



FILED

25 OCT 2024 PM 01:53

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: 06/02/2024 to 10/20/2024

1. Committee I.D. Number

140492

4. Candidate Last Name

SEITZ

First Name

CHRISTY

M.I.

2. Committee Name

CTE - CHRISTY SEITZ

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

TRUSTEE, ROMEO SD

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

5. Committee's Mailing Address

**11473 LAUREL WOODS DRIVE
WASHINGTON, MI 48094**

Area Code and Phone (586) 876-6264
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

**JOSEPH MALBURG
8359 MARCREST
SHELBY, MI 48316**

Area Code & Phone (586) 337-2889

7. Treasurer's Business Address

**8359 MARCREST
SHELBY, MI 48316**

Area Code and Phone (586) 337-2889

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

11/05/2024

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

10/25/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/25/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140492

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE - CHRISTY SEITZ

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>5,387.50</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>5,387.50</u>	(18.) \$ <u>5,387.50</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>5,387.50</u>	(20.) \$ <u>5,387.50</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>4,584.35</u>	(21.) \$ <u>4,584.35</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>3,934.35</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>5,387.50</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>5,387.50</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>5,387.50</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140492
2. Committee Name CTE - CHRISTY SEITZ

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/08/2024</u>	
Name & Address: SUZANNE ZIEL 52579 ANTLER DR MACOMB, MI 48042		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED TEACHER</u> Employer <u>ROMEO COMMUNITY SCHOOLS</u> Business Address <u>316 N MAIN ST, ROMEO, MI 48065</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/31/2024</u>	
Name & Address: MICHAEL MANISCALCO 112 PLEASANT ST ROMEO, MI 48065		\$ <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>09/02/2024</u>	
Name & Address: SALLY HARBIN 59255 VAN DYKE RD WASHINGTON, MI 48094		\$ <u>20.00</u>	\$ <u>20.00</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>09/10/2024</u>	
Name & Address: NAVIA MCCLOUD 5771 NEWCASTLE CT WASHINGTON, MI 48094		\$ <u>20.00</u>	\$ <u>20.00</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 **340.00**

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 140492
2. Committee Name CTE - CHRISTY SEITZ

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>09/14/2024</u> Name & Address: WAYNE BLISS 36855 OAKWOOD LN RICHMOND, MI 48062 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>20.00</u>	\$ <u>20.00</u>
3. Contribution #2 PAC Receipt? ☒ YES 4. Date of Receipt <u>09/18/2024</u> Name & Address: EDUPAC1 38550 GARFIELD RD SUITE B STERLING HEIGHTS, MI 48038 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>2,437.50</u>	\$ <u>2,437.50</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/18/2024</u> Name & Address: MICHAELANGELO LLC 59227 VAN DYKE RD WASHINGTON, MI 48094 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/18/2024</u> Name & Address: SUSAN WIERS 69490 BROOKHILL DR BRUCE, MI 48065 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED NURSE PRACTITIONER AND PROFESSOR</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>

Page Subtotal 2,657.50

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 140492
2. Committee Name CTE - CHRISTY SEITZ

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>09/18/2024</u>	
Name & Address: MICHELLE VALIN 3710 31 MILE RD WASHINGTON, MI 48095		\$ <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>09/18/2024</u>	
Name & Address: SUSAN HIER 61652 GLENWOOD TRAIL WASHINGTON, MI 48094		\$ <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>09/18/2024</u>	
Name & Address: JUDITH PRITCHETT 62823 TOURNAMENT DR WASHINGTON, MI 48094		\$ <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>09/30/2024</u>	
Name & Address: AARON SEITZ 7642 SAWGRASS DR WASHINGTON, MI 48094		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 250.00

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 140492
2. Committee Name CTE - CHRISTY SEITZ

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>09/30/2024</u> Name & Address: ANDREA MILL 59199 HAYES RD WASHINGTON, MI 48094		\$ <u>20.00</u>	\$ <u>20.00</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>09/30/2024</u> Name & Address: KASEY ANDRUS 12978 BURNINGWOOD DR WASHINGTON, MI 48094		\$ <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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/30/2024</u> Name & Address: PAULA GRAICHEN 890 GARLAND LN LEONARD, MI 48367		\$ <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>09/30/2024</u> Name & Address: SUE HIER 61652 GLENWOOD TRAIL WASHINGTON, MI 48094		\$ <u>20.00</u>	\$ <u>20.00</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 **165.00**

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 140492
2. Committee Name CTE - CHRISTY SEITZ

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>09/30/2024</u>	
Name & Address: RACHEL STRYKER 885 E ROMEO RD LEONARD, MI 48367		\$ <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>09/30/2024</u>	
Name & Address: LUCERO RICHELLE 189 W ST CLAIR ST ROMEO, MI 48065		\$ <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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/30/2024</u>	
Name & Address: AARON KRUEGER 70390 DUTCHESS DR BRUCE TWP, MI 48065		\$ <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>09/30/2024</u>	
Name & Address: KAREN SMITH 37898 HURON POINTE DR HARRISON TWP, MI 48045		\$ <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			

Page Subtotal 150.00

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 140492
2. Committee Name CTE - CHRISTY SEITZ

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>09/30/2024</u> Name & Address: ELIZABETH CARLSON 11101 24 MILE RD SHELBY TWP, MI 48316		\$ <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>09/30/2024</u> Name & Address: SUSAN FISCUS 63131 FRITZ DR WASHINGTON, MI 48095		\$ <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>09/30/2024</u> Name & Address: CHARLENE KOGLMANN 55910 BROUGHTON RD MACOMB, MI 48042		\$ <u>20.00</u>	\$ <u>20.00</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>09/30/2024</u> Name & Address: ZACHARY CLARK 268 W ST CLAIR ST ROMEO, MI 48065		\$ <u>20.00</u>	\$ <u>20.00</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 **165.00**

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 140492
2. Committee Name CTE - CHRISTY SEITZ

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>09/30/2024</u>	
Name & Address: MELISA HALSALL 806 MCINTOSH CT OAKLAND, MI 48363		\$ <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>09/30/2024</u>	
Name & Address: EMILY MELLITS 64607 LIMERICK LN WASHINGTON, MI 48095		\$ <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>09/30/2024</u>	
Name & Address: RAY HARBIN 52955 VAN DYKE RD WASHINGTON, MI 48094		\$ <u>20.00</u>	\$ <u>20.00</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>09/30/2024</u>	
Name & Address: JEFFREY KOGLMANN 11473 LAUREL WOODS DR WASHINGTON, MI 48094		\$ <u>20.00</u>	\$ <u>20.00</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 **140.00**

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 140492
2. Committee Name CTE - CHRISTY SEITZ

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>09/30/2024</u> Name & Address: LIZA PARKINSON 406 WAVERLEY AVE ROYAL OAK, MI 48067		\$ <u>20.00</u>	\$ <u>20.00</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>10/04/2024</u> Name & Address: PAMELA KELLAR 59987 CARLTON N APT B WASHINGTON, MI 48094		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☒ YES 4. Date of Receipt <u>10/07/2024</u> Name & Address: NORTH MACOMB PAC 23391 SPRING CREEK DR MACOMB, MI 48042		\$ <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>10/08/2024</u> Name & Address: JENNIFER BIDA-THIESEN 45647 HECKER DR UTICA, MI 48317		\$ <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 **370.00**

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 140492
2. Committee Name CTE - CHRISTY SEITZ

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>10/08/2024</u>	
Name & Address: JUDITH RAWLINGS-OTTO 61400 JEWELL RD WASHINGTON, MI 48094		\$ <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>10/08/2024</u>	
Name & Address: RICHARD ROSENBERG 8760 N DUTCHESS DR BRUCE, MI 48065		\$ <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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/08/2024</u>	
Name & Address: CHERYL FILNER NORWICH CIR WASHINGTON, MI 48094		\$ <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>10/08/2024</u>	
Name & Address: D.C. 1M 14587 BARBER AVE WARREN, MI 48088		\$ <u>500.00</u>	\$ <u>500.00</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 625.00

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 140492
2. Committee Name CTE - CHRISTY SEITZ

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>10/08/2024</u> Name & Address: MICHIGAN REGIONAL COUNCIL OF CARPENTERS - PAC 11687 AMERICAN ST SUITE 200 DETROIT, MI 48204 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>500.00</u>	\$ <u>500.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/11/2024</u> Name & Address: MARLA DENGATE 64544 TARA HILL DR WASHINGTON, MI 48095 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>25.00</u>	\$ <u>25.00</u>
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 **525.00**

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

5,387.50

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 140492
2. Committee Name CTE - CHRISTY SEITZ

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: MALLORY ATKINSON 168 HADDAM ST ROMEO, MI 48065 If over \$100.00 cumulative, please provide: Occupation: PHOTOGRAPHER Employer Name & Business Address: SELF EMPLOYED MALLORY MAE PHOTOGRAPHY 168 HADDAM ST, ROMEO, MI 48065 ☐ 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>CAMPAIGN PICS</u> 5. Date Of Receipt: <u>08/05/2024</u> 6. Vendor Name & Address: MALLORY MAE PHOTOGRAPHY 168 HADDAM ST, ROMEO, MI 48065	\$ <u>150.00</u>	\$ <u>150.00</u>
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: CHRISTY SEITZ 11473 LAUREL WOODS DR WASHINGTON, MI 48094 If over \$100.00 cumulative, please provide: Occupation: SELF EMPLOYED - RECRUITER Employer Name & Address: FAIRY JOB MOTHER, LLC 11473 LAUREL WOODS DR, WASHINGTON, MI 48094 ☐ 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>CAMPAIGN YARD SIGNS</u> 5. Date Of Receipt: <u>08/11/2024</u> 6. Vendor Name & Address: VICTORY STORE 5200 30TH ST SW, DAVENPORT, IA 52802	\$ <u>587.95</u>	\$ <u>587.95</u>
Contribution #3 PAC Receipt? ☐ Yes Name & Address: CHRISTY SEITZ 11473 LAUREL WOODS DR WASHINGTON, MI 48094 If over \$100.00 cumulative, please provide: Occupation: RECRUITER - SELF EMPLOYED Employer Name & Address: FAIRY JOB MOTHER, LLC 11473 LAUREL WOODS DR, WASHINGTON, MI 48094 ☐ 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>CRAYONS</u> 5. Date Of Receipt: <u>08/13/2024</u> 6. Vendor Name & Address: TARGET 8200 26 MILE RD, SHELBY TWP, MI 48316	\$ <u>53.00</u>	\$ <u>640.95</u>

Page Subtotal **790.95** **150.00**

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 **140492**

CANDIDATE COMMITTEE

2. Committee Name **CTE - CHRISTY SEITZ**

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: CHRISTY SEITZ 11473 LAUREL WOODS DR WASHINGTON, MI 48094 If over \$100.00 cumulative, please provide: Occupation: RECRUITER - SELF EMPLOYED Employer Name & Business Address: FAIRY JOB MOTHER LLC 11473 LAUREL WOODS DR, WASHINGTON, MI 48094 ☐ 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 CRAYONS 5. Date Of Receipt: 08/13/2024 6. Vendor Name & Address: TARGET 8200 26 MILE RD, SHELBY TWP, MI 48316	\$ 53.00	\$ 693.95
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: CHRISTY SEITZ 11473 LAUREL WOODS DR WASHINGTON, MI 48094 If over \$100.00 cumulative, please provide: Occupation: SELF EMPLOYED RECRUITER Employer Name & Address: FAIRY JOB MOTHER LLC 11473 LAUREL WOODS DR, WASHINGTON, MI 48094 ☐ 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 STICKERS 5. Date Of Receipt: 08/14/2024 6. Vendor Name & Address: STICKER MULE 411 LAFAYETTE ST, NEW YORK, NY 10003	\$ 140.98	\$ 834.93
Contribution #3 PAC Receipt? ☐ Yes Name & Address: CHRISTY SEITZ 11473 LAUREL WOODS DR WASHINGTON, MI 48094 If over \$100.00 cumulative, please provide: Occupation: SELF EMPLOYE RECRUITER Employer Name & Address: FAIRY JOB MOTHER, LLC 11473 LAUREL WOODS DR, Washington, MI 48094 ☐ 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 YARD SIGNS 5. Date Of Receipt: 08/29/2024 6. Vendor Name & Address: VICTORY STORE 5200 30TH ST SW, DAVENPORT, IA 52802	\$ 1,753.90	\$ 2,588.83

Page Subtotal **1,947.88** **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 140492
2. Committee Name CTE - CHRISTY SEITZ

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: CHRISTY SEITZ 11473 LAUREL WOODS DR WASHINGTON, MI 48094 If over \$100.00 cumulative, please provide: Occupation: RECRUITER SELF EMPLOYED Employer Name & Business Address: FAIRY JOB MOTHER, LLC 11473 LAUREL WOODS DR, Washington, MI 48094 ☐ 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 CRAYONS 5. Date Of Receipt: 08/30/2024 6. Vendor Name & Address: TARGET 8200 26 MILE RD, SHELBY TWP, MI 48316	\$ 26.50	\$ 2,615.33
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: CHRISTY SEITZ 11473 LAUREL WOODS DR WASHINGTON, MI 48094 If over \$100.00 cumulative, please provide: Occupation: SELF EMPLOYED - RECRUITER Employer Name & Address: FAIRY JOB MOTHER, LLC 11473 LAUREL WOODS DR, WASHINGTON, MI 48094 ☐ 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 CRAYONS 5. Date Of Receipt: 09/01/2024 6. Vendor Name & Address: TARGET 8200 26 MILE RD, SHELBY TWP, MI 48316	\$ 13.25	\$ 2,628.58
Contribution #3 PAC Receipt? ☐ Yes Name & Address: CHRISTY SEITZ 11473 LAUREL WOODS DR WASHINGTON, MI 48094 If over \$100.00 cumulative, please provide: Occupation: SELF EMPLOYED - RECRUITER Employer Name & Address: FAIRY JOB MOTHER, LLC 11473 LAUREL WOODS DR, WASHINGTON, MI 48094 ☐ 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 SAPORI EVENT 5. Date Of Receipt: 09/30/2024 6. Vendor Name & Address: SAPORI ITALIAN RESTAURANT 6067 26 MILE RD, WASHINGTON, MI 48094	\$ 500.00	\$ 3,128.58

Page Subtotal **539.75** **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 **140492**

2. Committee Name **CTE - CHRISTY SEITZ**

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: CHRISTY SEITZ 11473 LAUREL WOODS DR WASHINGTON, MI 48094 If over \$100.00 cumulative, please provide: Occupation: SELF EMPLOYED - RECRUITER Employer Name & Business Address: FAIRY JOB MOTHER, LLC 11473 LAUREL WOODS DR, WASHINGTON, MI 48094 ☐ 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 GIFT CARD BASKET 5. Date Of Receipt: 10/11/2024 6. Vendor Name & Address:	\$ 100.00	\$ 3,228.58
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: CHRISTY SEITZ 11473 LAUREL WOODS DR WASHINGTON, MI 48094 If over \$100.00 cumulative, please provide: Occupation: SELF EMPLOYED - RECRUITER Employer Name & Address: FAIRY JOB MOTHER LLC 11473 LAUREL WOODS DR, WASHINGTON, MI 48094 ☐ 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 ZOOM FOR SAFETY SUMMIT 5. Date Of Receipt: 10/11/2024 6. Vendor Name & Address: ZOOM 55 S ALMADEN BLVD, SAN JOSE, CA 95113	\$ 53.00	\$ 3,281.58
Contribution #3 PAC Receipt? ☐ Yes Name & Address: CHRISTY SEITZ 11473 LAUREL WOODS DR WASHINGTON, MI 48094 If over \$100.00 cumulative, please provide: Occupation: SELF EMPLOYED - RECRUITER Employer Name & Address: FAIRY JOB MOTHER, LLC 11473 LAUREL WOODS DR, WASHINGTON, MI 48094 ☐ 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 TSHIRTS 5. Date Of Receipt: 10/15/2024 6. Vendor Name & Address: FAMS SCREENPRINT 131 S MAIN ST, ROMEO, MI 48065	\$ 1,152.77	\$ 4,434.35

Page Subtotal **1,305.77** **4,434.35**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **4,584.35**

Enter this total
on line 6 of Summary
Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140492
2. Committee Name CTE - CHRISTY SEITZ

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: CHRISTY SEITZ 11473 LAUREL WOODS DR WASHINGTON, MI 48094	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>08/11/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>587.95</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>587.95</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? ☐ Yes Owed to or by: CHRISTY SEITZ 11473 LAUREL WOODS DR WASHINGTON, MI 48094	4. Type: <u>SPENT OWN MONEY</u> 5. <u>Date Debt Was Incurred:</u> <u>08/13/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>53.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>53.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #3 Corp? ☐ Yes Owed to or by: CHRISTY SEITZ 11473 LAUREL WOODS DR WASHINGTON, MI 48094	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>08/13/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>53.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>53.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				

Page Subtotal (Outstanding debt)

693.95

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 140492
2. Committee Name CTE - CHRISTY SEITZ

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: CHRISTY SEITZ 11473 LAUREL WOODS DR WASHINGTON, MI 48094	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>08/14/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 140.98</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>140.98</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? ☐ Yes Owed to or by: CHRISTY SEITZ 11473 LAUREL WOODS DR WASHINGTON, MI 48094	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>08/29/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,753.90</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>1,753.90</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: CHRISTY SEITZ 11473 LAUREL WOODS DR WASHINGTON, MI 48094	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>08/30/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 26.50</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>26.50</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

1,921.38

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

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.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140492
2. Committee Name CTE - CHRISTY SEITZ

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: CHRISTY SEITZ 11473 LAUREL WOODS DR WASHINGTON, MI 48094	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>09/01/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>13.25</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>13.25</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: CHRISTY SEITZ 11473 LAUREL WOODS DR WASHINGTON, MI 48094	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/11/2024</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 #3 Corp? ☐ Yes Owed to or by: CHRISTY SEITZ 11473 LAUREL WOODS DR WASHINGTON, MI 48094	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/11/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>53.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>53.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

166.25

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 140492
2. Committee Name CTE - CHRISTY SEITZ

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: CHRISTY SEITZ 11473 LAUREL WOODS DR WASHINGTON, MI 48094	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/15/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,152.77</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 1,152.77</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</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> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

1,152.77

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

3,934.35

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.