



FILED

12 AUG 2024 PM 09:31

MACOMB COUNTY CLERK
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**CANDIDATE COMMITTEE
COVER PAGE**

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

3. This Statement covers From: 03/15/2024 to 07/21/2024

1. Committee I.D. Number

140360

4. Candidate Last Name First Name M.I.

HOWARD MICHAEL J

2. Committee Name

CTE MICHAEL HOWARD

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

12 COUNTY COMMISSIONER, MACOMB COUNTY

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

5. Committee's Mailing Address

**23725 BEIERMAN AVE
WARREN, MI 48091**

6. Treasurer's Name & Residential Address

**MICHAEL J HOWARD
23725 BEIERMAN AVE
WARREN, MI 48091**

Area Code and Phone (586) 213-3197
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) 213-3197

7. Treasurer's Business Address

**23725 BEIERMAN AVE
WARREN, MI 48091**

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

Area Code and Phone (586) 213-3197

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 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

08/12/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

08/12/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140360

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE MICHAEL HOWARD

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>18,582.49</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>18,582.49</u>	(18.) \$ <u>18,582.49</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>18,582.49</u>	(20.) \$ <u>18,582.49</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>722.45</u>	(21.) \$ <u>722.45</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>18,572.96</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>18,572.96</u>	(23.) \$ <u>18,572.96</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>4,100.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>18,582.49</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>18,582.49</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>18,572.96</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>9.53</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140360
2. Committee Name CTE MICHAEL HOWARD

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>05/28/2024</u>	
Name & Address: DAVID TRISELL 292 JONES ST MT CLEMENS, MI 48043		\$ <u>26.13</u>	\$ <u>52.26</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/29/2024</u>	
Name & Address: CARMELA FINN 32631 DESMOND DR WARREN, MI 48093		\$ <u>52.00</u>	\$ <u>52.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>06/01/2024</u>	
Name & Address: BLACK LEADERSHIP ACTION FUND 23725 BEIERMAN AVE WARREN, MI 48091		\$ <u>700.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/03/2024</u>	
Name & Address: WILLIAM SCHENK 28683 LUND AVE WARREN, MI 48093		\$ <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 828.13

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 140360
2. Committee Name CTE MICHAEL HOWARD

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>06/08/2024</u> Name & Address: THOMAS MURPHY 11780 CAVALIER DR STERLING HEIGHTS, MI 48313		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☒ YES 4. Date of Receipt <u>06/08/2024</u> Name & Address: STEPHANIE CHANG FOR SENATE 32317 PO BOX DETROIT, MI 48232		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/08/2024</u> Name & Address: PATRICA BELANGER 14938 ALMA DR STERLING HEIGHTS, MI 48313		\$ <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>06/08/2024</u> Name & Address: KATHLEEN MCCAUGHNA 2257 FRAZHO RD WARREN, MI 48091		\$ <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 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 140360
2. Committee Name CTE MICHAEL HOWARD

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>06/14/2024</u>	
Name & Address: LISA BLAZEVSKI 31253 GAY ST ROSEVILLE, MI 48066		\$ <u>103.75</u>	\$ <u>103.75</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT PROSECUTING ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/18/2024</u>	
Name & Address: BUZZ THOMAS 18051 HAMILTON RD DETROIT, MI 48203		\$ <u>259.00</u>	\$ <u>259.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>ACTIVATE DETROIT - THOMAS GROUP CONSULTING</u> Business Address <u>18051 HAMILTON RD, DETROIT, MI 48203</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>06/18/2024</u>	
Name & Address: MICHIGAN REGIONAL COUNCIL OF CARPENTERS POLITICAL ACTION COMMITTEE 400 RENAISSANCE CENTER DETROIT, MI 48243		\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/19/2024</u>	
Name & Address: BIRDIE NASH 29484 ASHLAND AVE HARRISON TWP, MI 48045		\$ <u>35.00</u>	\$ <u>70.00</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 2,897.75

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 140360
2. Committee Name CTE MICHAEL HOWARD

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>07/06/2024</u> Name & Address: JACKIE KELLY 2524 CHALK FARM RD N WARREN, MI 48091		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☒ YES 4. Date of Receipt <u>07/16/2024</u> Name & Address: FEMS FOR DEMS PAC 2590 KENT RIDGE CT BLOOMFIELD HILLS, MI 48301		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/18/2024</u> Name & Address: KEVIN HIGGINS 28045 MAVIS DR WARREN, MI 48088		\$ <u>259.00</u>	\$ <u>518.25</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR AND ASSOCIATE BROKER</u> Employer <u>MR. WONDERFUL REALTY LLC</u> Business Address <u>28045 MAVIS DR, WARREN, MI 48088</u> 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 **409.00**

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

18,582.49

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number **140360**

2. Committee Name **CTE MICHAEL HOWARD**

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: LAURA ARTZ 3069 TUXEDO DR WARREN, MI 48092 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business 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 CLIPBOARDS 5. Date Of Receipt: 04/29/2024 6. Vendor Name & Address:	\$ 21.17	\$ 21.17
☐ Fund Raiser Contribution			
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: ANGELA ROGENSUES 13254 COMMON RD WARREN, MI 48088 If over \$100.00 cumulative, please provide: Occupation: SELF EMPLOYED 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 32 7' STUDDER T POST AND POST DRIVER 5. Date Of Receipt: 05/30/2024 6. Vendor Name & Address:	\$ 311.28	\$ 829.03
☐ Fund Raiser Contribution			
Contribution #3 PAC Receipt? ☐ Yes Name & Address: 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 5. Date Of Receipt: 6. Vendor Name & Address:	\$	\$
☐ Fund Raiser Contribution			

Page Subtotal

332.45

850.20

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 **140360**

2. Committee Name **CTE MICHAEL HOWARD**

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: MICHIGAN REGIONAL COUNCIL OF CARPENTERS POLITICAL ACTION COMMITTEE 400 RENAISSANCE CENTER DETROIT, MI 48243 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business 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 PAID CANVASSING 5. Date Of Receipt: 06/24/2024 6. Vendor Name & Address: MICHIGAN REGIONAL COUNCIL OF CARPENTERS POLITICAL 400 RENAISSANCE CENTER, DETROIT, MI 48243	\$ 390.00	\$ 390.00
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:	\$ \$	
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](#)

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Page Subtotal

390.00

390.00

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

722.45

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140360**
2. Committee Name **CTE MICHAEL HOWARD**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name NGP VAN Address 655 15TH ST NW WASHINGTON, DC 20005 ☐ Fund Raiser	Purpose: NPG VAN SOFTWARE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/20/2024 Date	\$ 150.00
Expenditure #2 Name MEIJER Address 29505 MOUND RD WARREN, MI 48092 ☒ Fund Raiser	Purpose: CAKE FOR FUNDRAISER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/22/2024 Date	\$ 62.49
Expenditure #3 Name THE DOVETAIL Address 29200 HOOVER RD WARREN, MI 48093 ☒ Fund Raiser	Purpose: COFFEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/22/2024 Date	\$ 72.02
Expenditure #4 Name CAMPAIGN VERIFY Address 1215 31ST ST NW WASHINGTON, DC 20007 ☐ Fund Raiser	Purpose: CAMPAIGN VERIFY ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/25/2024 Date	\$ 95.00
Expenditure #5 Name USPS Address 28401 MOUND RD WARREN, MI 48090 ☐ Fund Raiser	Purpose: STAMPS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/01/2024 Date	\$ 1,060.00

Subtotal this page

1,439.51

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140360
2. Committee Name CTE MICHAEL HOWARD

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name PARAGON SOLUTIONS Address 2141 E BROADWAY RD TEMPE, AZ 85282 ☐ Fund Raiser	Purpose: <u>PARAGON SYSTEMS PAYMENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/02/2024</u> Date	\$ <u>43.02</u>
Expenditure #2 Name SCALE TO WIN Address 13742 HARPER ST SANTA ANA, CA 92703 ☐ Fund Raiser	Purpose: <u>TEXTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/03/2024</u> Date	\$ <u>257.05</u>
Expenditure #3 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>META ADS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/04/2024</u> Date	\$ <u>175.00</u>
Expenditure #4 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>META ADS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/09/2024</u> Date	\$ <u>250.30</u>
Expenditure #5 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>META ADS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/19/2024</u> Date	\$ <u>250.00</u>

Subtotal this page **975.37**

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

Enter this total
on line 8a of
Summary Page