



FILED

07 AUG 2024 PM 02:22

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: 04/23/2024 to 07/21/2024

1. Committee I.D. Number

140480

4. Candidate Last Name First Name M.I.

ROBINSON JON P

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

CLERK, SHELBY TWP

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

2. Committee Name

CTE JON ROBINSON

5. Committee's Mailing Address

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

Area Code and Phone (586) 788-0440
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

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

Area Code & Phone (586) 935-8182

7. Treasurer's Business Address

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

Area Code and Phone (586) 935-8182

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

Area Code and Phone () -

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☒ Primary
☐ General
☐ Convention
☐ Special
☐ School
☐ Caucus

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

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement () Coverage Year

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

Date of Election, Convention or Caucus

08/06/2024

9e. Dissolution of Candidate Committee

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

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

Effective date of dissolution

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

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

Current Treasurer or

Designated Record keeper _____
Type or Print Name

Signature

Submitted electronically,
signature on file

Date

08/07/2024

Candidate _____
Type or Print Name

Signature

Submitted electronically,
signature on file

Date

08/07/2024



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

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

CANDIDATE COMMITTEE

2. Committee Name **CTE JON ROBINSON**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: JON ROBINSON 54305 BLUE CLOUD DR SHELBY TWP, MI 48315 If over \$100.00 cumulative, please provide: Occupation: BUSINESS OWNER Employer Name & Business Address: SELF 54305 BLUE CLOUD DR, SHELBY TWP, MI 48315 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description DOOR HANGER BAGS 5. Date Of Receipt: 06/10/2024 6. Vendor Name & Address: AMAZON.COM 410 TERRY AVE N, SEATTLE, WA 98108	\$ 26.50	\$ 4,847.51
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: INTERNET UPDATERS LLC 7755 22 MILE RD #183612 SHELBY TOWNSHIP, MI 48318 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description POSTCARDS FOR MAILING 5. Date Of Receipt: 06/11/2024 6. Vendor Name & Address: GOTPRINT.COM 7651 N SAN FERNANDO BLVD, BURBANK, CA 91505	\$ 1,347.77	\$ 1,411.69
Contribution #3 PAC Receipt? ☐ Yes Name & Address: JON ROBINSON 54305 BLUE CLOUD DR SHELBY TWP, MI 48315 If over \$100.00 cumulative, please provide: Occupation: BUSINESS OWNER Employer Name & Address: SELF 54305 BLUE CLOUD DR, SHELBY TWP, MI 48315 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description LARGE YARD SIGNS 5. Date Of Receipt: 06/13/2024 6. Vendor Name & Address: SIGNS ON THE CHEAP 11525 STONEHOLLOW DR, AUSTIN, TX 78758	\$ 637.33	\$ 5,484.84

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

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

Enter this total
on line 6 of Summary
Page