



FILED

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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: 10/21/2024 to 11/25/2024

1. Committee I.D. Number

140520

4. Candidate Last Name First Name M.I.

KUNTZ DONALD

2. Committee Name

CTE DON KUNTZ

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

TRUSTEE, CHIPPEWA VALLEY SD

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

5. Committee's Mailing Address

**21445 SUE ELLEN DRIVE
MACOMB TOWNSHIP, MI 48044**

6. Treasurer's Name & Residential Address

**MONTAHA KUNTZ
21445 SUE ELLEN DRIVE
MACOMB TOWNSHIP, MI 48044**

Area Code and Phone (586) 219-5277
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) 216-1486

7. Treasurer's Business Address

**21445 SUE ELLEN DRIVE
MACOMB TOWNSHIP, MI 48044**

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

**DONALD KUNTZ
21445 SUE ELLEN DRIVE
MACOMB TOWNSHIP, MI 48044**

Area Code and Phone (586) 216-1486

Area Code and Phone (586) 219-5277

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

12/03/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

12/03/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140520

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE DON KUNTZ

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1,050.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1,050.00</u>	(18.) \$ <u>12,558.50</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>1,050.00</u>	(20.) \$ <u>12,558.50</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>994.17</u>	(21.) \$ <u>1,994.17</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>3,067.14</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>3,067.14</u>	(23.) \$ <u>11,783.33</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>0.00</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>2,792.31</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1,050.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>3,842.31</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>3,067.14</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>775.17</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140520
2. Committee Name CTE DON KUNTZ

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>10/22/2024</u>	
Name & Address: LINDA PIDUTTI 37648 CHARTER OAKS BLVD CLINTON TWP, MI 48036		\$ <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>10/24/2024</u>	
Name & Address: UAW MICHIGAN V-PAC 8000 E JEFFERSON AVE DETROIT, MI 48214		\$ <u>1,000.00</u>	\$ <u>1,000.00</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 _____	
Name & Address:		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address:		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal

1,050.00

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

1,050.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number **140520**

2. Committee Name **CTE DON KUNTZ**

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: FREEDOM TO LEARN PAC PO BOX 352 DEXTER, MI 48130 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 FACEBOOK ADS 5. Date Of Receipt: 11/06/2024 6. Vendor Name & Address: META PLATFORMS INC 1 META WY, MENLO PARK, CA 94025	\$ 244.51	\$ 244.51
☐ Fund Raiser Contribution			
Contribution # 2 PAC Receipt? ☒ Yes Name & Address: FREEDOM TO LEARN PAC PO BOX 352 DEXTER, MI 48130 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 STREAMING ADS 5. Date Of Receipt: 11/06/2024 6. Vendor Name & Address: ROKU 1173 COLEMAN AVE, SAN JOSE, CA 95110	\$ 749.66	\$ 994.17
☐ 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

994.17

994.17

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

994.17

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140520
2. Committee Name CTE DON KUNTZ

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name 6E UNISERV COORDINATIING COUNCIL Address 39090 GARFIELD RD SUITE 101 CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: <u>POSTAGE COSTS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/21/2024</u> Date	\$ <u>28.15</u>
Expenditure #2 Name RED MAGE CONSULTING Address 14923 CROFTON DR SHELBY TWP, MI 48315 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA ADS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/21/2024</u> Date	\$ <u>500.00</u>
Expenditure #3 Name DOLLAR TREE Address 40805 GARFIELD RD CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: <u>OFFICE SUPPLIES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/22/2024</u> Date	\$ <u>7.95</u>
Expenditure #4 Name DOLLAR TREE 1847 Address 18477 HALL RD MACOMB, MI 48044 ☐ Fund Raiser	Purpose: <u>OFFICE SUPLIES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/22/2024</u> Date	\$ <u>25.18</u>
Expenditure #5 Name SAMS CLUB Address 45600 UTICA PARK BLVD UTICA, MI 48315 ☐ Fund Raiser	Purpose: <u>ELECTION STATION SUPPLIES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/22/2024</u> Date	\$ <u>76.26</u>

Subtotal this page

637.54

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 140520
2. Committee Name CTE DON KUNTZ

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name AMERICAN GRAPHICS PRINTING COMPANY Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: <u>PRINTING SERVICES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/28/2024</u> Date	\$ <u>139.20</u>
Expenditure #2 Name C & G NEWSPAPERS Address 13650 E 11 MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: <u>NEWSPAPER ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/29/2024</u> Date	\$ <u>1,235.00</u>
Expenditure #3 Name KROGER #6 Address 21555 21 MILE RD MACOMB, MI 48044 ☐ Fund Raiser	Purpose: <u>OFFICE SUPPLIES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31/2024</u> Date	\$ <u>28.94</u>
Expenditure #4 Name RELA2VE INC Address 909 S 7TH ST ANN ARBOR, MI 48103 ☐ Fund Raiser	Purpose: <u>TEXT MESSAGE AD SERVICES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/01/2024</u> Date	\$ <u>1,000.00</u>
Expenditure #5 Name NATIONAL CONEY ISLAND Address 43150 GARFIELD RD CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: <u>POLLING STATION SUPPLIES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/05/2024</u> Date	\$ <u>26.46</u>

Subtotal this page	2,429.60
Grand Total of all Schedules 1B (Complete on last page of Schedule)	3,067.14

Enter this total
on line 8a of
Summary Page