTT

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>15,705.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>15,705.00</u>	(18.) \$ <u>35,697.13</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>15,705.00</u>	(20.) \$ <u>35,697.13</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>3,628.21</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>17,555.64</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>17,555.64</u>	(23.) \$ <u>20,235.24</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>9,552.66</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>7,410.64</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>15,705.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>23,115.64</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>17,555.64</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>5,560.00</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138903
2. Committee Name CTE KATHY ELLIOTT

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: KEITH PIONK 52732 LAUREL OAK LN NEW BALTIMORE, MI 48047		\$ <u>500.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>KMP</u> Business Address <u>35054 23 MILE RD, NEW BALTIMORE, MI 48047</u> 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: KATHY ELLIOTT 27442 CLARK CIR NEW BALTIMORE, MI 48051		\$ <u>50.00</u>	\$ <u>11,377.59</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TREASURER</u> Employer <u>CHESTERFIELD TOWNSHIP</u> 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: CATHERINE DEDECKER 29218 COTTON RD NEW BALTIMORE, MI 48047		\$ <u>150.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MARKETING</u> Employer <u>SPAULDING DEDECKER</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/03/2024</u> Name & Address: RAELYNN HOSSLER		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 740.00

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 138903
2. Committee Name CTE KATHY ELLIOTT

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>05/06/2024</u>	
Name & Address: BEN STONE 36176 OXFORD CT NEW BALTIMORE, MI 48047		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGEMENT</u> Employer <u>INDEPENDENT</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/16/2024</u>	
Name & Address: 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 <u>REALTOR</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>05/16/2024</u>	
Name & Address: LUCIDO FOR A BRIGHTER TOMORROW PAC 6303 26 MILE RD WASHINGTON, MI 48094		\$ <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>05/16/2024</u>	
Name & Address: JOSEPH BALLOR 24050 28 MILE RD RAY, MI 48096		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF</u> Employer <u>BALLOR TOWING</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **450.00**

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 138903
2. Committee Name CTE KATHY ELLIOTT

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: DON CARNAGHI 58912 GLACIER CLUB DR WASHINGTON, MI 48094		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCE</u> Employer <u>SELF</u> Business Address <u>16950 19 MILE 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>05/16/2024</u>	
Name & Address: MARK WORKENS 49750 GOULETTE POINTE DR NEW BALTIMORE, MI 48047		\$ <u>500.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>MORTGAGE 1 INC</u> Business Address <u>STERLING HEIGHTS, MI 48314</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/16/2024</u>	
Name & Address: CHARLES CLARK 34936 24 MILE RD CHESTERFIELD, MI 48047		\$ <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>05/16/2024</u>	
Name & Address: GORDON WILSON 49572 COMPASS POINT DR NEW BALTIMORE, MI 48047		\$ <u>100.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>AEW</u> Business Address <u>SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,200.00**

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

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2. Committee Name CTE KATHY ELLIOTT

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/16/2024</u>	
Name & Address: TONY J GALLO 6303 26 MILE RD WASHINGTON, MI 48094		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>GALLO COMPANIES</u> Business Address <u>WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/16/2024</u>	
Name & Address: JIM MUSSELMAN 3345 W POTTER DR PHOENIX, AZ 85027		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED VETERAN</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>05/16/2024</u>	
Name & Address: MARIANNE VIVIANO 31030 CHAMPINE ST ST CLAIR SHORES, MI 48082		\$ <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>05/16/2024</u>	
Name & Address: MACOMB FAMILIES AND BUSINESS COALITION 13883 TIMBERVIEW DR SHELBY TWP, MI 48315		\$ <u>150.00</u>	\$ <u>150.00</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 425.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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1. Committee I.D. Number 138903
2. Committee Name CTE KATHY ELLIOTT

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/16/2024</u> Name & Address: SUSAN BLANCHARD 42661 MAYHEW DR STERLING HEIGHTS, MI 48314		\$ <u>25.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>ANTON, SOWERBY & ASSOC</u> Business Address <u>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>05/16/2024</u> Name & Address: SCOTT LOCKWOOD 950 SOUTHDOWN RD BLOOMFIELD HILLS, MI 48304		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>ANDERSON ECKSTEIN AND WESTRICK</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/16/2024</u> Name & Address: KEN GOIKE 22440 32 MILE RD RAY, MI 48096		\$ <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>05/16/2024</u> Name & Address: CATHY SHO VAN 49515 NAUTICAL DR NEW BALTIMORE, MI 48047		\$ <u>500.00</u>	\$ <u>600.00</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 **825.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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1. Committee I.D. Number 138903
2. Committee Name CTE KATHY ELLIOTT

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: MARIA CARL 46860 BRECKENRIDGE DR MACOMB, MI 48044		\$ <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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/16/2024</u>	
Name & Address: LAURIE TATTERS 8466 TINKLER RD STERLING HEIGHTS, MI 48312		\$ <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>05/16/2024</u>	
Name & Address: PAM SONNENBERG 49785 COMPASS POINT DR NEW BALTIMORE, MI 48047		\$ <u>65.00</u>	\$ <u>65.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/16/2024</u>	
Name & Address: JEFF WHITE 12856 BELLE RIVER RD. MEMPHIS, MI 48041		\$ <u>65.00</u>	\$ <u>65.00</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 **330.00**

Grand Total of All Schedules 1A
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2. Committee Name CTE KATHY ELLIOTT

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/16/2024</u> Name & Address: DAVID HAUGHN 51658 HALE LN NEW BALTIMORE, MI 48051		\$ <u>65.00</u>	\$ <u>165.00</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>05/16/2024</u> Name & Address: STEVE PANGORI 8106 ROSEBUD LN VILLAGE OF CLARKSTON, MI 48348		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>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>05/16/2024</u> Name & Address: MARK ABRAHAM 44241 MACOMB INDUSTRIAL DR CLINTON TWP, MI 48036		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF</u> Employer _____ Business Address <u>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>05/16/2024</u> Name & Address: ANTONIO TRIVELLONI 1589 KINGSLEY ST MT CLEMENS, MI 48043		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCE</u> Employer <u>TAM</u> Business Address <u>25 N MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 865.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
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1. Committee I.D. Number 138903
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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>05/16/2024</u>	
Name & Address: PHIL KRAFT 50127 WATERLOO NEW BALTIMORE, MI 48047		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMISSIONER</u> Employer <u>MACOMB</u> Business Address <u>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>05/16/2024</u>	
Name & Address: AARON THOMAS 29102 BAY POINTE DR NEW BALTIMORE, MI 48047		\$ <u>150.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF</u> Employer <u>SELF</u> Business Address <u>NEW BALTIMORE, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/16/2024</u>	
Name & Address: JASON ORAM P.O.BOX 252755 WEST BLOOMFIELD, MI 48325		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF</u> Employer <u>SELF EMPLOYED</u> Business Address <u>P.O. BOX 252755, WEST BLOOMFIELD, MI 48325</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/16/2024</u>	
Name & Address: GARY GENDERNALIK 52624 LAUREL OAK LN NEW BALTIMORE, MI 48047		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SHARP</u> Business Address <u>CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 800.00

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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138903
2. Committee Name CTE KATHY ELLIOTT

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: JOHN JOHNSON 48637 SHADY GLEN DR NEW BALTIMORE, MI 48051		\$ <u>200.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>SE MICHIGAN CHAMBER OF COMMERCE</u> Business Address <u>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>05/16/2024</u>	
Name & Address: SHANE SELLERS 46310 JASMINE CT NEW BALTIMORE, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EDUCATION</u> Employer <u>ABSD</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/16/2024</u>	
Name & Address: GREG IACOBELLI 53639 CHRISTY DR NEW BALTIMORE, MI 48051		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>SELF</u> Business Address <u>NEW BALTIMORE, MI 48051</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/16/2024</u>	
Name & Address: JASON ARLOW 5709 ARNOLD RD MARINE CITY, MI 48039		\$ <u>200.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ARCHITECT</u> Employer <u>AEW</u> Business Address <u>SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,000.00

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

1. Committee I.D. Number 138903
2. Committee Name CTE KATHY ELLIOTT

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: ROBERT SEIBERT 19500 HALL RD CLINTON TWP, MI 48038		\$ <u>200.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SEIBERT & DLOSKI</u> Business Address <u>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>05/16/2024</u> Name & Address: JOAN FETTY 46563 HEATHMOOR DR CHESTERFIELD, MI 48051		\$ <u>50.00</u>	\$ <u>50.00</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>05/16/2024</u> Name & Address: ALAN CHRIST 48315 DONAHUE ST NEW BALTIMORE, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF</u> Employer <u>PRINTER</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/16/2024</u> Name & Address: OLIVIA PARKS-MAY 46737 HEATHER LN NEW BALTIMORE, MI 48051		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF</u> Employer <u>MOTIVATIONAL SPEAKER</u> 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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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138903
2. Committee Name CTE KATHY ELLIOTT

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: VANESSA STOJKOVSKI 47315 BRENNAN DR MACOMB, MI 48044		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTANT</u> Employer <u>RO</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/16/2024</u>	
Name & Address: ADAM RAZZ 36493 ORCHARD LAKE DR NEW BALTIMORE, MI 48047		\$ <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>05/16/2024</u>	
Name & Address: MELVIN ROSARIO 49721 KEYCOVE ST NEW BALTIMORE, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED - VETERAN</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>05/16/2024</u>	
Name & Address: DANIEL ACCIAVATI 49839 MILLER CT NEW BALTIMORE, MI 48047		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>MACOMB</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 725.00

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

1. Committee I.D. Number 138903
2. Committee Name CTE KATHY ELLIOTT

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: ROLA ZARIFE 32574 HEISNER AVE FRASER, MI 48026		\$ <u>65.00</u>	\$ <u>115.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/16/2024</u>	
Name & Address: DANE RAMSDEN 23624 RONITA MACOMB, MI 48042		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF</u> Employer <u>REAL ESTATE</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/16/2024</u>	
Name & Address: BRIAN PANNEBECKER 50681 HARBOUR VIEW DR N NEW BALTIMORE, MI 48047		\$ <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>05/16/2024</u>	
Name & Address: MATT 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>SELF</u> Employer <u>SELF EMPLOYED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,465.00**

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

1. Committee I.D. Number 138903
2. Committee Name CTE KATHY ELLIOTT

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/16/2024</u> Name & Address: STEPHEN NEEPER		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>MJR HOMES</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/16/2024</u> Name & Address: DORA DANIELSKI 16276 ALLISTON ST CLINTON TWP, MI 48038		\$ <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>05/16/2024</u> Name & Address: KELLY DOSS 46687 VINEYARDS LN MACOMB, MI 48042		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTS RECEIVABLE</u> Employer <u>SELF</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/20/2024</u> Name & Address: BOB KIRK 19500 HALL RD CLINTON TWP, MI 48038		\$ <u>150.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KIRK HUTH LANGE & BADALAMENTI</u> Business Address <u>CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 500.00

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

1. Committee I.D. Number 138903
2. Committee Name CTE KATHY ELLIOTT

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>05/20/2024</u>	
Name & Address: ROB HUTH 19500 HALL RD CLINTON TWP, MI 48038		\$ <u>150.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KIRK HUTH LANGE & BADALAMENTI</u> Business Address <u>CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/01/2024</u>	
Name & Address: KEVIN KOSS 73051 CALDWELL LN ROMEO, MI 48065		\$ <u>1,200.00</u>	\$ <u>1,200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BMS</u> Employer <u>SALES</u> Business Address <u>41800 EXECUTIVE DR, HARRISON TWP, MI 48045</u> 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: WILLIAM JARVIS 5050 N. OCEAN DRIVE SINGER ISLAND, FL 33404		\$ <u>1,200.00</u>	\$ <u>1,200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF</u> Employer <u>JARVIS COMPANIES</u> Business Address <u>41800 EXECUTIVE DR, HARRISON TWP, MI 48045</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/03/2024</u>	
Name & Address: MARY KAY SOGGE 38765 CHARTIER ST HARRISON TWP, MI 48045		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LEGISLATIVE AIDE</u> Employer <u>SOM</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 2,600.00

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

1. Committee I.D. Number 138903
2. Committee Name CTE KATHY ELLIOTT

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>06/04/2024</u>	
Name & Address: NICHOLAS BENACQUISTO 2666 WINDEMERE RD BIRMINGHAM, MI 48009		\$ <u>500.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>EASTSIDE REC</u> Business Address <u>GRATIOT, NEW BALTIMORE, MI 48051</u> 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: KEITH REINGERT 34080 ARMADA RIDGE RD RICHMOND, MI 48062		\$ <u>30.00</u>	\$ <u>30.00</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>06/24/2024</u>	
Name & Address: DON WIELGOSZ 48467 AMERICAN ELM DR MACOMB, MI 48044		\$ <u>1,200.00</u>	\$ <u>1,200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGEMENT</u> Employer <u>BMS CAT</u> Business Address <u>41800 EXECUTIVE DR, HARRISON TWP, MI 48045</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: 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>SALES</u> Employer <u>RYAN HUBBLE AUTO PARTS</u> Business Address <u>9309 HUBBELL AVE, DETROIT, MI 48228</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 2,230.00

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 138903
2. Committee Name CTE KATHY ELLIOTT

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

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

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 07/10/2024
Name & Address:
RYAN LEWICKI
187 IRVINE LN
GROSSE POINTE FARMS, MI 48236

\$ 500.00

\$ 500.00

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

Occupation PRESIDENT Employer REX METAL RECYCLING
Business Address 9309 HUBBELL AVE, DETROIT, MI 48228
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 07/11/2024
Name & Address:
MICHAEL VENDITTI
19588 LAMPLIGHTER TRAIL
MACOMB, MI 48044

\$ 150.00

\$ 150.00

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

Occupation SELF Employer BIGGS BAR AND GRILL
Business Address 48265 GRATIOT AVE, CHESTERFIELD, MI 48051
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 07/11/2024
Name & Address:
ROSS LEWICKI
75 TONNANCOUR PL
GROSSE POINTE FARMS, MI 48236

\$ 500.00

\$ 500.00

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

Occupation OWNER Employer HIGHWAY AUTOMOTIVE WHOLESALE
Business Address 29231 GROESBECK HWY, ROSEVILLE, MI 48066
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

[Click Here for Memo Itemization](#)

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1,150.00

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

15,705.00

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **138903**
2. Committee Name **CTE KATHY ELLIOTT**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name GEORGIA FLAGS Address 2807 GA-9 DAWSONVILLE, GA 30534 ☐ Fund Raiser	Purpose: FLAGS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/01/2024 Date	\$ 451.95
Expenditure #2 Name USPS Address 35339 23 MILE RD NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: STAMPS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/01/2024 Date	\$ 272.00
Expenditure #3 Name STAPLES Address ☐ Fund Raiser	Purpose: PAPER, ENVELOPES, INK ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/01/2024 Date	\$ 144.18
Expenditure #4 Name WIX Address ☐ Fund Raiser	Purpose: WEBSITE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/01/2024 Date	\$ 190.00
Expenditure #5 Name VISTAPRINT Address 95 HAYDEN AVE LEXINGTON, MA 02421 ☐ Fund Raiser	Purpose: POST CARDS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/02/2024 Date	\$ 214.11

Subtotal this page

1,272.24

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

1. Committee I. D. Number 138903
2. Committee Name CTE KATHY ELLIOTT

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CANVA Address 600 CONGRESS AVE. AUSTIN, TX 78701 ☐ Fund Raiser	Purpose: <u>ART UPGRADE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/05/2024</u> Date	\$ <u>1.00</u>
Expenditure #2 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>AD</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/05/2024</u> Date	\$ <u>0.33</u>
Expenditure #3 Name ANEDOT Address 1340 POYDRAS ST NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: <u>BANK FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/06/2024</u> Date	\$ <u>90.90</u>
Expenditure #4 Name TOP GUN PRINTING Address 48315 DONAHUE ST NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>POST CARDS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/07/2024</u> Date	\$ <u>259.70</u>
Expenditure #5 Name ZUCCAROS Address 46601 GRATIOT AVE CHESTERFIELD, MI 48051 ☐ Fund Raiser	Purpose: <u>FUNDRAISER FOOD</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/16/2024</u> Date	\$ <u>2,500.00</u>

Subtotal this page **2,851.93**

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

1. Committee I. D. Number **138903**
2. Committee Name **CTE KATHY ELLIOTT**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CAM WALTERS Address MT. CLEMENS, MI ☐ Fund Raiser	Purpose: ENTERTAINMENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/16/2024 Date	\$ 200.00
Expenditure #2 Name VISTAPRINT Address 95 HAYDEN AVE LEXINGTON, MA 02421 ☐ Fund Raiser	Purpose: STICKERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/17/2024 Date	\$ 226.18
Expenditure #3 Name KATHY ELLIOTT Address 27442 CLARK CIR NEW BALTIMORE, MI 48051 ☐ Fund Raiser	Purpose: PAYMENT ☒ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/20/2024 Date	\$ 354.37
Expenditure #4 Name WIX.COM Address 100 GANSEVOORT ST NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: WEBSITE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/04/2024 Date	\$ 43.00
Expenditure #5 Name BAYRAMA Address PO BOX 25 NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: PARADE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/12/2024 Date	\$ 300.00

Subtotal this page

1,123.55

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

1. Committee I. D. Number **138903**
2. Committee Name **CTE KATHY ELLIOTT**

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: AD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/21/2024 Date	\$ 40.00
Expenditure #2 Name YOUNIQUECARDS Address 42816 WILLSHARON ST STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: PRINT/MAIL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/28/2024 Date	\$ 3,222.70
Expenditure #3 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: AD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/29/2024 Date	\$ 1.95
Expenditure #4 Name MARK CALLEBS Address 53966 CONNOR DR NEW BALTIMORE, MI 48051 ☐ Fund Raiser	Purpose: SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2024 Date	\$ 410.00
Expenditure #5 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: AD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2024 Date	\$ 1.46

Subtotal this page **3,676.11**

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 **138903**
2. Committee Name **CTE KATHY ELLIOTT**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MEDIANEWS GROUP JRNN Address PO BOX 8003 WILLOUGHBY, OH ☐ Fund Raiser	Purpose: ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/02/2024 Date	\$ 2,132.00
Expenditure #2 Name LASERCOM Address 2230 ELLIOTT AVE TROY, MI 48083 ☐ Fund Raiser	Purpose: PRINT/MAIL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/02/2024 Date	\$ 1,906.78
Expenditure #3 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: AD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/02/2024 Date	\$ 25.28
Expenditure #4 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: AD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/04/2024 Date	\$ 20.98
Expenditure #5 Name HORTONS DESIGN Address 6715 RIVER ROAD MARINE CITY, MI 48039 ☐ Fund Raiser	Purpose: DESIGN ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/05/2024 Date	\$ 190.00

Subtotal this page **4,275.04**

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 **138903**
2. Committee Name **CTE KATHY ELLIOTT**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name VISTAPRINT Address 95 HAYDEN AVE LEXINGTON, MA 02421 ☐ Fund Raiser	Purpose: PRINT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/08/2024 Date	\$ 297.84
Expenditure #2 Name USPS Address 35339 23 MILE RD NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: STAMPS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/10/2024 Date	\$ 212.00
Expenditure #3 Name LASERCOM Address 2230 ELLIOTT AVE TROY, MI 48083 ☐ Fund Raiser	Purpose: MAIL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/12/2024 Date	\$ 1,103.29
Expenditure #4 Name ACCUFORM Address 7231 SOUTHFIELD RD DETROIT, MI 48228 ☐ Fund Raiser	Purpose: PRINT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/17/2024 Date	\$ 1,011.00
Expenditure #5 Name LASERCOM Address 2230 ELLIOTT AVE TROY, MI 48083 ☐ Fund Raiser	Purpose: MAIL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/20/2024 Date	\$ 1,732.64

Subtotal this page **4,356.77**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **17,555.64**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 138903
2. Committee Name CTE KATHY ELLIOTT

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: KATHY ELLIOTT 27442 CLARK CIR NEW BALTIMORE, MI 48051	4. Type: <u>DEBT</u> 5. <u>Date Debt Was Incurred:</u> <u>04/13/2020</u> 6. <u>Original Amount of Debt:</u> <u>\$ 10,567.13</u>	12/06/23 \$ <u>103.92</u> 05/20/24 \$ <u>960.55</u> \$ _____ \$ _____ \$ _____	\$ <u>1,064.47</u>	\$ <u>9,502.66</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? ☐ Yes Owed to or by: KATHY ELLIOTT 27442 CLARK CIR NEW BALTIMORE, MI 48051	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>04/20/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 50.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0.00</u>	\$ <u>50.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

9,552.66

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

9,552.66

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 **138903**
2. Committee Name **CTE KATHY ELLIOTT**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 05/16/2024	4. Number of Individuals Attending or Participating (whichever is greater) 60	5. Type of Fund Raising Activity DINNER	6. Address and Name (If any) of the place where the activity was held. ZUCCAROS 46601 GRATIOT AVE CHESTERFIELD, MI 48051 ☐ Private Residence
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7. Total Contributions **9,875.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **9,875.00**
10. Total Cost of Event **0.00**
(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.