



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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

1. Committee I.D. Number 138224 2. Committee Name CTE David Joseph 5. Committee's Mailing Address 28637 Buckinghamshire Dr. Chesterfield, MI 48047 Area Code and Phone (586) 212-3148 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.		3. This Statement covers From <u>07/22/2024</u> to <u>08/26/2024</u> 4. Candidate Last Name Joseph First Name David M.I. M 4a. Office Sought Including District # or Community Served (If applicable) Chesterfield Township Trustee 4b. County of Residence MACOMB 6. Treasurer's Name & Residential Address Christine Joseph 28637 Buckinghamshire Dr. Chesterfield, MI 48047 Area Code & Phone (586) 212-3148	
7. Treasurer's Business Address 28637 Buckinghamshire Dr. Chesterfield, MI 48047 Area Code and Phone (586) 212-3148		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) 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 Date of Election, Convention or Caucus <u>08/06/2024</u>		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.)	
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 Christine Joseph Type or Print Name <i>Christine Joseph</i> Signature Date <u>9/5/2024</u> Candidate David Joseph Type or Print Name <i>David Joseph</i> Signature Date <u>9/5/2024</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 138224

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE David Joseph

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a) \$	<u>500.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c) \$	<u>500.00</u>	(18.) \$ <u>\$34,330.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u></u>	(19.) \$ <u></u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>500.00</u>	(20.) \$ <u>\$34,330.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$0.00</u>	(21.) \$ <u>\$1,825.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u></u>	(22.) \$ <u></u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$6,414.52</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$6,414.52</u>	(23.) \$ <u>\$34,395.64</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>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>\$0.00</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed)	(13) \$	<u>\$10,945.75</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14) + \$	<u>500.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15) = \$	<u>\$11,445.75</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16) - \$	<u>\$6,414.52</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$5,031.23</u>	



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I D Number 138224

2. Committee Name CTE David Joseph

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>08/14/2024</u>	
Name & Address: <u>Jason Oram</u> <u>P.O. Box 252755</u> <u>West Bloomfield, MI 48325</u>		\$ <u>500.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>5 Star Billboards</u> Business Address <u>P.O. Box 252755, West Bloomfield, MI 48325</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$500.00

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

\$500.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 138224
2. Committee Name CTE David Joseph

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Amazon</u> Address <u>www.amazon.com</u> ☐ Fund Raiser	Purpose: <u>Sno-Kone Flags</u> Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/23/2024</u> Date	\$ <u>56.17</u>
Expenditure #2 Name <u>Costco</u> Address <u>45460 Market St.</u> <u>Shelby Township, MI 48315</u> ☐ Fund Raiser	Purpose: <u>Cheers To Chesterfield Event Supplies</u> Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/23/2024</u> Date	\$ <u>315.91</u>
Expenditure #3 Name <u>Amazon</u> Address <u>www.amazon.com</u> ☐ Fund Raiser	Purpose: <u>Aprons, t-shirts for events</u> Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/24/2024</u> Date	\$ <u>100.21</u>
Expenditure #4 Name <u>Hortos Advertising</u> Address <u>3627 Mayer Rd</u> <u>East China, MI 48054</u> ☐ Fund Raiser	Purpose: <u>Graphic Design</u> Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/25/2024</u> Date	\$ <u>430.00</u>
Expenditure #5 Name <u>Home Depot</u> Address <u>51315 Gratiot Ave</u> <u>Chesterfield, MI 48051</u> ☐ Fund Raiser	Purpose: <u>Hardware</u> Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/25/2024</u> Date	\$ <u>110.02</u>
Subtotal this page			\$ <u>1,012.31</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1 Committee I. D. Number 138224
2 Committee Name CTE David Joseph

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Costco</u> Address <u>45460 Market St.</u> <u>Shelby Township, MI 48315</u> ☐ Fund Raiser	Purpose: <u>Popcorn for event</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/26/2024</u> Date	<u>\$ 78.48</u>
Expenditure #2 Name <u>Gordon Food Service</u> Address <u>51630 Gratiot Ave</u> <u>Chesterfield Township, MI 48051</u> ☐ Fund Raiser	Purpose: <u>Sno-Kone Ice and supplies</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/27/2024</u> Date	<u>\$ 75.55</u>
Expenditure #3 Name <u>Marco's Pizza</u> Address <u>48700 Gratiot</u> <u>Chesterfield, MI 48051</u> ☐ Fund Raiser	Purpose: <u>Food for volunteers</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/27/2024</u> Date	<u>\$ 35.11</u>
Expenditure #4 Name <u>Buddy's Pizza</u> Address <u>50670 Gratiot Ave</u> <u>Chesterfield, MI 48051</u> ☐ Fund Raiser	Purpose: <u>Food for volunteers</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/28/2024</u> Date	<u>\$ 96.78</u>
Expenditure #5 Name <u>CTE Cindy Berry</u> Address <u>34577 NORTHRUP</u> <u>CHESTERFIELD TWP, MI 48047</u> ☐ Fund Raiser	Purpose: <u>Fundraiser ticket</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/29/2024</u> Date	<u>\$ 50.00</u>
Subtotal this page			\$335.92
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 138224
2. Committee Name CTE David Joseph

3 Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Tim Horton's</u> Address <u>51595 Gratiot Ave</u> <u>Chesterfield, MI 48051</u> ☐ Fund Raiser	Purpose: <u>Volunteer breakfast</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/29/2024</u> Date	\$ <u>27.67</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>Amazon</u> Address <u>www.amazon.com</u> ☐ Fund Raiser	Purpose: <u>American flags</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/02/2024</u> Date	\$ <u>52.23</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>Staples</u> Address <u>51382 Gratiot Ave</u> <u>Chesterfield, MI 48051</u> ☐ Fund Raiser	Purpose: <u>Office supplies</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/05/2024</u> Date	\$ <u>46.08</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>BJ's Wholesale</u> Address <u>45101 Towne Center Blvd</u> <u>Chesterfield, MI 48047</u> ☐ Fund Raiser	Purpose: <u>Election Day Food/Party</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/05/2024</u> Date	\$ <u>286.27</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>USPS</u> Address <u>155 S. Main Street</u> <u>Mount Clemens, MI 48046</u> ☐ Fund Raiser	Purpose: <u>Postage</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/09/2024</u> Date	\$ <u>30.97</u> Click Here for Memo Itemization Type
Subtotal this page			\$443.22
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
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CANDIDATE COMMITTEE

1 Committee I D Number 138224

2 Committee Name CTE David Joseph

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Memory Time, LLC</u> Address <u>2280 Cumberland</u> <u>Rochester Hills, MI 48307</u> ☐ Fund Raiser	Purpose: <u>Consulting Fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/09/2024</u> Date	\$ <u>1,450.00</u>
Expenditure #2 Name <u>Younique Cards</u> Address <u>42816 Willsharon</u> <u>Sterling Heights, MI 48314</u> ☐ Fund Raiser	Purpose: <u>Printing/Mailing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/12/2024</u> Date	\$ <u>2,173.63</u>
Expenditure #3 Name <u>Younique Cards</u> Address <u>42816 Willsharon</u> <u>Sterling Heights, MI 48314</u> ☐ Fund Raiser	Purpose: <u>Printing/Mailing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/12/2024</u> Date	\$ <u>850.75</u>
Expenditure #4 Name <u>Amazon</u> Address <u>www.amazon.com</u> ☐ Fund Raiser	Purpose: <u>American Flags</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/21/2024</u> Date	\$ <u>148.69</u>
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Subtotal this page			\$4,623.07
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$6,414.52

Enter this total
on line 8a of
Summary Page