



FILED

23 OCT 2024 PM 01:50

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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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: 08/27/2024 to 10/20/2024

1. Committee I.D. Number

138663

4. Candidate Last Name First Name M.I.

WICKERSHAM ANTHONY M

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

SHERIFF, MACOMB COUNTY

2. Committee Name

CTE ANTHONY M. WICKERSHAM

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

5. Committee's Mailing Address

**P.O. BOX 752
MT. CLEMENS, MI 48046**

6. Treasurer's Name & Residential Address

**LAUREN WICKERSHAM
32447 ARLINGTON
NEW HAVEN, MI 48048**

Area Code and Phone (586) 612-1312
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) 713-8883

7. Treasurer's Business Address

**32447 ARLINGTON
NEW HAVEN, MI 48048**

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

**LOIS WICKERSHAM
32447 ARLINGTON
NEW HAVEN, MI 48048**

Area Code and Phone (586) 713-8883

Area Code and Phone (586) 259-0242

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

10/23/2024

Candidate _____ /

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/23/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 138663

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE ANTHONY M. WICKERSHAM

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>35,740.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>35,740.00</u>	(18.) \$ <u>188,665.00</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>35,740.00</u>	(20.) \$ <u>188,665.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>15,925.84</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>77,417.59</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>77,417.59</u>	(23.) \$ <u>109,224.55</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>1,025.90</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>34.35</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>1,060.25</u>	(24.) \$ <u>20,204.47</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>108,043.51</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>35,740.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>143,783.51</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>78,477.84</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>65,305.67</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138663
2. Committee Name CTE ANTHONY M. WICKERSHAM

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>08/29/2024</u>	
Name & Address: PAUL LABELLE 24615 TUSCANY AVE EASTPOINTE, MI 48021		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COLLISION SHOP MANAGER</u> Employer <u>SERRA CHEVROLET STERLING HEIGHTS</u> Business Address <u>40445 VAN DYKE AVE, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/03/2024</u>	
Name & Address: KEVIN DENHA 700 N OLD WOODWARD AVE BIRMINGHAM, MI 48009		\$ <u>1,000.00</u>	\$ <u>1,600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>VISION INVESTMENT PARTNERS</u> Business Address <u>700 N OLD WOODWARD AVE, BIRMINGHAM, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/05/2024</u>	
Name & Address: NICHOLAS AIUTO 41100 CONGER BAY DR HARRISON TOWNSHIP, MI 48045		\$ <u>1,200.00</u>	\$ <u>3,700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>NICK'S TOWING</u> Business Address <u>42870 WALNUT ST, MT CLEMENS, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/09/2024</u>	
Name & Address: ROBERT RICHARD 31115 PARTRIDGE LANE CHESTERFIELD, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY</u> Employer <u>MACOMB COUNTY SHERIFF'S OFFICE</u> Business Address <u>43565 ELIZABETH RD, MT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 2,500.00

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 138663
2. Committee Name CTE ANTHONY M. WICKERSHAM

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>09/09/2024</u>	
Name & Address: ERIC EHRLER 30738 SCHOOL SECTION RD RICHMOND, MI 48062		\$ <u>600.00</u>	\$ <u>810.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LIEUTENANT</u> Employer <u>MACOMB COUNTY</u> Business Address <u>43565 ELIZABETH RD, 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>09/10/2024</u>	
Name & Address: STEPHEN RABAUT 16931 19 MILE RD CLINTON TWP., MI 48038		\$ <u>1,000.00</u>	\$ <u>2,300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>STEPHEN RABAUT ATTORNEY AND COUNSELOR AT LAW</u> Business Address <u>16391 19 MILE RD, 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>09/10/2024</u>	
Name & Address: LAWRENCE SCOTT 12900 HALL RD STERLING HEIGHTS, MI 48313		\$ <u>500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>O'REILLY RANCILIO P.C.</u> Business Address <u>12900 HALL RD, STERLING HEIGHTS, MI 48313</u> 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: PETER TORRICE 32059 UTICA RD FRASER, MI 48026		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>32059 UTICA RD, FRASER, MI 48026</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,600.00

Grand Total of All Schedules 1A
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/10/2024</u> Name & Address: JAMES MEYERAND 21655 W 13 MILE ROAD BEVERLY HILLS, MI 48025		\$ <u>500.00</u>	\$ <u>800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>CHIRCO TITLE</u> Business Address <u>26800 HARPER AVE, ST CLAIR SHORES, MI 48081</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/10/2024</u> Name & Address: MARK AUBREY 6200 25 MILE ROAD SHELBY TOWNSHIP, MI 48316		\$ <u>3,000.00</u>	\$ <u>3,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>MOTOR CITY PAWN BROKERS</u> Business Address <u>26510 GRATIOT AVE, ROSEVILLE, MI 48066</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/10/2024</u> Name & Address: JOSEPH ASPERGER 8380 HUNT CLUB CT GRAND BLANC, MI 48439		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>PLANTE & MORAN REALPOINT</u> Business Address <u>3000 TOWN CENTER, SOUTHFIELD, MI 48075</u> 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: GALLOWAY JAMES 61624 BUNKER HILL DR WASHINGTON, MI 48094		\$ <u>500.00</u>	\$ <u>800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>JET'S PIZZA</u> Business Address <u>61462 BRADBURY RUN, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/10/2024</u>	
Name & Address: JEREMY STRADLEY 35715 KOENIG ST NEW BALTIMORE, MI 48047		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>J @ A RIVERSIDE INV</u> Business Address <u>16780 21 MILE RD, MACOMB, MI 48044</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/10/2024</u>	
Name & Address: TONY GALLO 6306 26 MILE RD WASHINGTON, MI 48094		\$ <u>500.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>6306 26 MILE RD, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/10/2024</u>	
Name & Address: JEFFREY GALLOWAY 61462 BRADBURY RUN WASHINGTON, MI 48094		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>JET'S PIZZA</u> Business Address <u>5662 CHATHAM CT, WASHINGTON, MI 48094</u> 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: ATHIR AMMORI 248 E GUNN RD ROCHESTER, MI 48306		\$ <u>500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTRACTOR</u> Employer <u>FVPM LLC</u> Business Address <u>48597 HAYES RD, SHELBY TOWNSHIP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/10/2024</u>	
Name & Address: DAVID WEBER 6199 31 MILE RD WASHINGTON, MI 48095		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>6199 31 MILE RD, WASHINGTON, MI 48095</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/10/2024</u>	
Name & Address: JEFF GORNICKI 34310 WEST HILL CHESTERFIELD, MI 48047		\$ <u>1,200.00</u>	\$ <u>1,270.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CAPTAIN</u> Employer <u>MACOMB COUNTY SHERIFF'S OFFICE</u> Business Address <u>43565 ELIZABETH RD, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/10/2024</u>	
Name & Address: CHRISTOPHER FRASER 19885 CHESTERBROOK DR MACOMB, MI 48044		\$ <u>170.00</u>	\$ <u>170.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY</u> Employer <u>MACOMB COUNTY SHERIFF'S OFFICE</u> Business Address <u>43565 ELIZABETH RD, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/11/2024</u>	
Name & Address: JASON KOZAK 9750 ST CLAIR HWY CASCO, MI 48064		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COLLISION SHOP PRESIDENT</u> Employer <u>DISTINCTIVE COLLISON</u> Business Address <u>14400 E 11 MILE RD, WARREN, MI 48089</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,870.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/12/2024</u>	
Name & Address: MARK AUBREY 6200 25 MILE ROAD SHELBY TOWNSHIP, MI 48316		\$ <u>400.00</u>	\$ <u>3,400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>MOTOR CITY PAWN BROKERS</u> Business Address <u>26510 GRATIOT AVE, ROSEVILLE, MI 48066</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/12/2024</u>	
Name & Address: PATRICK SIERAWSKI 56897 CARDINAL DR MACOMB, MI 48042		\$ <u>200.00</u>	\$ <u>200.00</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 STREET, MOUNT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/14/2024</u>	
Name & Address: SKIP MACCARONE 13921 BASILISCO CHASE DR SHELBY TOWNSHIP, MI 48315		\$ <u>200.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY TREASURER</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 SOUTH MAIN, MOUNT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/15/2024</u>	
Name & Address: JOEL BALLOR 57760 MAIN ST NEW HAVEN, MI 48048		\$ <u>200.00</u>	\$ <u>800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>BALLOR'S TOWING</u> Business Address <u>57760 MAIN ST, NEW HAVEN, MI 48048</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,000.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/16/2024</u>	
Name & Address: DAVID CRABTREE 46358 SAWYER LN MACOMB, MI 48044		\$ <u>170.00</u>	\$ <u>205.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LIEUTENANT</u> Employer <u>MACOMB COUNTY SHERIFF'S OFFICE</u> Business Address <u>43565 ELIZABETH RD, 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>09/16/2024</u>	
Name & Address: SEBASTIAN LOMBARDO 1002 CREEKSIDE DR LEONARD, MI 48367		\$ <u>680.00</u>	\$ <u>680.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>LOMBARDO HOMES</u> Business Address <u>13001 23 MILE RD, SHELBY TOWNSHIP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/16/2024</u>	
Name & Address: DANIEL GERKEY 31324 CYRIL AVE FRASER, MI 48026		\$ <u>450.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY</u> Employer <u>MACOMB COUNTY SHERIFF'S OFFICE</u> Business Address <u>43565 ELIZABETH RD, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/16/2024</u>	
Name & Address: LEONARD BUGAJEWSKI 16982 STEWART CT CLINTON TOWNSHIP, MI 48038		\$ <u>400.00</u>	\$ <u>1,400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>LEONARD SYRUPS</u> Business Address <u>4601 NANCY ST., DETROIT, MI 48212</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,700.00

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138663
2. Committee Name CTE ANTHONY M. WICKERSHAM

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>09/17/2024</u>	
Name & Address: BUILDING BRIDGES PAC PO BOX 12056 LANSING, MI 48901		\$ <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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/17/2024</u>	
Name & Address: MARILYN LANE 16558 WOODLANE FRASER, MI 48026		\$ <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>09/17/2024</u>	
Name & Address: KEVIN LAGERQUIST 30786 BRAMBLE CT. CHESTERFIELD, MI 48051		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SERGEANT</u> Employer <u>MACOMB COUNTY SHERIFF'S OFFICE</u> Business Address <u>43565 ELIZABETH RD, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/17/2024</u>	
Name & Address: RYAN RUTTAN 21158 VAN K DR GROSSE POINTE WOODS, MI 48236		\$ <u>100.00</u>	\$ <u>768.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CAPTAIN</u> Employer <u>MACOMB COUNTY</u> Business Address <u>43565 ELIZABETH RD, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,350.00**

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 138663
2. Committee Name CTE ANTHONY M. WICKERSHAM

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>09/17/2024</u> Name & Address: ISSAC GRINBERG 4923 ELMGATE DR ORCHARD LAKE, MI 48324		\$ <u>600.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CARDIOLOGIST</u> Employer <u>HEART CARDIOLOGY</u> Business Address <u>22250 PROVIDENCE DR, SOUTHFIELD, MI 48075</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/17/2024</u> Name & Address: MICHAEL KNOX 6174 SINGLETREE LN WILLIAMSBURG, MI 49690		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DETECTIVE</u> Employer <u>DETROIT POLICE DEPARTMENT</u> Business Address <u>1301 3RD AVE, DETROIT, MI 48226</u> 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: TIMOTHY LA FRINIERE 7346 JOCHAR CLAY, MI 48001		\$ <u>170.00</u>	\$ <u>170.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SERGEANT</u> Employer <u>MACOMB COUNTY SHERIFF'S OFFICE</u> Business Address <u>43565 ELIZABETH RD, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/19/2024</u> Name & Address: ROBERT LOCKABY 44357 WHITHORN DR STERLING HEIGHTS, MI 48313		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SERGEANT</u> Employer <u>MACOMB COUNTY SHERIFF'S OFFICE</u> Business Address <u>43565 ELIZABETH RD, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,070.00**

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138663
2. Committee Name CTE ANTHONY M. WICKERSHAM

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>09/19/2024</u>	
Name & Address: YAZ ABUSAIF 47640 BRENNAN DR MACOMB, MI 48044		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NEW CAR SALES</u> Employer <u>PARKWAY CHRYSLER</u> Business Address <u>21560 HALL RD, CLINTON TOWNSHIP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/19/2024</u>	
Name & Address: CAMERON WRIGHT 33197 ARMADA RIDGE RD RICHMOND, MI 48062		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SERGEANT</u> Employer <u>MACOMB COUNTY SHERIFF'S OFFICE</u> Business Address <u>43565 ELIZABETH RD, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/19/2024</u>	
Name & Address: BRADLEY KRUEGER 1660 FORD CT GROSSE POINTE WOODS, MI 48236		\$ <u>600.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY</u> Employer <u>MACOMB COUNTY SHERIFF'S OFFICE</u> Business Address <u>43565 ELIZABETH RD, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/19/2024</u>	
Name & Address: TONY PETRYKOWSKI 19550 POTOMAC DR MACOMB, MI 48044		\$ <u>150.00</u>	\$ <u>220.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SERGEANT</u> Employer <u>MACOMB COUNTY SHERIFF'S OFFICE</u> Business Address <u>43565 ELIZABETH RD, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,100.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138663
2. Committee Name CTE ANTHONY M. WICKERSHAM

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>09/20/2024</u> Name & Address: LARRY DIMROVSKI 8100 W MCNICHOLS RD DETROIT, MI 48221		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>ABS STORAGE PRODUCTS</u> Business Address <u>8100 W MCNICHOLS RD, DETROIT, MI 48221</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/20/2024</u> Name & Address: WAYNE SORRELL 39588 LAKESHORE DR HARRISON TOWNSHIP, MI 48045		\$ <u>680.00</u>	\$ <u>680.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTRACTOR</u> Employer <u>STREAMLINE BUILDING COMPANY LLC</u> Business Address <u>39588 LAKESHORE DR, HARRISON TOWNSHIP, MI 48045</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/20/2024</u> Name & Address: CHRISTOPHER COSTANZO 55407 AMBASSADOR CT SHELBY TOWNSHIP, MI 48316		\$ <u>150.00</u>	\$ <u>185.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SERGEANT</u> Employer <u>MACOMB COUNTY SHERIFF'S OFFICE</u> Business Address <u>43565 ELIZABETH RD, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/20/2024</u> Name & Address: JEFFREY MCPHERSON 65719 HAVEN RIDGE RD NEW HAVEN, MI 48050		\$ <u>75.00</u>	\$ <u>918.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LIEUTENANT</u> Employer <u>MACOMB COUNTY</u> Business Address <u>43565 ELIZABETH RD, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,305.00**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138663
2. Committee Name CTE ANTHONY M. WICKERSHAM

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>09/20/2024</u>	
Name & Address: CHRIS SORRENTINO 21342 GENTRY DR MACOMB, MI 48044		\$ <u>800.00</u>	\$ <u>1,545.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>BVT INC.</u> Business Address <u>35520 FORTON CT, CLINTON TWP, MI 48035</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2024</u>	
Name & Address: MARIO YONO 51715 BAKER ROAD CHESTERFIELD, MI 48047		\$ <u>450.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTRACTOR</u> Employer <u>CAPITAL BUILDING</u> Business Address <u>51715 BAKER RD, CHESTERFIELD, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2024</u>	
Name & Address: MARK MORFINO 5633 BISHOP RD ALMONT, MI 48003		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SERGEANT</u> Employer <u>MACOMB COUNTY SHERIFF'S OFFICE</u> Business Address <u>43565 ELIZABETH RD, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/23/2024</u>	
Name & Address: DARRELL BABBITT 390 PALMS RD GOODELLS, MI 48027		\$ <u>100.00</u>	\$ <u>135.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LIEUTENANT</u> Employer <u>MACOMB COUNTY SHERIFF'S OFFICE</u> Business Address <u>43565 ELIZABETH RD, MT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,425.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138663
2. Committee Name CTE ANTHONY M. WICKERSHAM

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>09/23/2024</u>	
Name & Address: YAZ ABUSAIF 47640 BRENNAN DR MACOMB, MI 48044		\$ <u>200.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NEW CAR SALES</u> Employer <u>PARKWAY CHRYSLER</u> Business Address <u>21560 HALL RD, CLINTON TOWNSHIP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/23/2024</u>	
Name & Address: GRANT HOLMES 895 HARMON ST BIRMINGHAM, MI 48009		\$ <u>680.00</u>	\$ <u>680.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MORTGAGE FUNDING</u> Employer <u>GREAT LAKES MORTGAGE</u> Business Address <u>43456 MOUND RD, STERLING HEIGHTS, MI 48314</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/23/2024</u>	
Name & Address: MIKE ELLIS 61653 MIRIAM DR WASHINGTON, MI 48094		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REPRESENTATIVE</u> Employer <u>LUBRICATION SPECIALISTS & COMPANY</u> Business Address <u>61653 MIRIAM DR, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/23/2024</u>	
Name & Address: DJYSTA JUNCAJ 45748 GABLE DR MACOMB, MI 48044		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PUBLIC SAFETY STRATEGIST</u> Employer <u>MACOMB COUNTY SHERIFF'S OFFICE</u> Business Address <u>43565 ELIZABETH RD, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,230.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138663
2. Committee Name CTE ANTHONY M. WICKERSHAM

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>09/23/2024</u>	
Name & Address: DOMINIC HADLEY 2230 ANITA AVE GROSSE POINTE, MI 48236		\$ <u>600.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>HADLEY HOME IMPROVEMENT INC</u> Business Address <u>975 CRESCENT LN, GROSSE POINTE WOODS, MI 48236</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/23/2024</u>	
Name & Address: ED MACEJEWSKI 6771 TAFT ROAD ROMEO, MI 48094		\$ <u>600.00</u>	\$ <u>1,600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MACIELAW.COM</u> Business Address <u>6771 TAFT RD, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/23/2024</u>	
Name & Address: JEREMY PAYTON 22730 O'CONNOR ST ST CLAIR SHORES, MI 48080		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CARPENTER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>22730 O'CONNOR ST, ST CLAIR SHORES, MI 48080</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/23/2024</u>	
Name & Address: JAY ZAWISLAK 339 CHALFONTE AVE GROSSE POINTE FARMS, MI 48236		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLICE OFFICER</u> Employer <u>ST. CLAIR SHORES POLICE DEPARTMENT</u> Business Address <u>27665 JEFFERSON AVE, ST CLAIR SHORES, MI 48081</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,650.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138663
2. Committee Name CTE ANTHONY M. WICKERSHAM

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>09/23/2024</u>	
Name & Address: KATIE DONOVAN 19208 EVERGREEN CT MACOMB, MI 48042		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OPERATIONS</u> Employer <u>MCMCA</u> Business Address <u>19176 HALL RD, CLINTON TOWNSHIP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/23/2024</u>	
Name & Address: BILL KINCAID 13429 FARLEY ST REDFORD, MI 48239		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MOMENTUM INTERIORS</u> Business Address <u>13429 FARLEY ST, REDFORD, MI 48239</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/23/2024</u>	
Name & Address: WILLARD HADLEY 22450 ALEXANDER ST ST CLAIR SHORES, MI 48081		\$ <u>450.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>NOWLAND REALTY</u> Business Address <u>38402 HAYES RD, CLINTON TOWNSHIP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/23/2024</u>	
Name & Address: RAY DEBUCK 55228 BENSON CT SHELBY TWP, MI 48316		\$ <u>200.00</u>	\$ <u>550.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTRACTOR</u> Employer <u>DEBUCK CONSTRUCTION</u> Business Address <u>6805 AUBURN RD, UTICA, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 950.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/23/2024</u>	
Name & Address: SAL VIVIANO 4921 DEER CREEK CT WASHINGTON, MI 48094		\$ <u>200.00</u>	\$ <u>4,960.84</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>STERLING HEIGHTS DODGE</u> Business Address <u>40111 VAN DYKE AVE, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/23/2024</u>	
Name & Address: CHESTER ZOCHOWSKI 600 MANOTIC DR LAKEVILLE, MI 48367		\$ <u>400.00</u>	\$ <u>2,400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/23/2024</u>	
Name & Address: KING THOMASON IV 3498 EAGLE CREEK DR SHELBY TWP., MI 48317		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY</u> Employer <u>MACOMB COUNTY SHERIFF'S OFFICE</u> Business Address <u>43565 ELIZABETH RD, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/23/2024</u>	
Name & Address: JIM SAPE 1024 COVE RD WALES, MI 48027		\$ <u>600.00</u>	\$ <u>2,600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>OUTDOOR EQUIPMENT</u> Business Address <u>13001 23 MILE RD, SHELBY TOWNSHIP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,500.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138663
2. Committee Name CTE ANTHONY M. WICKERSHAM

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>09/23/2024</u>	
Name & Address: CHARLES CURRIE 30439 MANSE ST HARRISON TWP, MI 48045		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MECHANIC</u> Employer <u>MACOMB COUNTY SHERIFF'S OFFICE</u> Business Address <u>43565 ELIZABETH RD, 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>09/23/2024</u>	
Name & Address: JASON ABRO 55205 HEARTHSIDE DR SHELBY TWP, MI 48316		\$ <u>600.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMANDER</u> Employer <u>MACOMB COUNTY SHERIFF'S OFFICE</u> Business Address <u>43565 ELIZABETH RD, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/23/2024</u>	
Name & Address: JAIME BAGOS 36617 STACEY ST NEW BALTIMORE, MI 48047		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SERGEANT</u> Employer <u>MACOMB COUNTY SHERIFF'S OFFICE</u> Business Address <u>43565 ELIZABETH RD, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/23/2024</u>	
Name & Address: SAL VIVIANO 4921 DEER CREEK CT WASHINGTON, MI 48094		\$ <u>600.00</u>	\$ <u>5,560.84</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>STERLING HEIGHTS DODGE</u> Business Address <u>40111 VAN DYKE AVE, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,500.00

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 138663
2. Committee Name CTE ANTHONY M. WICKERSHAM

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>09/23/2024</u>	
Name & Address: DEBORAH CONDINO 3710 TREMONTE CIR ROCHESTER, MI 48306		\$ <u>60.00</u>	\$ <u>60.00</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>09/23/2024</u>	
Name & Address: MARK THOMAS 8200 E JEFFERSON AVE DETROIT, MI 48214		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMINISTRATION</u> Employer <u>WAYNE COUNTY SHERIFF'S OFFICE</u> Business Address <u>4747 WOODWARD AVE, DETROIT, MI 48201</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/23/2024</u>	
Name & Address: BRIAN GILBERT 34310 WEST HILL DR CHESTERFIELD, 48047		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DETECTIVE</u> Employer <u>CLINTON TOWNSHIP POLICE DEPARTMENT</u> Business Address <u>37985 S GROESBECK HWY., CLINTON TOWNSHIP, 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/23/2024</u>	
Name & Address: DAVID AUWEN 49820 BAKER CT MACOMB, MI 48044		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SERGEANT</u> Employer <u>MACOMB COUNTY SHERIFF'S OFFICE</u> Business Address <u>43565 ELIZABETH RD, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **585.00**

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 138663
2. Committee Name CTE ANTHONY M. WICKERSHAM

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>09/23/2024</u>	
Name & Address: GIOVAN MANNINO 8249 PINE CREEK CT SHELBY TWP, MI 48316		\$ <u>75.00</u>	\$ <u>1,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/23/2024</u>	
Name & Address: DAVID PICCININI 6101 WINDEMERE LN SHELBY TOWNSHIP, MI 48316		\$ <u>350.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>SELF EMPLOYED</u> Business Address <u>6101 WINDEMERE LN, SHELBY TOWNSHIP, MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/23/2024</u>	
Name & Address: YAZAN ABUSAIF 47640 BRENNAN DR. MACOMB, MI 48044		\$ <u>750.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>AZ GUNS SHOP</u> Business Address <u>8111 WILORAY AVE, SHELBY TWP, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/23/2024</u>	
Name & Address: STEVEN MARCEAU 11517 LAUREL WOODS DR WASHINGTON, MI 48094		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HEATING & COOLING</u> Employer <u>BURKE MECHANICAL</u> Business Address <u>12310 24 MILE RD, SHELBY TOWNSHIP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,325.00**

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 138663
2. Committee Name CTE ANTHONY M. WICKERSHAM

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>09/23/2024</u> Name & Address: MICHAEL DORAN 1687 CLEMENS CIR ROCHESTER HILLS, MI 48307		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>DORAN WEALTH STRATEGIES</u> Business Address <u>896 HEMLOCK CT, ROCHESTER, MI 48307</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/23/2024</u> Name & Address: RANDY ZAIA 177 WILSHIRE DR TROY, MI 48084		\$ <u>1,300.00</u>	\$ <u>1,300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>BIG 3 COLLISION</u> Business Address <u>31373 VAN DYKE AVE, 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>09/23/2024</u> Name & Address: RON WHITTLE 62135 KIMBERLY LN WASHINGTON, MI 48094		\$ <u>600.00</u>	\$ <u>1,600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENTREPRENEUR</u> Employer <u>HOLISTIC RESEARCH</u> Business Address <u>42728 EXECUTIVE DR, HARRISON TOWNSHIP, MI 48045</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/23/2024</u> Name & Address: EUGENE MILLER 710 MONTANA MARYSVILLE, MI 48040		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SERGEANT</u> Employer <u>MACOMB COUNTY SHERIFF'S OFFICE</u> Business Address <u>43565 ELIZABETH RD, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,200.00

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 138663
2. Committee Name CTE ANTHONY M. WICKERSHAM

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>09/23/2024</u>	
Name & Address: BENJAMIN JONES 1528 PRESERVATION LN ST CLAIR, MI 48079		\$ <u>880.00</u>	\$ <u>880.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation <u>VICE PRESIDENT</u> Employer <u>PROLINE ASPHALT</u>			
Business Address <u>11797 29 MILE RD, WASHINGTON, MI 48095</u>			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	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 # 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 **880.00**

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

35,740.00

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line 3a of Summary
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **138663**
2. Committee Name **CTE ANTHONY M. WICKERSHAM**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FACEBOOK META Address 1601 WILLOW ROAD MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: DIGITAL ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/03/2024 Date	\$ 175.00
Expenditure #2 Name ASPEN RESTAURANT Address 20333 HALL RD MACOMB, MI 48044 ☐ Fund Raiser	Purpose: LUNCH FOR SIGNWORKERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/07/2024 Date	\$ 208.41
Expenditure #3 Name VERONA INSPIRED ITALIAN Address 50741 CORPORATE DR SHELBY TOWNSHIP, MI 48315 ☒ Fund Raiser	Purpose: DINNER AND BEVERAGES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/10/2024 Date	\$ 3,050.00
Expenditure #4 Name CUMULUS MEDIA Address 780 JOHNSON FERRY RD NE ATLANTA, GA 30342 ☐ Fund Raiser	Purpose: DIGITAL CAMPAIGN ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/12/2024 Date	\$ 10,500.00
Expenditure #5 Name TJ MAXX Address 50383 WATERSIDE DR CHESTERFIELD, MI 48051 ☒ Fund Raiser	Purpose: RAFFLE PRIZES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/19/2024 Date	\$ 152.64

Subtotal this page **14,086.05**

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

Enter this total
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **138663**
2. Committee Name **CTE ANTHONY M. WICKERSHAM**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SPORTS MEMORABILIA Address 15701 SW 29TH ST MIRAMAR, FL 33027 ☒ Fund Raiser	Purpose: RAFFLE PRIZES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/19/2024 Date	\$ 799.16
Expenditure #2 Name AMERICAN GRAPHICS Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: LAWN SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/20/2024 Date	\$ 5,724.00
Expenditure #3 Name TARGET Address 13221 HALL RD UTICA, MI 48315 ☒ Fund Raiser	Purpose: RAFFLE PRIZE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/20/2024 Date	\$ 120.80
Expenditure #4 Name GOLF GALAXY Address 15300 HALL RD CLINTON TOWNSHIP, MI 48038 ☒ Fund Raiser	Purpose: RAFFLE PRIZES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/20/2024 Date	\$ 1,424.24
Expenditure #5 Name MARSHALLS HOME GOODS Address 14135 HALL RD SHELBY TOWNSHIP, MI 48315 ☒ Fund Raiser	Purpose: RAFFLE PRIZE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/21/2024 Date	\$ 179.13

Subtotal this page **8,247.33**

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

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **138663**
2. Committee Name **CTE ANTHONY M. WICKERSHAM**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name TARGET Address 51400 GRATIOT AVE CHESTERFIELD, MI 48051 ☒ Fund Raiser	Purpose: RAFFLE PRIZE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/21/2024 Date	\$ 116.59
Expenditure #2 Name DUNHAMS SPORTS Address 11950 HALL RD STERLING HEIGHTS, MI 48313 ☒ Fund Raiser	Purpose: RAFFLE PRIZE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/21/2024 Date	\$ 126.12
Expenditure #3 Name GOLDEN HAWK GOLF Address 9861 MEISNER RD CASCO, MI 48064 ☒ Fund Raiser	Purpose: GOLF OUTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/23/2024 Date	\$ 5,500.00
Expenditure #4 Name FACEBOOK META Address 1601 WILLOW ROAD MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: DIGITAL ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/24/2024 Date	\$ 75.00
Expenditure #5 Name DYNAMIC MARKETING Address 27031 W SEVEN MILE RD REDFORD, MI 48239 ☐ Fund Raiser	Purpose: MAILERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/26/2024 Date	\$ 31,848.85

Subtotal this page **37,666.56**

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

Enter this total
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **138663**
2. Committee Name **CTE ANTHONY M. WICKERSHAM**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name C&G NEWSPAPERS Address 13650 E ELEVEN MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: BANNER ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/01/2024 Date	\$ 17,044.00
Expenditure #2 Name AMERICAN GRAPHICS Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☒ Fund Raiser	Purpose: HOLE SPONSOR SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/10/2024 Date	\$ 373.65
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
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	17,417.65
Grand Total of all Schedules 1B (Complete on last page of Schedule)	77,417.59

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**
(For use by officeholders only)

1. Committee I. D. Number 138663
2. Committee Name CTE ANTHONY M. WICKERSHAM

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: CLINTON TOWNSHIP GOODFELLOWS P.O. BOX 380643 CLINTON TOWNSHIP, MI 48038	Purpose <u>BROCHURE AD</u>	<u>09/13/2024</u> Date	\$ <u>200.00</u>
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>KO</u> ☒ Fund Raiser		
Disbursement # 2 Name & Address: CLINTON TOWNSHIP AREA OPTIMIST 17177 KINGSBROOKE DR CLINTON TOWNSHIP, MI 48038	Purpose <u>YEARLY DUES</u>	<u>09/16/2024</u> Date	\$ <u>108.00</u>
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>OO</u> ☐ Fund Raiser		
Disbursement # 3 Name & Address: THE ITALIAN TRIBUNE P.O. BOX 380407 CLINTON TOWNSHIP, MI 48038	Purpose <u>AD</u>	<u>09/16/2024</u> Date	\$ <u>277.00</u>
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>KO</u> ☐ Fund Raiser		
Disbursement # 4 Name & Address: MT. CLEMENS LIONS CLUB 165 CROCKER BLVD MT CLEMENS, MI 48043	Purpose <u>QUARTERLY DUES</u>	<u>10/01/2024</u> Date	\$ <u>85.00</u>
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>OO</u> ☐ Fund Raiser		
Subtotal this page			670.00
Grand Total of all Schedules 1C (Complete on last page of Schedule)			

Enter this total
on line 10a of
Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**
(For use by officeholders only)

1. Committee I. D. Number 138663
2. Committee Name CTE ANTHONY M. WICKERSHAM

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: SAMS CLUB 45600 UTICA PARK BLVD UTICA, MI 48315	Purpose MEMBERSHIP FEE	<u>10/15/2024</u> Date	\$ <u>50.00</u>
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>OO</u> ☐ Fund Raiser		
Disbursement # 2 Name & Address: SAMS CLUB 45600 UTICA PARK BLVD UTICA, MI 48315	Purpose CANDY FOR PARADE	<u>10/15/2024</u> Date	\$ <u>55.90</u>
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>BO</u> ☐ Fund Raiser		
Disbursement # 3 Name & Address: CARE HOUSE 131 MARKET ST MT CLEMENS, MI 48043	Purpose TICKETS FOR EVENT	<u>10/18/2024</u> Date	\$ <u>250.00</u>
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u> ☒ Fund Raiser		
Disbursement # 4 Name & Address:	Purpose _____	_____ Date	\$ _____
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ ☐ Fund Raiser		
Subtotal this page			355.90
Grand Total of all Schedules 1C (Complete on last page of Schedule)			1,025.90

Enter this total
on line 10a of
Summary Page

***PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES**

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **138663**
2. Committee Name **CTE ANTHONY M. WICKERSHAM**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 09/10/2024	4. Number of Individuals Attending or Participating (whichever is greater) 50	5. Type of Fund Raising Activity DINNER AND DRINKS	6. Address and Name (If any) of the place where the activity was held. VERONA INSPIRED ITALIAN 50741 CORPORATE DR SHELBY TOWNSHIP, MI 48315 ☐ Private Residence
---	---	--	---

7. Total Contributions **10,500.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **10,500.00**
10. Total Cost of Event **3,050.00**
(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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **138663**
2. Committee Name **CTE ANTHONY M. WICKERSHAM**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 09/23/2024	4. Number of Individuals Attending or Participating (whichever is greater) 120	5. Type of Fund Raising Activity GOLF OUTING	6. Address and Name (If any) of the place where the activity was held. GOLDEN HAWK GOLF 9861 MEISNER RD CASCO, MI 48064 ☐ Private Residence
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7. Total Contributions **23,740.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **23,740.00**
10. Total Cost of Event **8,792.33**
(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.