



**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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

1. Committee I.D. Number 140476		3. This Statement covers From: 04/27/2024 to 07/21/2024	
2. Committee Name Pamela Hornberger for Chesterfield		4. Candidate Last Name Hornberger First Name Pamela M.I. L 4a. Office Sought Including District # or Community Served (If applicable) Chesterfield Twp. Trustee 4b. County of Residence MACOMB	
5. Committee's Mailing Address 53611 Katarina Dr. Chesterfield Twp., MI 48051 Area Code and Phone (586) 850-4286 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 Pamela Hornberger 53611 Katarina Dr. Chesterfield Twp., MI 4851 Area Code & Phone (586) 850-4286	
7. Treasurer's Business Address 53611 Katarina Dr. Chesterfield Twp., MI 48051 Area Code and Phone (586) 850-4286		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. ☒ Pre-Election OR 9b. ☐ Post-Election Pre-Election or Post-Election Statement relates to: ☒ Primary ☐ General ☐ Convention ☐ Special ☐ School ☐ Caucus Date of Election, Convention or Caucus 08/06/2024		Required ONLY if candidate is not on the ballot for the current year: ☐ July Quarterly ☐ October Quarterly 9c. ☐ Annual Statement (_____) Coverage Year 9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) 9e. Dissolution of Candidate Committee ☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution _____ Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record keeper Pamela Hornberger Type or Print Name		<i>Pamela Hornberger</i> Signature Date July 25, 2024	
Candidate Pamela Hornberger Type or Print Name		<i>Pamela Hornberger</i> Signature Date July 25, 2024	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140476

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Pamela Hornberger for Chesterfield

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>4,417.30</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$4,417.30</u>	(18.) \$ <u>\$4,417.30</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u></u>	(19.) \$ <u></u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$4,417.30</u>	(20.) \$ <u>\$4,417.30</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$1,045.00</u>	(21.) \$ <u>\$1,045.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u></u>	(22.) \$ <u></u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$1,045.18</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u></u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u></u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$1,045.18</u>	(23.) \$ <u>\$1,045.18</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u></u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u></u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u></u>	(24.) \$ <u></u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$1,045.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u></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>\$4,417.30</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$4,417.30</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$1,045.18</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$3,372.12</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140476
2. Committee Name Pamela Hornberger for Chesterfield

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>06/03/2024</u> Name & Address: Eva Vrana 42515 Culling Ct Clinton Twp., MI 48038	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>District Director</u> Employer <u>US Congress</u> Click Here for Memo Itemization Business Address <u>30 N Broadway, LAke Orion, MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/03/2024</u> Name & Address: Linda Davis 39120 Venetian Drive Harrison Twp., MI 48045	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Director</u> Employer <u>Families Against Narcotics</u> Click Here for Memo Itemization Business Address <u>43800 Garfield Road Suite 200 Clinton Township, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/03/2024</u> Name & Address: Wendy Downing 36460 Alfred St New Baltimore, MI 48047	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Click Here for Memo Itemization Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/03/2024</u> Name & Address: Marybeth Jamieson 54898 Danielle St New Baltimore, MI 48047	\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Realtor</u> Employer <u>Self</u> Click Here for Memo Itemization Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		

Page Subtotal \$400.00

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 140476
2. Committee Name Pamela Hornberger for Chesterfield

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>06/03/2024</u> Name & Address: Daniel J Acciavatti 49839 Miller Court Chesterfield Twp., MI 48047 \$ <u>200.00</u> \$ <u>200.00</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>Macomb County</u> Click Here for Memo Itemization Business Address <u>21777 Dunham Rd., 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>06/03/2024</u> Name & Address: Linda Torp 38870 Ryan Court Harrison Twp., MI 48045 \$ <u>100.00</u> \$ <u>100.00</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Constituent Assistant</u> Employer <u>US House of Representatives</u> Click Here for Memo Itemization Business Address <u>30500 Van Dyke, Warren MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/03/2024</u> Name & Address: St Germaine for State Rep 38252 Mast St Harrison Twp., MI 48045 \$ <u>100.00</u> \$ <u>100.00</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>State Representative</u> Employer <u>MI House of Representatives</u> Click Here for Memo Itemization Business Address <u>124 North Capitol Avenue Lansing, MI 48933</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/03/2024</u> Name & Address: Marshall Knapp 47921 Jefferson Chesterfield Twp., MI 48047 \$ <u>150.00</u> \$ <u>150.00</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Painter</u> Employer <u>Self</u> Click Here for Memo Itemization Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **\$550.00**

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 140476
2. Committee Name Pamela Hornberger for Chesterfield

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>06/03/2024</u> Name & Address: Tony Gallo 6303 26 Mile Rd., Suite 200 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		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/03/2024</u> Name & Address: Keith Rengert 34080 Armada Ridge Rd. Richmond, MI 48062		\$ <u>30.00</u>	\$ <u>30.00</u>
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: Jay DeBoyer 8860 Stone Rd. Clay Twp., MI 48001		\$ <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		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/03/2024</u> Name & Address: Keith Pionk 53732 Laurel Oak New Baltimore MI 48047		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>Self employed</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$730.00**

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 140476
2. Committee Name Pamela Hornberger for Chesterfield

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>05/15/2024</u> Name & Address: <u>Andrew Beeler</u> <u>1201 Palmer Ct</u> <u>Pt Huron, MI 48060</u>		\$ <u>104.10</u>	\$ <u>104.10</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>State Representative</u> Employer <u>MI House of Representatives</u> Business Address <u>Lansing MI</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/15/2024</u> Name & Address: <u>Latif Oram</u> <u>3294 Wards Point Dr</u> <u>Orchard Lake, MI 48324</u>		\$ <u>1225.00</u>	\$ <u>1225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Self-employed</u> 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 <u>05/28/2024</u> Name & Address: <u>James O Sawyer IV</u> <u>45810 Private Shore Dr.</u> <u>New Baltimore, MI 48047</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Macomb Community College</u> Business Address <u>Warren, MI</u> 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 <u>05/28/2024</u> Name & Address: <u>Nicole McKee</u> <u>26749 Christy Dr</u> <u>New Baltimore, MI 48051</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>Macomb Community College</u> Business Address <u>Warren Mi</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 1529.10

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 140476
2. Committee Name Pamela Hornberger for Chesterfield

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>06/03/2024</u>	
Name & Address: <u>Karen Gharbie</u> <u>36182 Saint Clair Dr</u> <u>New Baltimore, MI 48047</u>		\$ <u>104.10</u>	\$ <u>104.10</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>Chesterfield Twp</u> Business Address <u>Suagrbrush, Chesterfield MI</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/03/2024</u>	
Name & Address: <u>Lisa Birkmeier</u> <u>32033 Red Creek Dr</u> <u>New Baltimore, MI 48047</u>		\$ <u>104.10</u>	\$ <u>104.10</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Educator</u> Employer <u>U of M Flint</u> Business Address <u>Flint MI</u> 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 <u>07/15/2024</u>	
Name & Address: <u>Berman Leadership Fund</u> <u>P.O. Box 906</u> <u>Union Lake, MI 48387</u>		\$ <u>1000.00</u>	\$ <u>1000.00</u>
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 1208.20

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

4417.30

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 140476

2. Committee Name Pamela Hornberger for Chesterfield

CANDIDATE COMMITTEE

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: Pamela Hornberger 53611 Katarina Dr. Chesterfield Twp., MI 48051 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: Self-employed ☐ 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>Fundraiser</u> 5. Date Of Receipt: <u>06/03/2024</u> 6. Vendor Name & Address: Louis' Chop House 50355 Gratiot Ave. New Baltimore, Mi 48051 Click Here for Memo Itemization	\$ <u>1045.00</u>	\$ <u>1045.00</u>
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: Click Here for Memo Itemization	\$ _____	\$ _____
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: Click Here for Memo Itemization	\$ _____	\$ _____

Page Subtotal

1,045⁰⁰

1,045⁰⁰

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

1,045⁰⁰

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140476
2. Committee Name Pamela Hornberger for Chesterfield

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Bright Spark Strategies Address 106 W Allegan St. Suite 200 Lansing, MI 48933 ☐ Fund Raiser	Purpose: <u>Palm Card</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/16/2</u> Date	\$ <u>826.63</u>
Expenditure #2 Name Bright Spark Strategies Address 106 W Allegan St. Suite 200 Lansing, MI 48933 ☐ Fund Raiser	Purpose: <u>Printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/16/2</u> Date	\$ <u>110.70</u>
Expenditure #3 Name Win Red Address 1776 Wilson Blvd. Suite 530 Arlington, Virginia 22209 ☐ Fund Raiser	Purpose: <u>Donation Site Fees</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/15/2</u> Date	\$ <u>107.85</u>
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **\$1,045.18**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **1,045.18**
Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140476
2. Committee Name Pamela Hornberger for Chesterfield

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: Pamela Hornberger 53611 Katarina Dr. Chesterfield Twp., MI 48051	4. Type: <u>In -Kind Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>06/03/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>1,045.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>1,045.00</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> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ 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) **\$1,045.00**
Grand Total of all Schedules 1E **1,045.00**
(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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140476
2. Committee Name Pamela Hornberger for Chesterfield

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>06/24 June 3, 2024</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>20</u>	5. Type of Fund Raising Activity <u>Reception</u>	6. Address and Name (If any) of the place where the activity was held. <u>Louis' Chop House</u> <u>50355 Gratiot Ave,</u> <u>New Baltimore, MI</u> ☐ Private Residence
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7. Total Contributions \$1,680.00

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) _____

10. Total Cost of Event \$1,045.00
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.