



FILED

26 JUL 2024 PM 04:08

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: 04/25/2024 to 07/21/2024

1. Committee I.D. Number

140427

2. Committee Name

SUPPORTERS OF TAMMY T. PATTON

4. Candidate Last Name First Name M.I.

JONES-PATTON TAMMY

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

TREASURER, CLINTON TWP

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

5. Committee's Mailing Address

**39150 AYNESLEY STREET
CLINTON TOWNSHIP, MI 48038**

Area Code and Phone (586) 565-1071
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

**CLIFFORD E PATTON III
39349 CADBOROUGH DRIVE
CLINTON TOWNSHIP, MI 48038**

Area Code & Phone (313) 231-0676

7. Treasurer's Business Address

**39349 CADBOROUGH DRIVE
CLINTON TOWNSHIP, MI 48038**

Area Code and Phone (313) 231-0676

8. Designated Record keeper's Name and Mailing 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

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement ()
Coverage Year

9d. ☐ Amendment to Campaign Statement
(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

Date of Election, Convention or Caucus

08/06/2024

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/26/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/26/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140427

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name SUPPORTERS OF TAMMY T. PATTON

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>18,650.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>18,650.00</u>	(18.) \$ <u>18,650.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>18,650.00</u>	(20.) \$ <u>18,650.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>18,934.15</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>18,934.15</u>	(23.) \$ <u>18,934.15</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>12,000.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>18,650.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>18,650.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>18,934.15</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>-284.15</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140427
2. Committee Name SUPPORTERS OF TAMMY T. PATTON

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/26/2024</u> Name & Address: LISA YOUNG 39129 CECEIL 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/29/2024</u> Name & Address: DEBORAH FOURNIER 16075 DURRELL RD 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/01/2024</u> Name & Address: CLIFFORD E PATTON 39150 AYNESLEY ST CLINTON TWP, MI 48038		\$ <u>10,000.00</u>	\$ <u>10,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PIPEFITTER</u> Employer <u>PIPEFITTERS LOCAL 636</u> Business Address <u>30100 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/02/2024</u> Name & Address: DAWN MILUNOVICH 42627 GARFIELD RD CLINTON TWP, MI 48038		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GLOBAL INTERPRETING SERVICES INC</u> Business Address <u>42627 GARFIELD RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **10,600.00**

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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1. Committee I.D. Number 140427
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/02/2024</u>	
Name & Address: BERT A COPPLE 42461 ELDON AVE CLINTON TWP, MI 48038		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>41701 GARFIELD RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/02/2024</u>	
Name & Address: ANGELA MCNABB 13850 BURT RD MUSSEY, MI 48014		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>AUDIOLOGIST SPECIALIST</u> Employer <u>SELF EMPLOYED</u> Business Address <u>40680 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>05/02/2024</u>	
Name & Address: TIM KNIGA 41265 WINDMILL ST HARRISON TWP, MI 48045		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/02/2024</u>	
Name & Address: KAREN M RAGLAND 18656 BEATRICE ST 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 450.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/02/2024</u>	
Name & Address: LISA ELIAS 39355 AYNESLEY ST 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>05/02/2024</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>05/02/2024</u>	
Name & Address: KATHERINE BOYD 26240 HARBOUR POINTE DR N HARRISON TWP, MI 48045		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/02/2024</u>	
Name & Address: SAIMA KHALIL		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>32 MARKET ST STE 2, Mount Clemens, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **450.00**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/04/2024</u>	
Name & Address: <u>TOM SOKOL</u>		\$ <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>05/05/2024</u>	
Name & Address: <u>MICHELE ODEMS</u> <u>16848 PANORAMA DR</u> <u>WOODBIDGE, VA 22191</u>		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>16848 PANORAMA DR, WOODBRIDGE, VA 22191</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/05/2024</u>	
Name & Address: <u>THERESA ORLASKE-RICH</u> <u>34067 HERITAGE HILLS DR</u> <u>FARMINGTON HILLS, MI 48331</u>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>RICHLAW PLLC</u> Business Address <u>27620 FARMINGTON RD, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/05/2024</u>	
Name & Address: <u>BETHLEEN MCCALL</u> <u>37946 COUNTY RD L</u> <u>YUMA, CO 80759</u>		\$ <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 600.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/05/2024</u>	
Name & Address: BRET JACOB 1990 COMMONWEALTH AVE BOSTON, MA 02135		\$ <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>05/08/2024</u>	
Name & Address: DAWN REYNOLDS 28000 WEYMOUTH FARMINGTON, MI 48334		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>28000 WEYMOUTH CT, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/08/2024</u>	
Name & Address: HEATHER BUCH 85169 MCBETH RD EUGENE, OR 97405		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/19/2024</u>	
Name & Address: THELMA EZEONU 13512 MARY BOWIE PKWY UPPER MARLBORO, MD 20774		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>ZYNS MEDICAL GROUP</u> Business Address <u>1450 MERCANTILE LN, UPPER MARLBORO, MD 20774</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **800.00**

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

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line 3a of Summary
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/23/2024</u>	
Name & Address: SOPHIA YATES 35912 VAUGHN ST 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>05/25/2024</u>	
Name & Address: CARRIE WARREN-GULLY 7009 S STEELE ST CENTENNIAL, CO 80122		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/29/2024</u>	
Name & Address: KRISTINE KLUNDT 24 CRAFTSMAN RD SANTA FE, NM 87508		\$ <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>05/30/2024</u>	
Name & Address: PIPEFITTERS LOCAL 636 30500 NORTHWESTERN HWY FARMINGTON HILLS, MI 48334		\$ <u>3,250.00</u>	\$ <u>3,250.00</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 **3,425.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/06/2024</u> Name & Address: ANDREA IRONS 15795 NEWPORT 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>06/06/2024</u> Name & Address: ANGELA MCNABB 13850 BURT RD MUSSEY, MI 48014		\$ <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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/06/2024</u> Name & Address: FIRE FIGHTERS ASSOC 42601 ROMEO PLANK RD CLINTON TWP, MI 48038		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/06/2024</u> Name & Address: ELIZABETH WADE 43438 WELLAND 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			

Page Subtotal **450.00**

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

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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/06/2024</u>	
Name & Address: KAREN RAGLAND 18656 BEATRICE ST CLINTON TWP, MI 48036		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/06/2024</u>	
Name & Address: JOHN LONG		\$ <u>75.00</u>	\$ <u>75.00</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>06/06/2024</u>	
Name & Address: SHARMAN COBB-DAVENPORT		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT/CEO</u> Employer <u>TURNING POINT</u> Business Address <u>36660 SOUTHBOUND GRATIOT AVE, CLINTON TWP, MI 48035</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/06/2024</u>	
Name & Address: PHIL GILCHRIST		\$ <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 **400.00**

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1. Committee I.D. Number 140427
2. Committee Name SUPPORTERS OF TAMMY T. PATTON

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>06/06/2024</u>	
Name & Address: KOLBY MILLER		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHIEF EXECUTIVE OFFICER</u> Employer <u>MEDSTAR</u> Business Address <u>380 GRATIOT AVE, CLINTON TWP, MI 48036</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: JENNIFER LINDQUIST 30665 SARAH MELISA DR CHESTERFIED, MI 48051		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>FEMMININEO LAW</u> Business Address <u>110 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>06/12/2024</u>	
Name & Address: BRIDGETTE MIKKELSON		\$ <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>06/21/2024</u>	
Name & Address: FELICIA M JOHNSON 26000 S KNOLLWOOD DR NEW BALTIMORE, MI 48051		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REGISTERED NURSE</u> Employer <u>SELF</u> Business Address <u>26000 S KNOLLWOOD DR, NEW BALTIMORE, MI 48051</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,075.00**

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 140427
2. Committee Name SUPPORTERS OF TAMMY T. PATTON

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>06/26/2024</u> Name & Address: MARILYN LANE 16558 WOODLANE 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>07/02/2024</u> Name & Address: PATRICK LIBKA 36030 LITTLE MACK AVE 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/02/2024</u> Name & Address: JAMES IRONS 18656 CRANBROOK 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/03/2024</u> Name & Address: DAVID AKERY 46698 LANDINGS DR MACOMB, MI 48044		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF</u> Employer <u>REAL ESTATE</u> Business Address <u>46698 LANDINGS DR, MACOMB, MI 48044</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **350.00**

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 140427
2. Committee Name SUPPORTERS OF TAMMY T. PATTON

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>07/07/2024</u> Name & Address: DIANA IRONS 18656 CRANBROOK DR CLINTON TWP, MI 48038		\$ 50.00	\$ 50.00
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 _____ 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 **50.00**

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

18,650.00

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line 3a of Summary
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140427
2. Committee Name SUPPORTERS OF TAMMY T. PATTON

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109 ☐ Fund Raiser	Purpose: PRODUCTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/30/2024 Date	\$ 24.59
Expenditure #2 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109 ☐ Fund Raiser	Purpose: PRINTER INK ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/08/2024 Date	\$ 27.58
Expenditure #3 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109 ☐ Fund Raiser	Purpose: FUNDRAISER SUPPLIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/24/2024 Date	\$ 129.17
Expenditure #4 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109 ☐ Fund Raiser	Purpose: PAPER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/24/2024 Date	\$ 16.97
Expenditure #5 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109 ☐ Fund Raiser	Purpose: OFFICE SUPPLIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/25/2024 Date	\$ 36.68

Subtotal this page **234.99**

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

1. Committee I. D. Number **140427**
2. Committee Name **SUPPORTERS OF TAMMY T. PATTON**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name DAIRY QUEEN Address 34513 UTICA RD FRASER, MI 48026 ☐ Fund Raiser	Purpose: TEAM TREAT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/25/2024 Date	\$ 21.59
Expenditure #2 Name MEIJER Address 29585 MOUND RD WARREN, MI 48092 ☐ Fund Raiser	Purpose: GAS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/27/2024 Date	\$ 74.50
Expenditure #3 Name DOLLAR TREE Address 40805 GARFIELD RD CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: VARIETY OF ITEMS FOR FUNDRAISER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/28/2024 Date	\$ 63.60
Expenditure #4 Name AMERICAN GRAPHICS Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/29/2024 Date	\$ 2,835.00
Expenditure #5 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109 ☐ Fund Raiser	Purpose: PRINTER INK ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/31/2024 Date	\$ 31.99

Subtotal this page **3,026.68**

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

1. Committee I. D. Number **140427**
2. Committee Name **SUPPORTERS OF TAMMY T. PATTON**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name JIFFY SHIRTS Address 1000 N WEST ST WILMINGTON, DE 19801 ☐ Fund Raiser	Purpose: BLANK SHIRTS FOR CAMPAIGN ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/02/2024 Date	\$ 379.53
Expenditure #2 Name DUNKIN DONUTS Address 41011 GARFIELD RD CLINTON TOWNSHIP, MI 48038 ☐ Fund Raiser	Purpose: DUNKIN DONUTS FOR LIT DROP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/04/2024 Date	\$ 8.99
Expenditure #3 Name DOLLAR TREE Address 40805 GARFIELD RD CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: ITEMS FOR CAMPAIGN FUNDRAISER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/06/2024 Date	\$ 7.69
Expenditure #4 Name MDP Address 606 TOWNSEND ST LANSING, MI 48933 ☐ Fund Raiser	Purpose: VAN ACCESS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/09/2024 Date	\$ 187.00
Expenditure #5 Name DUNKIN DONUTS Address 41011 GARFIELD RD CLINTON TOWNSHIP, MI 48038 ☐ Fund Raiser	Purpose: LIT DROP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/13/2024 Date	\$ 14.99

Subtotal this page **598.20**

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

1. Committee I. D. Number 140427
2. Committee Name SUPPORTERS OF TAMMY T. PATTON

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SAM'S CLUB Address 45600 UTICA PARK BLVD UTICA, MI 48315 ☐ Fund Raiser	Purpose: <u>GAS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/20/2024</u> Date	\$ <u>47.43</u>
Expenditure #2 Name JILL GIACOMINO Address 1620 CIDER MILL RD BLOOMFIELD TWP, MI 48302 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/21/2024</u> Date	\$ <u>210.00</u>
Expenditure #3 Name JILL GIACOMINO Address 1620 CIDER MILL RD BLOOMFIELD TWP, MI 48302 ☐ Fund Raiser	Purpose: <u>E NEWS LETTERS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/21/2024</u> Date	\$ <u>150.00</u>
Expenditure #4 Name PRACTCAL POLITICAL DATA Address ☐ Fund Raiser	Purpose: <u>VOTECAST AV</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/21/2024</u> Date	\$ <u>1,500.00</u>
Expenditure #5 Name DUNKIN DONUTS Address 41011 GARFIELD RD CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: <u>LIT DROP TREAT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/22/2024</u> Date	\$ <u>24.98</u>

Subtotal this page

1,932.41

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

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140427**
2. Committee Name **SUPPORTERS OF TAMMY T. PATTON**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109 ☐ Fund Raiser	Purpose: CAMPAIGN MATERIALS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/23/2024 Date	\$ 39.96
Expenditure #2 Name DOLLAR TREE Address 40805 GARFIELD RD CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: ITEMS FOR THE CAMPAIGN ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/23/2024 Date	\$ 17.80
Expenditure #3 Name JRNN Address PO BOX 8003 WILLOUGHBY, OH 44096 ☐ Fund Raiser	Purpose: DIGITAL AD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/25/2024 Date	\$ 525.00
Expenditure #4 Name SAM'S CLUB Address 45600 UTICA PARK BLVD UTICA, MI 48315 ☐ Fund Raiser	Purpose: GAS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/25/2024 Date	\$ 69.30
Expenditure #5 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109 ☐ Fund Raiser	Purpose: SHIRTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/26/2024 Date	\$ 20.58

Subtotal this page **672.64**

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

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Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140427**
2. Committee Name **SUPPORTERS OF TAMMY T. PATTON**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109 ☐ Fund Raiser	Purpose: WAGON AND BUBBLES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/26/2024 Date	\$ 101.98
Expenditure #2 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109 ☐ Fund Raiser	Purpose: SHIRTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/29/2024 Date	\$ 22.98
Expenditure #3 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109 ☐ Fund Raiser	Purpose: SHIRT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/30/2024 Date	\$ 12.59
Expenditure #4 Name SAM'S CLUB Address 45600 UTICA PARK BLVD UTICA, MI 48315 ☐ Fund Raiser	Purpose: GAS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2024 Date	\$ 79.99
Expenditure #5 Name SAM'S CLUB Address 45600 UTICA PARK BLVD UTICA, MI 48315 ☐ Fund Raiser	Purpose: GAS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/06/2024 Date	\$ 67.05

Subtotal this page **284.59**

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

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Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140427**
2. Committee Name **SUPPORTERS OF TAMMY T. PATTON**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SAM'S CLUB Address 45600 UTICA PARK BLVD UTICA, MI 48315 ☐ Fund Raiser	Purpose: GAS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/06/2024 Date	\$ 67.05
Expenditure #2 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109 ☐ Fund Raiser	Purpose: PRINTER INK ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/08/2024 Date	\$ 28.89
Expenditure #3 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109 ☐ Fund Raiser	Purpose: CAMPAIGN PRODUCTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/10/2024 Date	\$ 149.97
Expenditure #4 Name AMERICAN GRAPHICS Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: MAILINGS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/10/2024 Date	\$ 7,905.00
Expenditure #5 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109 ☐ Fund Raiser	Purpose: CAMPAIGN PRODUCTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/11/2024 Date	\$ 115.98

Subtotal this page **8,266.89**

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 140427
2. Committee Name SUPPORTERS OF TAMMY T. PATTON

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109 ☐ Fund Raiser	Purpose: <u>CAMPAIGN ITEMS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/12/2024</u> Date	\$ <u>129.97</u>
Expenditure #2 Name JRNN Address PO BOX 8003 WILLOUGHBY, OH 44096 ☐ Fund Raiser	Purpose: <u>DIGITAL AD</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/12/2024</u> Date	\$ <u>525.00</u>
Expenditure #3 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109 ☐ Fund Raiser	Purpose: <u>PRINTER INK</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/14/2024</u> Date	\$ <u>28.89</u>
Expenditure #4 Name SAM'S CLUB Address 45600 UTICA PARK BLVD UTICA, MI 48315 ☐ Fund Raiser	Purpose: <u>GAS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/14/2024</u> Date	\$ <u>40.03</u>
Expenditure #5 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109 ☐ Fund Raiser	Purpose: <u>DRAWSTRING BAGS AND PRINTER INK</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/15/2024</u> Date	\$ <u>42.98</u>

Subtotal this page

766.87

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 **140427**
2. Committee Name **SUPPORTERS OF TAMMY T. PATTON**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name JIFFY SHIRTS Address 1000 N WEST ST WILMINGTON, DE 19801 ☐ Fund Raiser	Purpose: SHIRTS FOR CAMPAIGN ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/15/2024 Date	\$ 368.10
Expenditure #2 Name SAM'S CLUB Address 45600 UTICA PARK BLVD UTICA, MI 48315 ☐ Fund Raiser	Purpose: GAS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/15/2024 Date	\$ 63.78
Expenditure #3 Name C&G NEWSPAPERS Address 13650 E ELEVEN MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: AD IN PAPER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/19/2024 Date	\$ 2,719.00
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____

Subtotal this page **3,150.88**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **18,934.15**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140427
2. Committee Name SUPPORTERS OF TAMMY T. PATTON

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: CLIFFORD E PATTON 39150 AYNESLEY ST CLINTON TWP, MI 48038	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/01/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>10,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>10,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: TAMMY T PATTON 39150 AYNESLEY ST CLINTON TWP, MI 48038	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/28/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>2,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>2,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

12,000.00

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

12,000.00

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

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