



FILED

26 JUL 2024 PM 03:17

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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**CANDIDATE COMMITTEE
COVER PAGE**

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

3. This Statement covers From: 04/27/2024 to 07/21/2024

1. Committee I.D. Number

140422

4. Candidate Last Name

WOLBER

First Name

VICTORIA

M.I.

2. Committee Name

CTE VICKI WOLBER

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

SUPERVISOR, CLINTON TWP

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

5. Committee's Mailing Address

**17008 TREMLETT DRIVE
CLINTON TOWNSHIP, MI 48035**

6. Treasurer's Name & Residential Address

**VICTORIA WOLBER
17008 TREMLETT DRIVE
CLINTON TOWNSHIP, MI 48035**

Area Code and Phone (586) 291-9484
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) 291-9484

7. Treasurer's Business Address

**17008 TREMLETT DRIVE
CLINTON TOWNSHIP, MI 48035**

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

**MICHELLE CASEY
31520 KENDALL
FRASER, MI 48035**

Area Code and Phone (586) 291-9484

Area Code and Phone (586) 996-1554

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 140422

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE VICKI WOLBER

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>11,476.60</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>11,476.60</u>	(18.) \$ <u>11,476.60</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>11,476.60</u>	(20.) \$ <u>11,476.60</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>5,313.42</u>	(21.) \$ <u>5,313.42</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>9,408.76</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>9,408.76</u>	(23.) \$ <u>9,408.76</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>5,284.82</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>11,476.60</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>11,476.60</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>9,408.76</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2,067.84</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140422
2. Committee Name CTE VICKI WOLBER

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>05/08/2024</u> Name & Address: VICTORIA WOLBER 17008 TREMLETT DRIVE CLINTON TOWNSHIP, MI 48035 \$ 100.00 \$ 100.00 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED/PT CONSULTANT</u> Employer <u>SELF EMPLOYED</u> Business Address <u>17008 TREMLETT DRIVE, CLINTON TOWNSHIP, MI 48035</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser		
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/28/2024</u> Name & Address: JOSEPH VICARI 37523 HIDDEN VALLEY CT CLINTON TWP, MI 48036 \$ 200.00 \$ 200.00 5. If over \$100.00 cumulative, please provide: Occupation <u>RESTAURANT OWNER</u> Employer <u>VICARI RESTAURANT GROUP</u> Business Address <u>37523 HIDDEN VALLEY CT, 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>06/08/2024</u> Name & Address: VICTORIA WOLBER 17008 TREMLETT DRIVE CLINTON TOWNSHIP, MI 48035 \$ 52.40 \$ 197.51 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED/PT CONSULTANT</u> Employer <u>SELF EMPLOYED</u> Business Address <u>17008 TREMLETT DRIVE, Clinton Township, MI 48035</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser		
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/10/2024</u> Name & Address: MICHAEL PETTYES 15433 HOWARD ST CLINTON TWP, MI \$ 100.00 \$ 100.00 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 **452.40**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 140422
2. Committee Name CTE VICKI WOLBER

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>06/11/2024</u>	
Name & Address: KEVIN ABDALLAH 38229 PINEBROOK DR STERLING HEIGHTS, MI 48310		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RESTAURANT OWNER</u> Employer <u>JUAN MIGUELS</u> Business Address <u>21342 HALL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/11/2024</u>	
Name & Address: DON AMBOYER 54367 QUEENS ROW SHELBY TWP, MI 48316		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</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>06/11/2024</u>	
Name & Address: PAIGE BACHAND 1565 FAIRHOLME RD GROSSE POINTE WOODS, MI 48236		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY TREASURER OF COLLECTIONS</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/11/2024</u>	
Name & Address: ANDREW COX 337 BOUTELL DR GRAND BLANC, MI 48439		\$ <u>104.48</u>	\$ <u>104.48</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ 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			

Page Subtotal 954.48

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



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140422
2. Committee Name CTE VICKI WOLBER

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>06/11/2024</u> Name & Address: MARK DELDIN 41258 WINDMILL ST HARRISON TWP, MI 48045		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY COUNTY EXECUTIVE</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/11/2024</u> Name & Address: MIKE DEVAULT 7910 WALTERS RD LAINGSBURG, MI 48848		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SUPERINTENDENT</u> Employer <u>MISD</u> Business Address <u>44001 GARFIELD RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/11/2024</u> Name & Address: DANA DUGGAR 37852 SUBURBAN ST CLINTON TWP, MI 48036		\$ <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>06/11/2024</u> Name & Address: KIMBERLY ELWARD 46658 SAWYER LN MACOMB, MI 48044		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMINISTRATION</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			

Page Subtotal 500.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/11/2024</u>	
Name & Address: SANDRA HAROUTUNIAN 35139 BOBCEAN RD CLINTON TWP, MI 48035		\$ <u>47.19</u>	\$ <u>47.19</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>06/11/2024</u>	
Name & Address: BRYAN KRENTZ 5176 YANKEE RD ST CLAIR, MI 48079		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>STONE SETTER SERVICES</u> Business Address <u>29500 23 MILE RD, 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>06/11/2024</u>	
Name & Address: RALPH MACCARONE 13921 BASILISCO CHASE DR SHELBY TWP, MI 48315		\$ <u>500.00</u>	\$ <u>500.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/11/2024</u>	
Name & Address: CHRIS MARTIN 39086 VASSAR AVE STERLING HEIGHTS, MI 48313		\$ <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			

Page Subtotal **1,047.19**

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/11/2024</u>	
Name & Address: DAVE MCINTYRE 62696 CORALBURST DR WASHINGTON, MI 48094		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>OLYMPIA GYMNASTICS</u> Business Address <u>51967 DANVIEW TECHNOLOGY CT, 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>06/11/2024</u>	
Name & Address: ANDREW MCKINNON 41523 GLOCA MORA ST HARRISON TWP, MI 48045		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY COUNTY EXECUTIVE</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>06/11/2024</u>	
Name & Address: JENNIFER MEECH 55995 RED CEDAR CT SHELBY TWP, MI 48316		\$ <u>104.48</u>	\$ <u>104.48</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMINISTRATION</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/11/2024</u>	
Name & Address: CANDICE MILLER 12900 HALL RD STERLING HEIGHTS, MI 48313		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MACOMB COUNTY PUBLIC WORKS COMMISSIONER</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			

Page Subtotal 404.48

Grand Total of All Schedules 1A
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 140422
2. Committee Name CTE VICKI WOLBER

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>06/11/2024</u>	
Name & Address: CANDICEPAC PO BOX 7036 NOVI, MI 48376		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/11/2024</u>	
Name & Address: CHRISTINA MILLER 52012 COPPER CREEK CT NEW BALTIMORE, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</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>06/11/2024</u>	
Name & Address: KOLBY MILLER 1919 HARTLAND WOODS DR HOWELL, MI 48843		\$ <u>200.00</u>	\$ <u>200.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/11/2024</u>	
Name & Address: ERIC MOASE 16049 TIMBERVIEW DR CLINTON TWP, MI 48036		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>DALE'S LANDSCAPING</u> Business Address <u>16720 13 MILE RD, ROSEVILLE, MI 48066</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 600.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/11/2024</u>	
Name & Address: DAN OLEARY 4254 WASHINGTON CRESCENT DR TROY, MI 48085		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY SUPERVISOR</u> Employer <u>CLINTON TOWNSHIP</u> Business Address <u>40700 ROMEO PLANK RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/11/2024</u>	
Name & Address: PHIL RODE 36097 ACTON ST CLINTON TWP, MI 48035		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DISTRICT DIRECTOR</u> Employer <u>US CONGRESS M-10</u> Business Address <u>30500 VAN DYKE AVE, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/11/2024</u>	
Name & Address: BRUCE WADE 43438 WELLAND DR CLINTON TWP, MI 48038		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER OF POLICE TRAINING</u> Employer <u>MACOMB COMMUNITY COLLEGE</u> Business Address <u>21901 DUNHAM RD, 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>06/11/2024</u>	
Name & Address: ROCKIE YOUSIF 8107 WILLES DON SQUARE STERLING HEIGHTS, MI 48312		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>SERRA CHEVROLET STERLING HEIGHTS</u> Business Address <u>40445 VAN DYKE AVE, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 550.00

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/11/2024</u> Name & Address: MICHELLE CASEY 31520 KENDALL FRASER, MI 48026		\$ <u>104.48</u>	\$ <u>104.48</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BOOKKEEPER</u> Employer <u>MW SCHABER CPA PC</u> Business Address <u>19678 HARPER AVE, GROSSE POINTE WOODS, MI 48236</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/11/2024</u> Name & Address: ANGELA ELSEY 1391 S RIVER POINTE LN ST CLAIR, MI 48079		\$ <u>208.65</u>	\$ <u>208.65</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR DISPATCH</u> Employer <u>MACOMB COUNTY</u> Business Address <u>117 S GROESBECK HWY, 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>06/11/2024</u> Name & Address: AL LORENZO 37281 WOODSIDE LN CLINTON TWP, MI 48036		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY COUNTY EXECUTIVE</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/11/2024</u> Name & Address: ROBERT CAUSLEY 14233 BASS CT SHELBY TWP, MI 48315		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>JIM CAUSLEY BUICK GMC</u> Business Address <u>38111 GRATIOT AVE, CLINTON TWP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **813.13**

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

1. Committee I.D. Number 140422
2. Committee Name CTE VICKI WOLBER

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>06/11/2024</u>	
Name & Address: MATT CZARNOMSKI 37640 PATRICIA DR CLINTON TWP, MI 48036		\$ <u>104.48</u>	\$ <u>104.48</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FIRE FIGHTER</u> Employer <u>CLINTON TWP FIRE DEPT</u> Business Address <u>42591 ROMEO PLANK RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/11/2024</u>	
Name & Address: JAMES GAMMICCHIA 49377 PERCHERON DR MACOMB, MI 48042		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/11/2024</u>	
Name & Address: JOHN KAPOUSIS 4893 CRYSTAL CREEK LN WASHINGTON, MI 48094		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>AUTO PARTS SALES</u> Employer <u>G & T AUTO PARTS</u> Business Address <u>54525 GRATIOT AVE, 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>06/11/2024</u>	
Name & Address: CHALDEAN CHAMBER PAC 30095 NORTHWESTERN HWY FARMINGTON HILLS, MI 48334		\$ <u>250.00</u>	\$ <u>250.00</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 **654.48**

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 140422
2. Committee Name CTE VICKI WOLBER

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>06/12/2024</u>	
Name & Address: STEVEN MARTONI 35168 BOBCEAN RD CLINTON TWP, MI 48035		\$ <u>52.40</u>	\$ <u>52.40</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>06/19/2024</u>	
Name & Address: DYAN CONVERSE 43090 KATIE LN CLINTON TWP, MI 48038		\$ <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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/19/2024</u>	
Name & Address: PHILLIS WOLBER 6261 SUMMIT CT TRAVERSE CITY, MI 49686		\$ <u>312.81</u>	\$ <u>312.81</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>06/20/2024</u>	
Name & Address: STEPHANIE WEST-HOUCK 15657 CHESTNUT ST ROSEVILLE, MI 48066		\$ <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 **665.21**

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 140422
2. Committee Name CTE VICKI WOLBER

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>06/25/2024</u> Name & Address: MIKE CURTIS 1328 E LONG LAKE RD TROY, MI 48085		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>MACOMB COUNTY</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/02/2024</u> Name & Address: ELIZABETH HARWICK 88 WYCKOFF ST BROOKLYN, NY 11201		\$ <u>52.40</u>	\$ <u>52.40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/07/2024</u> Name & Address: CLAUDIA AMBOYER 54367 QUEENS ROW SHELBY TWP, MI 48316		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/08/2024</u> Name & Address: MICHELE COPPOLA-ERMAK 15321 YALE DR CLINTON TWP, MI 48038		\$ <u>52.40</u>	\$ <u>52.40</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 **304.80**

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

1. Committee I.D. Number 140422
2. Committee Name CTE VICKI WOLBER

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>07/08/2024</u> Name & Address: TOM LEHRER 46793 TWIN CITY TRAIL MACOMB, MI 48044		\$ <u>52.40</u>	\$ <u>52.40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/09/2024</u> Name & Address: KIMBERLY ELWARD 46658 SAWYER LN MACOMB, MI 48044		\$ <u>50.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMINISTRATION</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>07/09/2024</u> Name & Address: NICOLE MCKEE 26749 CHRISTY DR NEW BALTIMORE, 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>07/09/2024</u> Name & Address: GARY OLSEN 434 E LOVELL DR TROY, MI 48085		\$ <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 202.40

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

1. Committee I.D. Number 140422
2. Committee Name CTE VICKI WOLBER

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>07/09/2024</u> Name & Address: THOMAS GIACHINO 2742 RHODES DR TROY, MI 48083		\$ <u>104.48</u>	\$ <u>104.48</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>IT</u> Employer <u>METRO TECHNOLOGY SERVICES</u> Business Address <u>1462 E BIG BEAVER RD, TROY, MI 48083</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/09/2024</u> Name & Address: JENNIFER MEECH 55995 RED CEDAR CT SHELBY TWP, MI 48316		\$ <u>52.40</u>	\$ <u>156.88</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMINISTRATION</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>07/09/2024</u> Name & Address: JULIA BINGHAM 31555 SIKON ST NEW BALTIMORE, MI 48047		\$ <u>52.40</u>	\$ <u>52.40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/09/2024</u> Name & Address: JAMES SAWYER 45810 PRIVATE SHORE DR NEW BALTIMORE, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 259.28

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

1. Committee I.D. Number 140422
2. Committee Name CTE VICKI WOLBER

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>07/11/2024</u>	
Name & Address: VITO STROLIS 19862 WESTCHESTER DR CLINTON TWP, MI 48038		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/11/2024</u>	
Name & Address: JAMES PERNA 38189 SADDLE LN CLINTON TWP, MI 48036		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNTY COMMISSIONER</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>07/11/2024</u>	
Name & Address: MICHELLE LEAKE 35909 FIERIMONTE DR CLINTON TWP, MI 48035		\$ <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>07/11/2024</u>	
Name & Address: BRUCE WADE 43438 WELLAND DR CLINTON TWP, MI 48038		\$ <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			

Page Subtotal **350.00**

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

1. Committee I.D. Number 140422
2. Committee Name CTE VICKI WOLBER

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>07/11/2024</u>	
Name & Address: LISA VALERIO-NOWCOR 20761 MARVINDALE ST CLINTON TWP, MI 48035		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/11/2024</u>	
Name & Address: ROBERT CANNON 17217 CANVASBACK DR CLINTON TWP, MI 48038		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/11/2024</u>	
Name & Address: CARMELA TOCCO 18349 TARA DR CLINTON TWP, MI 48036		\$ <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>07/11/2024</u>	
Name & Address: ROCCO PATAMIA 18350 TARA DR CLINTON TWP, MI 48036		\$ <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 350.00

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

1. Committee I.D. Number 140422
2. Committee Name CTE VICKI WOLBER

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>07/11/2024</u>	
Name & Address: JAMAL SAGE 10 CABRI LN DEARBORN HEIGHTS, MI 48127		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SAJO'S INVESTMENT GROUP</u> Business Address <u>10 CABRI LN, DEARBORN HEIGHTS, MI 48127</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/14/2024</u>	
Name & Address: PAUL WOLBER 422 WHIPPERS IN CT BLOOMFIELD HILLS, MI 48304		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>TEDDER WHITLOCK CONSULTING</u> Business Address <u>17199 N LAUREL PARK DR, LIVONIA, MI 48152</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/14/2024</u>	
Name & Address: CAROL HARWICK 22513 RAYMOND CT ST CLAIR SHORES, MI 48082		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2024</u>	
Name & Address: JENNIFER LEHRER 46793 TWIN CITY TRAIL MACOMB, MI 48044		\$ <u>52.40</u>	\$ <u>52.40</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 477.40

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

1. Committee I.D. Number 140422
2. Committee Name CTE VICKI WOLBER

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>07/15/2024</u> Name & Address: JP REA 8500 N FERNWOOD CT WASHINGTON, MI 48094		\$ <u>52.40</u>	\$ <u>52.40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/15/2024</u> Name & Address: BOB KIGER 25155 BONAIRE CT HARRISON TWP, MI 48045		\$ <u>104.80</u>	\$ <u>104.80</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>07/15/2024</u> Name & Address: BRANDON LEWIS 23742 MELROSE LN MACOMB, MI 48042		\$ <u>52.40</u>	\$ <u>52.40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/15/2024</u> Name & Address: DARREN MCKENNA 14835 KELLY CT SHELBY TWP, MI 48315		\$ <u>52.40</u>	\$ <u>52.40</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 262.00

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

1. Committee I.D. Number 140422
2. Committee Name CTE VICKI WOLBER

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>07/15/2024</u> Name & Address: MICHAEL MALONE 65 MARKET ST MT CLEMENS, MI 48043		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/15/2024</u> Name & Address: DAWN BARANSKI 32020 KNOLLWOOD DR WARREN, MI 48092		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/15/2024</u> Name & Address: KELLIE ROSKEY 19044 NEWBRIDGE 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/15/2024</u> Name & Address: BETH KOLF 11345 FAIRCREST DR WASHINGTON, MI 48094		\$ <u>52.40</u>	\$ <u>52.40</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 202.40

Grand Total of All Schedules 1A
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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140422
2. Committee Name CTE VICKI WOLBER

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>07/15/2024</u>	
Name & Address: KENNETH HARWICK 28206 FLANDERS WARREN, MI 48088		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2024</u>	
Name & Address: TODD SMITH 16845 TREMLETT DR CLINTON TWP, MI 48035		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2024</u>	
Name & Address: VINCE WOLBER 45675 HEATHERWOODE LN MACOMB, MI 48044		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2024</u>	
Name & Address: DOROTHY HARWICK 30201 UTICA RD UNIT 101A ROSEVILLE, MI 48066		\$ <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			

Page Subtotal 500.00

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 140422
2. Committee Name CTE VICKI WOLBER

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>07/15/2024</u>	
Name & Address: RALPH MACCARONE 13921 BASILISCO CHASE DR SHELBY TWP, MI 48315		\$ <u>100.00</u>	\$ <u>600.00</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2024</u>	
Name & Address: STEPHEN SMIGIEL 55307 RHINE AVE MACOMB, MI 48042		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2024</u>	
Name & Address: DENNIS M CASEY 31520 KENDALL FRASER, MI 48026		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2024</u>	
Name & Address: ELIZABETH DARGA 31369 ROWLAND LN NEW BALTIMORE, MI 48051		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 300.00

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 140422
2. Committee Name CTE VICKI WOLBER

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>07/15/2024</u>	
Name & Address: DANA DUGGAR 37852 SUBURBAN ST CLINTON TWP, MI 48036		\$ <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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2024</u>	
Name & Address: ANDREW MCKINNON 41523 GLOCA MORA ST HARRISON TWP, MI 48045		\$ <u>50.00</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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2024</u>	
Name & Address: KARLEIGH WOLBER 38250 FAIRWAY CT CLINTON TWP, MI 48038		\$ <u>52.40</u>	\$ <u>52.40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2024</u>	
Name & Address: DAN OLEARY 4254 WASHINGTON CRESCENT DR TROY, MI 48085		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY SUPERVISOR</u> Employer <u>CLINTON TOWNSHIP</u> Business Address <u>40700 ROMEO PLANK RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 252.40

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140422
2. Committee Name CTE VICKI WOLBER

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>07/15/2024</u>	
Name & Address: LINDA MITTELSTEDT 33704 JANET AVE FRASER, MI 48026		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2024</u>	
Name & Address: BRYAN SANTO 32620 THATCHER ST NEW HAVEN, MI 48048		\$ <u>52.40</u>	\$ <u>52.40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2024</u>	
Name & Address: JONICA YAKEY 28311 E BLOM DR HARRISON TWP, MI 48045		\$ <u>52.40</u>	\$ <u>52.40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2024</u>	
Name & Address: MICHELLE CASEY 31520 KENDALL FRASER, MI 48026		\$ <u>201.00</u>	\$ <u>305.48</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BOOKKEEPER</u> Employer <u>MW SCHABER CPA PC</u> Business Address <u>19678 HARPER AVE, GROSSE POINTE WOODS, MI 48236</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **355.80**

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 140422
2. Committee Name CTE VICKI WOLBER

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>07/15/2024</u>	
Name & Address: DAVID KING 54706 BRYCE CANYON TRAIL MACOMB, MI 48042		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2024</u>	
Name & Address: APRIL TERRIS 39450 ELMITE ST HARRISON TWP, MI 48045		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2024</u>	
Name & Address: BRIAN BOISVERT 39450 ELMITE ST HARRISON TWP, MI 48045		\$ <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>07/15/2024</u>	
Name & Address: TYLER BURDGE 17125 PENROD DR CLINTON TWP, MI 48035		\$ <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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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140422
2. Committee Name CTE VICKI WOLBER

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>07/15/2024</u> Name & Address: MARQUERITE GLOSSER 18520 S NUNNELEY RD CLINTON TWP, MI 48035		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/15/2024</u> Name & Address: MICHELE FERRIS 16892 TREMLETT DR CLINTON TWP, MI 48035		\$ <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			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/15/2024</u> Name & Address: NICK GLOSSER 18520 S NUNNELEY RD CLINTON TWP, MI 48035		\$ <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>07/15/2024</u> Name & Address: LISA DUFFER 25699 MARITIME CIR N HARRISON TWP, MI 48045		\$ <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 210.00

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 140422
2. Committee Name CTE VICKI WOLBER

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>07/15/2024</u> Name & Address: PAUL PRZEKOP 37963 MORAVIAN DR CLINTON TWP, MI 48036		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/15/2024</u> Name & Address: TIM BERLIN 37680 JOANNE DR CLINTON TWP, MI 48036		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/15/2024</u> Name & Address: JAMES GAMMICCHIA 49377 PERCHERON DR MACOMB, MI 48042		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNITY/ECONOMIC DEVELOPMENT</u> Employer <u>CITY OF ROSEVILLE</u> Business Address <u>29777 GRATIOT AVE, ROSEVILLE, MI 48066</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/15/2024</u> Name & Address: TENA HARWICK 28206 FLANDERS AVE WARREN, MI 48088		\$ <u>280.00</u>	\$ <u>280.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BOOKKEEPER</u> Employer <u>GROSSE POINTE MEMORIAL CHURCH</u> Business Address <u>16 LAKE SHORE DR, GROSSE POINTE FARMS, MI 48236</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 480.00

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 140422

2. Committee Name CTE VICKI WOLBER

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>07/16/2024</u> Name & Address: JIM LANGTRY 54841 CONGAREE DR MACOMB, MI 48042		\$ <u>52.40</u>	\$ <u>52.40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/18/2024</u> Name & Address: FLORENCE RUSSI 41824 ALDEN DR 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>07/18/2024</u> Name & Address: JASON ROBERTSON 19740 LLOYD ST CLINTON TWP, MI 48038		\$ <u>26.35</u>	\$ <u>26.35</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 _____ 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	128.75
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Grand Total of All Schedules 1A
(Complete on last page of Schedule)

11,476.60

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **140422**

CANDIDATE COMMITTEE

2. Committee Name **CTE VICKI WOLBER**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: VICTORIA WOLBER 17008 TREMLETT DRIVE CLINTON TOWNSHIP, MI 48035 If over \$100.00 cumulative, please provide: Occupation: RETIRED/PT CONSULTANT Employer Name & Business Address: SELF EMPLOYED 17008 TREMLETT DRIVE, CLINTON TOWNSHIP, MI 48035 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description BANK AND COMPLIMENTARY STAMPS 5. Date Of Receipt: 05/16/2024 6. Vendor Name & Address: AMAZON	\$ 20.97	\$ 120.97
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: VICTORIA WOLBER 17008 TREMLETT DRIVE CLINTON TOWNSHIP, MI 48035 If over \$100.00 cumulative, please provide: Occupation: RETIRED/PT CONSULTANT Employer Name & Address: SELF EMPLOYED 17008 TREMLETT DRIVE, CLINTON TOWNSHIP, MI 48035 ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description COPIES FOR KICK-OFF FUNDRAISER 5. Date Of Receipt: 06/04/2024 6. Vendor Name & Address: FEDEX 41051 GARFIELD RD, CLINTON TWP, MI 48038	\$ 24.14	\$ 145.11
Contribution #3 PAC Receipt? ☐ Yes Name & Address: VICTORIA WOLBER 17008 TREMLETT DRIVE CLINTON TOWNSHIP, MI 48035 If over \$100.00 cumulative, please provide: Occupation: RETIRED/PT CONSULTANT Employer Name & Address: SELF EMPLOYED 17008 TREMLETT DRIVE, CLINTON TOWNSHIP, MI 48035 ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description FUNDRAISER LOCATION - FOOD & BEVERAGES 5. Date Of Receipt: 06/11/2024 6. Vendor Name & Address: ERNIE'S KINGS MILL 16655 19 MILE RD, CLINTON TWP, MI 48038	\$ 1,738.00	\$ 1,935.51

Page Subtotal **1,783.11** **0.00**

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

Enter this total
on line 6 of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **140422**

CANDIDATE COMMITTEE

2. Committee Name **CTE VICKI WOLBER**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: VICTORIA WOLBER 17008 TREMLETT DRIVE CLINTON TOWNSHIP, MI 48035 If over \$100.00 cumulative, please provide: Occupation: RETIRED/PT CONSULTANT Employer Name & Business Address: SELF-EMPLOYED 17008 TREMLETT DR, CLINTON TWP, MI 48035 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description VINYL LETTERING-GRAPHICS 5. Date Of Receipt: 06/23/2024 6. Vendor Name & Address: REBECCA FALLETTI 30009 BLOSSOM ST, ROSEVILLE, MI 48066	\$ 90.00	\$ 2,025.51
Contribution # 2 PAC Receipt? ☒ Yes Name & Address: JOE ARAGONA MAJORITY PAC 39285 N BLOM DR HARRISON TWP, MI 48045 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☒ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description FOOD & BEVERAGE 5. Date Of Receipt: 06/29/2024 6. Vendor Name & Address:	\$ 181.00	\$ 181.00
Contribution #3 PAC Receipt? ☐ Yes Name & Address: VICTORIA WOLBER 17008 TREMLETT DRIVE CLINTON TOWNSHIP, MI 48035 If over \$100.00 cumulative, please provide: Occupation: RETIRED/PT CONSULTANT Employer Name & Address: SELF-EMPLOYED 17008 TREMLETT DRIVE, CLINTON TOWNSHIP, MI 48035, CLINTON TOWNSHIP, MI 48035 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description AV MAILERS PRINTING ETC. 5. Date Of Receipt: 07/08/2024 6. Vendor Name & Address: YOUNIQUE PRODUCTS 42816 WILLSHARON ST, STERLING HEIGHTS, MI 48314	\$ 3,176.88	\$ 5,202.39

Page Subtotal **3,447.88** **181.00**

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

Enter this total
on line 6 of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **140422**

CANDIDATE COMMITTEE

2. Committee Name **CTE VICKI WOLBER**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: VICTORIA WOLBER 17008 TREMLETT DRIVE CLINTON TOWNSHIP, MI 48035 If over \$100.00 cumulative, please provide: Occupation: RETIRED/PT CONSULTANT Employer Name & Business Address: SELF EMPLOYED 17008 TREMLETT DRIVE, Clinton Township, MI 48035 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description POSTS FOR BUSINESS SIGNS 5. Date Of Receipt: 07/16/2024 6. Vendor Name & Address: LOWE'S 35115 SOUTHBOUND GRATIOT AVE, CLINTON TWP, MI 48035	\$ 82.43	\$ 5,284.82
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	\$ \$	
Click Here for Memo Itemization			
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	\$ \$	
Click Here for Memo Itemization			

Page Subtotal

82.43

5,284.82

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

5,313.42

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140422
2. Committee Name CTE VICKI WOLBER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name YOUNIQUE PRODUCTS Address ☐ Fund Raiser	Purpose: <u>LAWN SIGNS & LITERATURE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/27/2024</u> Date	\$ <u>1,136.56</u>
Expenditure #2 Name AMAZON Address ☐ Fund Raiser	Purpose: <u>BANK STAMP</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/28/2024</u> Date	\$ <u>235.79</u>
Expenditure #3 Name UNITED STATES POSTAL SERVICE Address ☐ Fund Raiser	Purpose: <u>POSTAGE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/28/2024</u> Date	\$ <u>138.35</u>
Expenditure #4 Name FIRST STATE BANK Address 41240 HAYES RD CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: <u>BANK FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/28/2024</u> Date	\$ <u>5.00</u>
Expenditure #5 Name GREAT SHOTS Address 36901 GARFIELD RD CLINTON TWP, MI 48035 ☒ Fund Raiser	Purpose: <u>FUNDRAISER HALL RENTAL</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/01/2024</u> Date	\$ <u>1,050.60</u>

Subtotal this page **2,566.30**
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 **140422**
2. Committee Name **CTE VICKI WOLBER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name PRINTING BY JOHNSON Address 21222 CASS AVE CLINTON TWP, MI 48036 ☐ Fund Raiser	Purpose: <u>BUSINESS CARDS & THANK YOU NOTES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/02/2024</u> Date	\$ <u>217.27</u>
Expenditure #2 Name FIRST STATE BANK Address 41240 HAYES RD CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: <u>CHECKS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/02/2024</u> Date	\$ <u>26.15</u>
Expenditure #3 Name HORTOS ADVERTISING Address 3627 MAYER RD CHINA TOWNSHIP, MI 48054 ☐ Fund Raiser	Purpose: <u>GRAPHIC DESIGN FOR MAILERS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/08/2024</u> Date	\$ <u>380.00</u>
Expenditure #4 Name YOUNIQUE PRODUCTS Address 42816 WILLSHARON ST STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: <u>AV MAILERS - PRINTING AND MAILING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/12/2024</u> Date	\$ <u>3,600.00</u>
Expenditure #5 Name GREAT SHOTS Address 36901 GARFIELD RD CLINTON TWP, MI 48035 ☒ Fund Raiser	Purpose: <u>SPACE RENTAL</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/15/2024</u> Date	\$ <u>1,050.00</u>

Subtotal this page **5,273.42**

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 140422
2. Committee Name CTE VICKI WOLBER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ECHO PUBLICATIONS Address 300 E 4TH ST ROYAL OAK, MI 48067 ☐ Fund Raiser	Purpose: <u>YARD SIGNS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/18/2024</u> Date	\$ <u>1,335.50</u>
Expenditure #2 Name CTE DEREK WILCZYNSKI Address 41927 STANDISH DR CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: <u>FUNDRAISER EVENT FOR ANOTHER CANDIDATE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/18/2024</u> Date	\$ <u>100.00</u>
Expenditure #3 Name ANEDOT Address ☐ Fund Raiser	Purpose: <u>PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/20/2024</u> Date	\$ <u>133.54</u>
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page	1,569.04
Grand Total of all Schedules 1B (Complete on last page of Schedule)	9,408.76

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140422
2. Committee Name CTE VICKI WOLBER

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: VICTORIA WOLBER 17008 TREMLETT DR CLINTON TWP, MI 48035	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/08/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>100.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>100.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: VICTORIA WOLBER 17008 TREMLETT DR CLINTON TWP, MI 48035	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/16/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>20.97</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>20.97</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #3 Corp? ☐ Yes Owed to or by: VICTORIA WOLBER 17008 TREMLETT DR CLINTON TWP, MI 48035	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/03/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>52.40</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>52.40</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				

Page Subtotal (Outstanding debt)

173.37

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

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.

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140422
2. Committee Name CTE VICKI WOLBER

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: VICTORIA WOLBER 17008 TREMLETT DR CLINTON TWP, MI 48035	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/04/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 24.14</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>24.14</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: VICTORIA WOLBER 17008 TREMLETT DR CLINTON TWP, MI 48035	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/11/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,738.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>1,738.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: VICTORIA WOLBER 17008 TREMLETT DRIVE CLINTON TOWNSHIP, MI 48035	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/23/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 90.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>90.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

1,852.14

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

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.

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140422
2. Committee Name CTE VICKI WOLBER

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: VICTORIA WOLBER 17008 TREMLETT DR CLINTON TWP, MI 48035	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/08/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>3,176.88</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>3,176.88</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: VICTORIA WOLBER 17008 TREMLETT DRIVE CLINTON TOWNSHIP, MI 48035	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/16/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>82.43</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>82.43</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)

3,259.31

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

5,284.82

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 **140422**
2. Committee Name **CTE VICKI WOLBER**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 06/11/2024	4. Number of Individuals Attending or Participating (whichever is greater) 45	5. Type of Fund Raising Activity KICK OFF MEET & GREET WITH APPETIZERS	6. Address and Name (If any) of the place where the activity was held. ERNIE'S RESTAURANT 16655 19 MILE RD CLINTON TWP, MI 48038 ☐ Private Residence
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7. Total Contributions **5,173.76**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **5,173.76**
10. Total Cost of Event **1,738.00**
(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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **140422**
2. Committee Name **CTE VICKI WOLBER**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 07/11/2024	4. Number of Individuals Attending or Participating (whichever is greater) 20	5. Type of Fund Raising Activity BACKYARD BBQ	6. Address and Name (If any) of the place where the activity was held. 18300 TARA DR CLINTON TWP, MI 48036 ☒ Private Residence
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7. Total Contributions **1,000.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **1,000.00**
10. Total Cost of Event **181.00**
(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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **140422**
2. Committee Name **CTE VICKI WOLBER**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 07/15/2024	4. Number of Individuals Attending or Participating (whichever is greater) 40	5. Type of Fund Raising Activity DINNER HALL RECEPTION	6. Address and Name (If any) of the place where the activity was held. GREAT SHOTS 36901 GARFIELD RD CLINTON TWP, MI 48035 ☐ Private Residence
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7. Total Contributions **3,374.60**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **3,374.60**
10. Total Cost of Event **2,100.00**
(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.