



FILED

26 JUL 2024 PM 03:54

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

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

3. This Statement covers From: 04/23/2024 to 07/21/2024

1. Committee I.D. Number

140480

4. Candidate Last Name First Name M.I.

ROBINSON JON P

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

CLERK, SHELBY TWP

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

2. Committee Name

CTE JON ROBINSON

5. Committee's Mailing Address

**P O BOX 183612
SHELBY TOWNSHIP, MI 48318**

6. Treasurer's Name & Residential Address

**JON P ROBINSON
54305 BLUE CLOUD DRIVE
SHELBY TOWNSHIP, MI 48315**

Area Code and Phone (586) 788-0440
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) 935-8182

7. Treasurer's Business Address

**54305 BLUE CLOUD DRIVE
SHELBY TOWNSHIP, MI 48315**

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

Area Code and Phone (586) 935-8182

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 140480

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE JON ROBINSON

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1,225.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1,225.00</u>	(18.) \$ <u>1,225.00</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>1,225.00</u>	(20.) \$ <u>1,225.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>10,579.33</u>	(21.) \$ <u>10,579.33</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>0.00</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>0.00</u>	(23.) \$ <u>0.00</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>10,579.33</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>1,225.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1,225.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>0.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1,225.00</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140480
2. Committee Name CTE JON ROBINSON

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: TERESA ROBINSON 54305 BLUE CLOUD DR SHELBY TWP, MI 48315		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation <u>MARKETING</u>		Employer <u>PORTTALPRO SOFTWARE, LLC</u>	
Business Address <u>54305 BLUE CLOUD DR, 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	
Name & Address			
		\$	\$
5. If over \$100.00 cumulative, please provide:			
Occupation		Employer	
Business Address			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt	
Name & Address:			
		\$	\$
5. If over \$100.00 cumulative, please provide:			
Occupation		Employer	
Business Address			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt	
Name & Address			
		\$	\$
5. If over \$100.00 cumulative, please provide:			
Occupation		Employer	
Business Address			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal

1,225.00

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

1,225.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 140480
2. Committee Name CTE JON ROBINSON

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: JON ROBINSON 54305 BLUE CLOUD DR SHELBY TWP, MI 48315 If over \$100.00 cumulative, please provide: Occupation: BUSINESS OWNER Employer Name & Business Address: SELF 54305 BLUE CLOUD DR, SHELBY TWP, MI 48315 ☐ 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 <u>DOMAIN REGISTRATION</u> 5. Date Of Receipt: <u>04/30/2024</u> 6. Vendor Name & Address: INTERNET UPDATERS LLC 7755 22 MILE RD, #183612, Shelby Township, MI 48318	\$ <u>10.06</u>	\$ <u>10.06</u>
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: JON ROBINSON 54305 BLUE CLOUD DR SHELBY TWP, MI 48315 If over \$100.00 cumulative, please provide: Occupation: BUSINESS OWNER Employer Name & Address: SELF 54305 BLUE CLOUD DR, SHELBY TWP, MI 48315 ☐ 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 <u>WEBSITE/MARKETING SOFTWARE FOR 3X MONTHS</u> 5. Date Of Receipt: <u>05/03/2024</u> 6. Vendor Name & Address: GOPORTALPRO.COM 7755 22 MILE ROAD, #183612, SHELBY TOWNSHIP, MI 48318	\$ <u>891.00</u>	\$ <u>901.06</u>
Contribution #3 PAC Receipt? ☐ Yes Name & Address: JON ROBINSON 54305 BLUE CLOUD DR SHELBY TWP, MI 48315 If over \$100.00 cumulative, please provide: Occupation: BUSINESS OWNER Employer Name & Address: SELF ☐ 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 <u>CUSTOM NAMETAG</u> 5. Date Of Receipt: <u>05/04/2024</u> 6. Vendor Name & Address: ZAZZLE.COM 1800 SEAPORT BLVD, REDWOOD CITY, CA 94063	\$ <u>30.93</u>	\$ <u>931.99</u>

Page Subtotal **931.99** **0.00**

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 140480
2. Committee Name CTE JON ROBINSON

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: UPDATERS LLC INTERNET 7755 22 MILE RD #183612 SHELBY TOWNSHIP, MI 48318 If over \$100.00 cumulative, please provide: Occupation: BUSINESS OWNER Employer Name & Business Address: SELF	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 <u>BUSINESS CARDS</u> 5. Date Of Receipt: <u>05/13/2024</u> 6. Vendor Name & Address: GOTPRINT.COM 7651 N SAN FERNANDO BLVD, BURBANK, CA 91505	\$ <u>63.92</u>	\$ <u>63.92</u>
☐ Fund Raiser Contribution			
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: JON ROBINSON 54305 BLUE CLOUD DR SHELBY TWP, MI 48315 If over \$100.00 cumulative, please provide: Occupation: BUSINESS OWNER Employer Name & Address: SELF	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 <u>VOTER DATA & WALK LIST</u> 5. Date Of Receipt: <u>05/15/2024</u> 6. Vendor Name & Address: RIGHT STRATEGIES 2153 WEALTHY ST, #166, Grand Rapids, MI 49505	\$ <u>450.00</u>	\$ <u>1,381.99</u>
☐ Fund Raiser Contribution			
Contribution #3 PAC Receipt? ☐ Yes Name & Address: JON ROBINSON 54305 BLUE CLOUD DR SHELBY TWP, MI 48315 If over \$100.00 cumulative, please provide: Occupation: BUSINESS OWNER Employer Name & Address: SELF 54305 BLUE CLOUD DR, SHELBY TWP, MI 48315	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 <u>YARD SIGNS/STAKES</u> 5. Date Of Receipt: <u>05/15/2024</u> 6. Vendor Name & Address: SIGNS ON THE CHEAP 11525 STONEHOLLOW DR, #B220, AUSTIN, TX 78758	\$ <u>1,457.71</u>	\$ <u>2,839.70</u>
☐ Fund Raiser Contribution			

Page Subtotal **1,971.63** **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 **140480**

CANDIDATE COMMITTEE

2. Committee Name **CTE JON ROBINSON**

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: JON ROBINSON 54305 BLUE CLOUD DR SHELBY TWP, MI 48315 If over \$100.00 cumulative, please provide: Occupation: BUSINESS OWNER Employer Name & Business Address: SELF 54305 BLUE CLOUD DR, SHELBY TWP, MI 48315 ☐ 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 TSHIRTS/MAGNETS/SIGN 5. Date Of Receipt: 05/15/2024 6. Vendor Name & Address: VISTAPRINT.COM 100 HAYDEN AVE, LEXINGTON, MA 02421	\$ 478.35	\$ 3,318.05
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: JON ROBINSON 54305 BLUE CLOUD DR SHELBY TWP, MI 48315 If over \$100.00 cumulative, please provide: Occupation: BUSINESS OWNER Employer Name & Address: SELF 54305 BLUE CLOUD DR, SHELBY TWP, MI 48315 ☐ 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 ONLINE ADS 5. Date Of Receipt: 05/16/2024 6. Vendor Name & Address: TIKTOK.COM 5800 BRISTOL PKWY, CULVER CITY, CA 90230	\$ 98.00	\$ 3,416.05
Contribution #3 PAC Receipt? ☐ Yes Name & Address: JON ROBINSON 54305 BLUE CLOUD DR SHELBY TWP, MI 48315 If over \$100.00 cumulative, please provide: Occupation: BUSINESS OWNER Employer Name & Address: SELF 54305 BLUE CLOUD DR, SHELBY TWP, MI 48315 ☐ 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 DESIGN TEMPLATE 5. Date Of Receipt: 05/22/2024 6. Vendor Name & Address: CANVA.COM 75 E SANTA CLARA ST, SAN JOSE, CA 95113	\$ 57.70	\$ 3,473.75

Page Subtotal **634.05** **0.00**

Grand Total of all Schedules 1-IK
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **140480**

CANDIDATE COMMITTEE

2. Committee Name **CTE JON ROBINSON**

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: JON ROBINSON 54305 BLUE CLOUD DR SHELBY TWP, MI 48315 If over \$100.00 cumulative, please provide: Occupation: BUSINESS OWNER Employer Name & Business Address: SELF 54305 BLUE CLOUD DR, SHELBY TWP, MI 48315 ☐ 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 CAMPAIGN INFO CARDS 5. Date Of Receipt: 05/25/2024 6. Vendor Name & Address: GOTPRINT.COM 7651 N SAN FERNANDO BLVD, BURBANK, CA 91505	\$ 479.75	\$ 3,953.50
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: JON ROBINSON 54305 BLUE CLOUD DR SHELBY TWP, MI 48315 If over \$100.00 cumulative, please provide: Occupation: BUSINESS OWNER Employer Name & Address: SELF 54305 BLUE CLOUD DR, SHELBY TWP, MI 48315 ☐ 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 BANNER 5. Date Of Receipt: 05/29/2024 6. Vendor Name & Address: GOTPRINT.COM 7651 N SAN FERNANDO BLVD, BURBANK, CA 91505	\$ 71.61	\$ 4,025.11
Contribution #3 PAC Receipt? ☐ Yes Name & Address: JON ROBINSON 54305 BLUE CLOUD DR SHELBY TWP, MI 48315 If over \$100.00 cumulative, please provide: Occupation: BUSINESS OWNER Employer Name & Address: SELF 54305 BLUE CLOUD DR, SHELBY TWP, MI 48315 ☐ 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 CAMPAIGN CARD REPRINT 5. Date Of Receipt: 05/30/2024 6. Vendor Name & Address: GOTPRINT.COM 7651 N SAN FERNANDO BLVD, BURBANK, CA 91505	\$ 254.86	\$ 4,279.97

Page Subtotal **806.22** **0.00**

Grand Total of all Schedules 1-IK
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **140480**

CANDIDATE COMMITTEE

2. Committee Name **CTE JON ROBINSON**

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: JON ROBINSON 54305 BLUE CLOUD DR SHELBY TWP, MI 48315 If over \$100.00 cumulative, please provide: Occupation: BUSINESS OWNER Employer Name & Business Address: SELF 54305 BLUE CLOUD DR, SHELBY TWP, MI 48315 ☐ 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 LINCOLN DAY EVENT TICKETS 5. Date Of Receipt: 06/01/2024 6. Vendor Name & Address: MACOMB COUNTY REPUBLICAN COMMITTEE 39099 GARFIELD RD, CLINTON TWP, MI 48038	\$ 303.00	\$ 4,582.97
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: JON ROBINSON 54305 BLUE CLOUD DR SHELBY TWP, MI 48315 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 HATS/BUTTONS 5. Date Of Receipt: 06/04/2024 6. Vendor Name & Address: PRINTFUL.COM 11025 WESTLAKE DR, CHARLOTTE, NC 28273	\$ 51.04	\$ 4,634.01
Contribution #3 PAC Receipt? ☐ Yes Name & Address: JON ROBINSON 54305 BLUE CLOUD DR SHELBY TWP, MI 48315 If over \$100.00 cumulative, please provide: Occupation: BUSINESS OWNER Employer Name & Address: SELF 54305 BLUE CLOUD DR, SHELBY TWP, MI 48315 ☐ 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 CAMPAIGN INFO CARDS 5. Date Of Receipt: 06/07/2024 6. Vendor Name & Address: GOTPRINT.COM 7651 N SAN FERNANDO BLVD, BURBANK, CA 91505	\$ 187.00	\$ 4,821.01

Page Subtotal **541.04** **0.00**

Grand Total of all Schedules 1-IK
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **140480**

CANDIDATE COMMITTEE

2. Committee Name **CTE JON ROBINSON**

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: JON ROBINSON 54305 BLUE CLOUD DR SHELBY TWP, MI 48315 If over \$100.00 cumulative, please provide: Occupation: BUSINESS OWNER Employer Name & Business Address: SELF 54305 BLUE CLOUD DR, SHELBY TWP, MI 48315 ☐ 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 DOOR HANGER BAGS 5. Date Of Receipt: 06/10/2024 6. Vendor Name & Address: AMAZON.COM 410 TERRY AVE N, SEATTLE, WA 98108	\$ 26.50	\$ 4,847.51
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: INTERNET UPDATERS LLC 7755 22 MILE RD #183612 SHELBY TOWNSHIP, MI 48318 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	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 POSTCARDS FOR MAILING 5. Date Of Receipt: 06/11/2024 6. Vendor Name & Address: GOTPRINT.COM 7651 N SAN FERNANDO BLVD, BURBANK, CA 91505	\$ 1,347.77	\$ 1,411.69
Contribution #3 PAC Receipt? ☐ Yes Name & Address: JON ROBINSON 54305 BLUE CLOUD DR SHELBY TWP, MI 48315 If over \$100.00 cumulative, please provide: Occupation: BUSINESS OWNER Employer Name & Address: SELF 54305 BLUE CLOUD DR, SHELBY TWP, MI 48315 ☐ 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 LARGE YARD SIGNS 5. Date Of Receipt: 06/13/2024 6. Vendor Name & Address: SIGNS ON THE CHEAP 11525 STONEHOLLOW DR, AUSTIN, TX 78758	\$ 637.33	\$ 5,484.84

Page Subtotal **2,011.60** **1,411.69**

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

Enter this total
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **140480**

CANDIDATE COMMITTEE

2. Committee Name **CTE JON ROBINSON**

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: JON ROBINSON 54305 BLUE CLOUD DR SHELBY TWP, MI 48315 If over \$100.00 cumulative, please provide: Occupation: BUSINESS OWNER Employer Name & Business Address: SELF 54305 BLUE CLOUD DR, SHELBY TWP, MI 48315 ☐ 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 CUSTOM STICKY NOTES 5. Date Of Receipt: 06/13/2024 6. Vendor Name & Address: VISTAPRINT.COM 100 HAYDEN AVE, LEXINGTON, MA 02421	\$ 51.92	\$ 5,536.76
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: JON ROBINSON 54305 BLUE CLOUD DR SHELBY TWP, MI 48315 If over \$100.00 cumulative, please provide: Occupation: BUSINESS OWNER Employer Name & Address: SELF 54305 BLUE CLOUD DR, SHELBY TWP, MI 48315 ☐ 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 GROMMET TOOL/FLAGS 5. Date Of Receipt: 06/14/2024 6. Vendor Name & Address: AMAZON.COM 410 TERRY AVE N, SEATTLE, WA 98108	\$ 86.02	\$ 5,622.78
Contribution #3 PAC Receipt? ☐ Yes Name & Address: JON ROBINSON 54305 BLUE CLOUD DR SHELBY TWP, MI 48315 If over \$100.00 cumulative, please provide: Occupation: BUSINESS OWNER Employer Name & Address: SELF 54305 BLUE CLOUD DR, SHELBY TWP, MI 48315 ☐ 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 TSHIRTS 5. Date Of Receipt: 06/16/2024 6. Vendor Name & Address: PRINTFUL.COM 11025 WESTLAKE DR, CHARLOTTE, NC 28273	\$ 52.96	\$ 5,675.74

Page Subtotal **190.90** **0.00**

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **140480**

CANDIDATE COMMITTEE

2. Committee Name **CTE JON ROBINSON**

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: JON ROBINSON 54305 BLUE CLOUD DR SHELBY TWP, MI 48315 If over \$100.00 cumulative, please provide: Occupation: BUSINESS OWNER Employer Name & Business Address: SELF 54305 BLUE CLOUD DR, SHELBY TWP, MI 48315 ☐ 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 METAL POSTS FOR SIGNS 5. Date Of Receipt: 06/16/2024 6. Vendor Name & Address: HOME DEPOT 8760 26 MILE RD, SHELBY TWP, MI 48316	\$ 177.10	\$ 5,852.84
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: JON ROBINSON 54305 BLUE CLOUD DR SHELBY TWP, MI 48315 If over \$100.00 cumulative, please provide: Occupation: BUSINESS OWNER Employer Name & Address: SELF ☐ 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 MAILING SERVICE FOR POSTCARD 5. Date Of Receipt: 06/19/2024 6. Vendor Name & Address: LASERCOM LLC 2230 ELLIOTT AVE, TROY, MI 48083	\$ 2,166.46	\$ 8,019.30
Contribution #3 PAC Receipt? ☐ Yes Name & Address: JON ROBINSON 54305 BLUE CLOUD DR SHELBY TWP, MI 48315 If over \$100.00 cumulative, please provide: Occupation: BUSINESS OWNER Employer Name & Address: SELF 54305 BLUE CLOUD DR, SHELBY TWP, MI 48315 ☐ 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 CUSTOM MAGNETS 5. Date Of Receipt: 06/22/2024 6. Vendor Name & Address: VISTAPRINT.COM 100 HAYDEN AVE, LEXINGTON, MA 02421	\$ 347.03	\$ 8,366.33

Page Subtotal **2,690.59** **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 **140480**

CANDIDATE COMMITTEE

2. Committee Name **CTE JON ROBINSON**

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: JON ROBINSON 54305 BLUE CLOUD DR SHELBY TWP, MI 48315 If over \$100.00 cumulative, please provide: Occupation: BUSINESS OWNER Employer Name & Business Address: SELF 54305 BLUE CLOUD DR, SHELBY TWP, MI 48315 ☐ 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 <u>GROMMET TOOLKIT/METAL STAKES</u> 5. Date Of Receipt: <u>06/23/2024</u> 6. Vendor Name & Address: HOME DEPOT 8760 26 MILE RD, SHELBY TWP, MI 48316	\$ 57.02	\$ 8,423.35
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: JON ROBINSON 54305 BLUE CLOUD DR SHELBY TWP, MI 48315 If over \$100.00 cumulative, please provide: Occupation: BUSINESS OWNER Employer Name & Address: SELF 54305 BLUE CLOUD DR, SHELBY TWP, MI 48315 ☐ 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 <u>STAMPS</u> 5. Date Of Receipt: <u>06/24/2024</u> 6. Vendor Name & Address: USPS 7755 22 MILE RD, SHELBY TWP, MI 48317	\$ 340.00	\$ 8,763.35
Contribution #3 PAC Receipt? ☐ Yes Name & Address: JON ROBINSON 54305 BLUE CLOUD DR SHELBY TWP, MI 48315 If over \$100.00 cumulative, please provide: Occupation: BUSINESS OWNER Employer Name & Address: SELF 54305 BLUE CLOUD DR, SHELBY TWP, MI 48315 ☐ 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 <u>NEWSPAPER E-SUBSCRIPTION</u> 5. Date Of Receipt: <u>06/30/2024</u> 6. Vendor Name & Address: MACOMB DAILY 19176 HALL RD, CLINTON TWP, MI 48038	\$ 1.00	\$ 8,764.35

Page Subtotal **398.02** **0.00**

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **140480**

CANDIDATE COMMITTEE

2. Committee Name **CTE JON ROBINSON**

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: JON ROBINSON 54305 BLUE CLOUD DR SHELBY TWP, MI 48315 If over \$100.00 cumulative, please provide: Occupation: BUSINESS OWNER Employer Name & Business Address: SELF 54305 BLUE CLOUD DR, SHELBY TWP, MI 48315 ☐ 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 CAMPAIGN MEETING LUNCH 5. Date Of Receipt: 07/15/2024 6. Vendor Name & Address: ESPLENDIDO MEXICAN CUISINE 50285 MOUND RD, SHELBY TWP, MI 48317	\$ 52.35	\$ 8,816.70
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: JON ROBINSON 54305 BLUE CLOUD DR SHELBY TWP, MI 48315 If over \$100.00 cumulative, please provide: Occupation: BUSINESS OWNER Employer Name & Address: SELF 54305 BLUE CLOUD DR, SHELBY TWP, MI 48315 ☐ 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 POSTCARDS FOR MAILING 5. Date Of Receipt: 07/20/2024 6. Vendor Name & Address: GOTPRINT.COM 7651 N SAN FERNANDO BLVD, BURBANK, CA 91505	\$ 350.94	\$ 9,167.64
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 **403.29** **9,167.64**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **10,579.33**

Enter this total
on line 6 of Summary
Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140480
2. Committee Name CTE JON ROBINSON

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 endorsers 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: INTERNET UPDATERS LLC 7755 22 MILE RD #183612 SHELBY TOWNSHIP, MI 48318	4. Type: <u>1-IK (DEBT)</u> 5. <u>Date Debt Was Incurred:</u> <u>04/30/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>1,411.69</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>1,411.69</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: JON ROBINSON 54305 BLUE CLOUD DR SHELBY TWP, MI 48315	4. Type: <u>1-IK (DEBT)</u> 5. <u>Date Debt Was Incurred:</u> <u>04/30/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>9,167.64</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>9,167.64</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)

10,579.33

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

10,579.33

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.