



FILED

25 OCT 2024 PM 02:35

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

1. Committee I.D. Number

140466

2. Committee Name

CTE MATHEW CHURCHWELL TREASURER

4. Candidate Last Name

First Name

M.I.

CHURCHWELL

MATHEW

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

TREASURER, MACOMB COUNTY

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

5. Committee's Mailing Address

**P O BOX 614
ST CLAIR SHORES, MI 48080**

Area Code and Phone (586) 817-0606
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

**ALYSSA CHURCHWELL
22111 CHALON STREET
ST CLAIR SHORES, MI 48080**

Area Code & Phone (586) 623-7782

7. Treasurer's Business Address

**22111 CHALON STREET
ST CLAIR SHORES, MI 48080**

Area Code and Phone (586) 623-7782

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

Date of Election, Convention or Caucus

11/05/2024

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

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement ()
Coverage Year

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

9e. Dissolution of Candidate Committee

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

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

Effective date of dissolution

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

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

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/25/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/25/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140466

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE MATHEW CHURCHWELL TREASURER

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>12,704.29</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>12,704.29</u>	(18.) \$ <u>43,540.49</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>12,704.29</u>	(20.) \$ <u>43,540.49</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>288.35</u>	(21.) \$ <u>559.57</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>26,020.95</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>26,020.95</u>	(23.) \$ <u>34,429.97</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>141.25</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>22,427.18</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>12,704.29</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>35,131.47</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>26,020.95</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>9,110.52</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140466
2. Committee Name CTE MATHEW CHURCHWELL TREASURER

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>08/27/2024</u> Name & Address: SUSAN DILIBERTI 41202 WORTHINGTON CLINTON TWP, MI 48038		\$ <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>08/27/2024</u> Name & Address: CLARK TIMOTHY 8468 THORN BEND DR INDIANAPOLIS, IN 46278		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NON PROFIT PROFESSIONAL</u> Employer <u>SIMON YOUTH FOUNDATION</u> Business Address <u>225 WEST WASHINGTON STREET, INDIANAPOLIS, IN 46204</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/27/2024</u> Name & Address: NIKHIL SHAH 15 CLAIR CT ROSELLE, IL 60172		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>IT DIRECTOR</u> Employer <u>BARNES AND THORNBURG</u> Business Address <u>1 N WACKER DR, 4400, CHICAGO, IL 60606</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☒ YES 4. Date of Receipt <u>08/27/2024</u> Name & Address: SHEET METALS WORKERS LOCAL 80 17100 W 12 MILE RD SOUTHFIELD, MI 48076		\$ <u>280.00</u>	\$ <u>280.00</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 **830.00**

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**

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2. Committee Name CTE MATHEW CHURCHWELL TREASURER

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>08/28/2024</u>	
Name & Address: CHARLES CLOSE PO BOX 154 GOODRICH, MI 48438		\$ <u>25.00</u>	\$ <u>25.00</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>08/28/2024</u>	
Name & Address: TODD URBANOWICZ 8451 QUANDT AVE ALLEN PARK, MI 48101		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO/SOFTWARE CONSULTANT</u> Employer <u>URBO CONSULTING</u> Business Address <u>8451 QUANDT AVE, ALLEN PARK, MI 48101</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/28/2024</u>	
Name & Address: MARTIN MURPHY 9597 VANDERGRIF ROAD INDIANAPOLIS, IN 46239		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>M MURPHY</u> Business Address <u>9597 VANDERGRIF RD, INDIANAPOLIS, IN 46239</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/29/2024</u>	
Name & Address: GLENDA DUBAK 54 LODEWYCK ST MT CLEMENS, MI 48043		\$ <u>25.00</u>	\$ <u>25.00</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 **650.00**

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

1. Committee I.D. Number 140466
2. Committee Name CTE MATHEW CHURCHWELL TREASURER

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>08/30/2024</u>	
Name & Address: MICHAEL STONE-RICH 776 TROMBLEY RD GROSSE POINTE PARK, MI 48230		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROF AND DEAN</u> Employer <u>CRANBROOK ACADEMY OF ART</u> Business Address <u>39221 WOODWARD AVE, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/01/2024</u>	
Name & Address: LEO LALONDE 24801 ROSALIND AVE EASTPOINTE, MI 48021		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOUSING COMMISSION</u> Employer <u>CITY OF EASTPOINTE</u> Business Address <u>23200 GRATIOT AVE, EASTPOINTE, MI 48021</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/02/2024</u>	
Name & Address: GLENDA DUBAK 54 LODEWYCK ST MT CLEMENS, MI 48043		\$ <u>100.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>54 LODEWYCK ST, 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>09/02/2024</u>	
Name & Address: NORTH MACOMB PAC 23391 SPRING CREEK DR MACOMB, MI 48042		\$ <u>400.00</u>	\$ <u>400.00</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 700.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/03/2024</u>	
Name & Address: MARIE VERLINDE 45867 ROYAL DRIVE CHESTERFIELD TOWNSHIP, MI 48051		\$ <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>09/03/2024</u>	
Name & Address: BRIAN ROERDEN 49 RIDGEFIELD RD CENTERPORT, NY 11721		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>49 RIDGEFIELD RD, CENTERPORT, NY 11721</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/03/2024</u>	
Name & Address: FADI EL-KHOURY 35603 TALL PINE RD FARMINGTON, MI 48335		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR OF TRANSFORMATION</u> Employer <u>INTEGRAL TECH GROUP</u> Business Address <u>901 TOWER DR, SUITE 200, TROY, MI 48098</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/04/2024</u>	
Name & Address: LISA MCNEILLEY 7283 CONSERVATION ST NE ADA, MI 49301		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VISITING LECTURER</u> Employer <u>GRAND VALLEY STATE UNIVERSITY</u> Business Address <u>1 CAMPUS DR, ALLENDALE TWP, MI 49401</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 500.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/04/2024</u>	
Name & Address: MARIA VALEZ 3336 E ROBIN LN PHOENIX, AZ 85050		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>AYUDA COMPANIES</u> Business Address <u>3336 E ROBIN LN, PHOENIX, AZ 85050</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/04/2024</u>	
Name & Address: BLAKE BACA 26625 GROVELAND ST MADISON HEIGHTS, MI 48071		\$ <u>25.00</u>	\$ <u>25.00</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>09/04/2024</u>	
Name & Address: MICHAEL CLEARY 25011 MARSH CREEK BLVD WOODHAVEN, MI 48183		\$ <u>25.00</u>	\$ <u>25.00</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>09/05/2024</u>	
Name & Address: KAREN DEBGUPTA 44536 N BUNKER HILL DR CLINTON TWP, MI 48038		\$ <u>10.00</u>	\$ <u>10.00</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 360.00

Grand Total of All Schedules 1A
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SCHEDULE 1A**

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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>09/05/2024</u>	
Name & Address: CHRISTOPHER KLOSE 5600 NEBRASKA AVE NW WASHINGTON, DC 20015		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNICATIONS CONSULTANT</u> Employer <u>SELF</u> Business Address <u>5600 NEBRASKA AVE NW, WASHINGTON, DC 20015</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/05/2024</u>	
Name & Address: TIM COONAN 5200 HARWOOD DR DES MOINES, IA 50312		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>HUBBELL REALTY COMPANY</u> Business Address <u>6900 WESTOWN PKWY, WEST DES MOINES, IA 50266</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: LINDA KOCH 30563 RIDGEFIELD AVE WARREN, MI 48088		\$ <u>35.00</u>	\$ <u>35.00</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>09/05/2024</u>	
Name & Address: SAIMA KHALIL 134 MARKET ST MT CLEMENS, MI 48043		\$ <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 435.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/05/2024</u>	
Name & Address: GLENDA DUBAK 54 LODEWYCK ST MT CLEMENS, MI 48043		\$ <u>70.00</u>	\$ <u>195.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>54 LODEWYCK 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>09/05/2024</u>	
Name & Address: EDWARD PATE 57364 TANGLEWOOD ST NEW HAVEN, MI 48048		\$ <u>35.00</u>	\$ <u>35.00</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>09/05/2024</u>	
Name & Address: CAROLE CHI 35325 MORAVIAN DR STERLING HEIGHTS, MI 48312		\$ <u>35.00</u>	\$ <u>35.00</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>09/06/2024</u>	
Name & Address: DAVID TIRSELL 292 JONES ST MT CLEMENS, MI 48043		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>292 JONES ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 290.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/08/2024</u>	
Name & Address: HOWARD RENTON 122 STILLWATER TRAIL HENDERSONVILLE, TN 37075		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>122 STILLWATER TRAIL, HENDERSONVILLE, TN 37075</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/08/2024</u>	
Name & Address: GEORGE DOWNEY IV 524 MERCY ST PHILADELPHIA, PA 19148		\$ <u>25.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>524 MERCY ST, PHILADELPHIA, PA 19148</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/08/2024</u>	
Name & Address: LINDSEY PHAIR 500 W MONTGOMERY AVE NORTH WALES, PA 19454		\$ <u>25.00</u>	\$ <u>25.00</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>09/08/2024</u>	
Name & Address: JOHN PELLIGRINI 4954 TENTERDEN DR SYRACUSE, NY 13215		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VP OF SALES/QUALITY ENGINEER</u> Employer <u>RAM FABRICATING LLC</u> Business Address <u>412 WAVEL ST, SYRACUSE, NY 13206</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 400.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 140466
2. Committee Name CTE MATHEW CHURCHWELL TREASURER

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: NANCY BACKHURST 275 RIVERSIDE DR CLINTON TOWNSHIP, MI 48036		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>275 RIVERSIDE DR, CLINTON TOWNSHIP, MI 48036</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/09/2024</u>	
Name & Address: ALEX KEAY 313 LEWISVILLE LN LEANDER, TX 78641		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>ALEX KEAY</u> Business Address <u>313 LEWISVILLE LN, LEANDER, TX 78641</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/09/2024</u>	
Name & Address: KYLE TODD 1168 WIMBLEDON DR MCLEAN, VA 22101		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1168 WIMBLEDON DR, MCLEAN, VA 22101</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: DOOLEY MARGUERITE 1323 CLIFTON ST NW WASHINGTON, DC 20009		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>270 STRATEGIES</u> Business Address <u>207 E OHIO ST, CHICAGO, IL 60611</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **175.00**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140466
2. Committee Name CTE MATHEW CHURCHWELL TREASURER

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>09/10/2024</u> Name & Address: SUZANNE SCHULER N8163 UPPER OAKWOOD DR EAST TROY, WI 53120		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EDUCATOR</u> Employer <u>UNIVERSITY OF WISCONSIN</u> Business Address <u>413 PO BOX, MILWAUKEE, WI 53120</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: CHRISTOPHER CLASON 1938 GRAYSLAKE DR ROCHESTER HILLS, MI 48306		\$ <u>16.66</u>	\$ <u>16.66</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1938 GRAYSLAKE DR, ROCHESTER HILLS, MI 48306</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/12/2024</u> Name & Address: LINDA PANNUTO 1375 HATHAWAY RISING ROCHESTER HILLS, MI 48306		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LIBRARIAN</u> Employer <u>ORION TOWNSHIP PUBLIC LIBRARY</u> Business Address <u>1375 HATHAWAY RISING, ROCHESTER HILLS, MI 48306</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/12/2024</u> Name & Address: SYLVIA CACOSSA 6606 FLINTLOCK RIDGE SHELBY TWP, MI 48317		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>6606 FLINTLOCK RIDGE, SHELBY TWP, MI 48317</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **151.66**

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

1. Committee I.D. Number 140466
2. Committee Name CTE MATHEW CHURCHWELL TREASURER

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>09/12/2024</u>	
Name & Address: BECKY HIGBIE 13401 25 MILE RD SHELBY TOWNSHIP, MI 48315		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>13401 25 MILE RD, SHELBY TOWNSHIP, MI 48315</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/13/2024</u>	
Name & Address: KYLIE MACONOCHIE 21417 FRANCIS ST ST CLAIR SHORES, MI 48082		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REGIONAL MANAGER</u> Employer <u>GRB</u> Business Address <u>21417 FRANCIS ST, ST CLAIR SHORES, MI 48082</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/13/2024</u>	
Name & Address: JAN ACKERMAN 15781 HAYES TRAIL APPLE VALLEY, MN 55124		\$ <u>5.00</u>	\$ <u>5.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>15781 HAYES TRAIL, APPLE VALLEY, MN 55124</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/13/2024</u>	
Name & Address: BRYAN WATSON 343 ASBURY CT HIGHLAND, MI 48357		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>4171 FALLOW ST, MI 48323</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

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

CANDIDATE COMMITTEE

1. Committee I.D. Number 140466
2. Committee Name CTE MATHEW CHURCHWELL TREASURER

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>09/14/2024</u>	
Name & Address: JOANNE MCCLURE 21440 MOROSS RD GROSSE POINTE, MI 48236		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HS COUNSELOR</u> Employer <u>DETROIT PUBLIC SCHOOLS</u> Business Address <u>2001 W WARREN AVE, DETROIT, MI 48208</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/14/2024</u>	
Name & Address: CAROLYN BOURLAND 121 W LAKE ST PETOSKEY, MI 49770		\$ <u>8.33</u>	\$ <u>8.33</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>121 W LAKE ST, PETOSKEY, MI 49770</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: MIKE MCFALL 1405 E MADGE AVE HAZEL PARK, MI 48030		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STATE REPRESENTATIVE</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>124 N CAPITOL AVE, LANSING, MI 48933</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/14/2024</u>	
Name & Address: BELINDA SEAL-SWEET 5270 BRONCO DR CLARKSTON VLG, MI 48346		\$ <u>33.33</u>	\$ <u>33.33</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>5270 BRONCO DR, CLARKSTON VLG, MI 48346</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 241.66

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

1. Committee I.D. Number 140466
2. Committee Name CTE MATHEW CHURCHWELL TREASURER

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>09/14/2024</u>	
Name & Address: DJ RYAN 2225 WORTON BLVD WEST MIFFLIN, PA 15122		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>SPC</u> Business Address <u>1433 MILAN AVE, PITTSBURGH, PA 15226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/14/2024</u>	
Name & Address: JULIE HALLINAN 1313 VERMONT AVE NW WASHINGTON, DC 20005		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SELF EMPLOYED</u> Business Address <u>1313 VERMONT AVE NW, WASHINGTON, DC 20005</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: DENIS CALLEWAERT 4600 GARDNER RD METAMORA, MI 48455		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>4600 GARDNER RD, METAMORA, MI 48455</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: SARAH MCNANNEY 21326 LITTLESTONE RD HARPER WOODS, MI 48225		\$ <u>8.33</u>	\$ <u>8.33</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>21326 LITTLESTONE RD, HARPER WOODS, MI 48225</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **283.33**

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

1. Committee I.D. Number 140466
2. Committee Name CTE MATHEW CHURCHWELL TREASURER

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>09/16/2024</u>	
Name & Address: MARK BRINKER 14580 DEBBIE DR STERLING HEIGHTS, MI 48313		\$ <u>8.33</u>	\$ <u>8.33</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MARKETING</u> Employer <u>SELF EMPLOYED</u> Business Address <u>14580 DEBBIE DR, 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>09/16/2024</u>	
Name & Address: NANCY DUEMLING 20776 MOXON DR CLINTON TWP, MI 48036		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>20776 MOXON DR, CLINTON TOWNSHIP, MI 48036</u> 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: TIM CARROLL 21612 ENGLEHARDT ST ST CLAIR SHORES, MI 48080		\$ <u>20.24</u>	\$ <u>40.48</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNICATIONS</u> Employer <u>US EPA</u> Business Address <u>1322 RHODE ISLAND AVE NW, WASHINGTON, DC 20005</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: THERESE KENNEDY 4171 BROOKWAY LN BROOKLYN, OH 44144		\$ <u>3.00</u>	\$ <u>3.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>4171 BROOKWAY LN, BROOKLYN, OH 44144</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

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

CANDIDATE COMMITTEE

1. Committee I.D. Number 140466
2. Committee Name CTE MATHEW CHURCHWELL TREASURER

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: NORMAN BEITNER 4556 FAIRWAY RIDGE CT WATERFORD, MI 48328		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>4556 FAIRWAY RIDGE CT, WEST BLOOMFIELD, MI 48323</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: CAROLE BANNISTER 18877 HIGHLITE DR STERLING HEIGHTS, MI 48310		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>18877 HIGHLITE DR, STERLING HEIGHTS, MI 48310</u> 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: MICHAEL SCHICHTEL 875 N ESPLANADE ST MT CLEMENS, MI 48043		\$ <u>5.00</u>	\$ <u>5.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>875 N ESPLANADE ST, 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: GARY CYNOWA 45451 FIELDING ST MACOMB, MI 48042		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>45451 FIELDING ST, MACOMB, MI 48042</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **190.00**

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

1. Committee I.D. Number 140466
2. Committee Name CTE MATHEW CHURCHWELL TREASURER

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>09/18/2024</u>	
Name & Address: MARCIA LAHAIE 511 EBERWHITE BLVD ANN ARBOR, MI 48103		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>511 EBERWHITE BLVD, ANN ARBOR, MI 48103</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: MARK FLANAGAN JR 805 OLDE GEORGETOWN CT GREAT FALLS, VA 22066		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>805 OLDE GEORGETOWN CT, GREAT FALLS, VA 22066</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: JENNIFER CRAY 1100 ALMA ST SUITE 200 MENLO PARK, CA 94025		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL PLANNER</u> Employer <u>FORUM FINANCIAL MANAGEMENT LP</u> Business Address <u>1100 ALMA ST, MENLO PARK, CA 94025</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: JACQUELINE KELLY 2524 CHALK FARM RD N WARREN, MI 48091		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2524 CHALK FARM RD N, WARREN, MI 48091</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **165.00**

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

1. Committee I.D. Number 140466
2. Committee Name CTE MATHEW CHURCHWELL TREASURER

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: SUSAN DILIBERTI 41202 WORTHINGTON CLINTON TWP, MI 48038		\$ <u>40.00</u>	\$ <u>90.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>41202 WORTHINGTON, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/24/2024</u> Name & Address: TRACY ALAM 5686 MARTIN RD WARREN, MI 48092		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNT MANAGER</u> Employer <u>JOB1AMERICA</u> Business Address <u>20300 MOUND RD, DETROIT, MI 48234</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/24/2024</u> Name & Address: JOHN SHELLEY 108 HATHAWAY CIR GREENVILLE, SC 29617		\$ <u>12.50</u>	\$ <u>12.50</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>108 HATHAWAY CIR, GREENVILLE, SC 29617</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/24/2024</u> Name & Address: GARY CYNOWA 45451 FIELDING ST MACOMB, MI 48042		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>45451 FIELDING ST, MACOMB, MI 48042</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 352.50

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140466
2. Committee Name CTE MATHEW CHURCHWELL TREASURER

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>09/24/2024</u>	
Name & Address: MICHAEL SCHICHTEL 875 N ESPLANADE ST MT CLEMENS, MI 48043		\$ <u>5.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>875 N ESPLANADE 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>09/24/2024</u>	
Name & Address: HOWARD RENTON 122 STILLWATER TRAIL HENDERSONVILLE, TN 37075		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>122 STILLWATER TRAIL, HENDERSONVILLE, TN 37075</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/24/2024</u>	
Name & Address: SHOFIUL ALAM 5686 MARTIN RD WARREN, MI 48092		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>5686 MARTIN RD, WARREN, MI 48092</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/24/2024</u>	
Name & Address: GINA AIUTO 29167 E ROSE ROSEVILLE, MI 48066		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMIN ASSISTANT</u> Employer <u>CITY OF ROSEVILLE</u> Business Address <u>29167 E ROSE, ROSEVILLE, MI 48066</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 175.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 140466
2. Committee Name CTE MATHEW CHURCHWELL TREASURER

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>09/24/2024</u>	
Name & Address: NICK BUZINSKI 26461 RAINE ST OAK PARK, MI 48237		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STUDY COORDINATOR</u> Employer <u>MCLAREN HEALTHCARE</u> Business Address <u>26461 RAINE ST, OAK PARK, MI 48237</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/24/2024</u>	
Name & Address: JOEL RUTHERFORD 5683 STORROW CT WARREN, MI 48092		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>5683 STORROW CT, WARREN, MI 48092</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/25/2024</u>	
Name & Address: JEAN-PHILIPPE FALETTA 41101 WORTHINGTON CLINTON TOWNSHIP, MI 48038		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>41101 WORTHINGTON, 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>09/25/2024</u>	
Name & Address: LINDA KOCH 30563 RIDGEFIELD AVE WARREN, MI 48088		\$ <u>35.00</u>	\$ <u>70.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>30563 RIDGEFIELD AVE, WARREN, MI 48088</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **115.00**

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

1. Committee I.D. Number 140466
2. Committee Name CTE MATHEW CHURCHWELL TREASURER

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>09/25/2024</u> Name & Address: MONA DEQUIS 25950 PRINZ RD RICHMOND, MI 48062		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REGIONAL POLITICAL ORGANIZER</u> Employer <u>MICHIGAN DEMOCRATIC PARTY</u> Business Address <u>606 TOWNSEND ST, LANSING, MI 48933</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/2024</u> Name & Address: ERIC LARSON 828 BAY CROSSING DR WATERFORD TOWNSHIP, MI 48327		\$ <u>83.33</u>	\$ <u>83.33</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>828 BAY CROSSING DR, WATERFORD TOWNSHIP, MI 48327</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2024</u> Name & Address: CAROLYN PEKALA 2 MILLERS LN RIDGEFIELD, CT 06877		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE ASSISTANT</u> Employer <u>GARTNER</u> Business Address <u>56 TOP GALLANT RD, STAMFORD, CT 06902</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2024</u> Name & Address: CHERYL GRIXTI 142 AVOCADO CT SAN RAMON, CA 94583		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>142 AVOCADO CT, SAN RAMON, CA 94583</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 228.33

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

1. Committee I.D. Number 140466
2. Committee Name CTE MATHEW CHURCHWELL TREASURER

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>09/28/2024</u>	
Name & Address: NASH BIRDIE 29484 ASHLAND AVE HARRISON, MI 48045		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>29484 ASHLAND AVE, HARRISON, MI 48045</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/29/2024</u>	
Name & Address: CHRISTOPHER KLOSE 5600 NEBRASKA AVE NW WASHINGTON, DC 20015		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNICATIONS CONSULTANT</u> Employer <u>SELF</u> Business Address <u>5600 NEBRASKA AVE NW, WASHINGTON, DC 20015</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/30/2024</u>	
Name & Address: HOWARD RENTON 122 STILLWATER TRAIL HENDERSONVILLE, TN 37075		\$ <u>25.00</u>	\$ <u>225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>122 STILLWATER TRAIL, HENDERSONVILLE, TN 37075</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/30/2024</u>	
Name & Address: GARY CYNOWA 45451 FIELDING ST MACOMB, MI 48042		\$ <u>50.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>45451 FIELDING ST, MACOMB, MI 48042</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 360.00

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

CANDIDATE COMMITTEE

1. Committee I.D. Number 140466
2. Committee Name CTE MATHEW CHURCHWELL TREASURER

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>09/30/2024</u> Name & Address: KAREN DEBGUPTA 44536 N BUNKER HILL DR CLINTON TWP, MI 48038		\$ <u>10.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>44536 N BUNKER HILL DR, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/01/2024</u> Name & Address: PAUL TUNNEY 24045 WESTMONT DR NOVI, MI 48374		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SDM</u> Employer <u>AMAZON</u> Business Address <u>150 W JEFFERSON 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>10/02/2024</u> Name & Address: JANICE SIEGEL 33607 CORNELISSEN DR STERLING HEIGHTS, MI 48312		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>33607 CORNELISSEN DR, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/02/2024</u> Name & Address: GEORGE CHAPP 4753 STILWELL DR WARREN, MI 48092		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MENTAL-BEHAVIORAL HEALTH ADMINISTRATOR</u> Employer <u>GREAT LAKES MSO</u> Business Address <u>1050 WILSHIRE DR, TROY, MI 48084</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **130.00**

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

1. Committee I.D. Number 140466
2. Committee Name CTE MATHEW CHURCHWELL TREASURER

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>10/02/2024</u> Name & Address: CARDI DEMONACO 23225 OAKWOOD AVE EASTPOINTE, MI 48021		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOFTWARE DEVEL</u> Employer <u>MICHIGAN COURT OF APPEALS</u> Business Address <u>3044 W GRAND BLVD, DETROIT, MI 48202</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/02/2024</u> Name & Address: CONNOR BERDY 32252 HAWTHORNE DR WARREN, MI 48092		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>32252 HAWTHORNE DR, WARREN, MI 48092</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/03/2024</u> Name & Address: WILLIAM RASKY 58 CLEVELAND ST ARLINGTON, MA 02474		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>MASS AVE STRATEGIES</u> Business Address <u>105 N STATE ST, CONCORD, NH 03301</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☒ YES 4. Date of Receipt <u>10/04/2024</u> Name & Address: ANISHINAABEK CAUCUS 1188 JUNEAU RD YPSILANTI, MI 48198		\$ <u>200.00</u>	\$ <u>200.00</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 600.00

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

1. Committee I.D. Number 140466
2. Committee Name CTE MATHEW CHURCHWELL TREASURER

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>10/06/2024</u> Name & Address: KAREN DEBGUPTA 44536 N BUNKER HILL DR CLINTON TWP, MI 48038		\$ <u>10.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>NOT EMPLOYED</u> Business Address <u>44536 N BUNKER HILL DR, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/06/2024</u> Name & Address: DAVE GOBEL 3219 W CASE RD DUBLIN, OH 43017		\$ <u>12.50</u>	\$ <u>12.50</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>3219 W CASE RD, DUBLIN, OH 43017</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/06/2024</u> Name & Address: SYLVIA CACOSSA 6606 FLINTLOCK RIDGE SHELBY TWP, MI 48317		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>6606 FLINTLOCK RIDGE, 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>10/06/2024</u> Name & Address: SUZANNE SCHULER N8163 UPPER OAKWOOD DR EAST TROY, WI 53120		\$ <u>5.00</u>	\$ <u>15.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EDUCATOR</u> Employer <u>UNIVERSITY OF WISCONSIN</u> Business Address <u>413 PO BOX, MILWAUKEE, WI 53120</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 77.50

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

1. Committee I.D. Number 140466
2. Committee Name CTE MATHEW CHURCHWELL TREASURER

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>10/07/2024</u>	
Name & Address: EDWARD REILLY 253 GOLF DR BUCK HILL FALLS, PA 18323		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>DGA GROUP</u> Business Address <u>1900 K ST NW, WASHINGTON, DC 20006</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/07/2024</u>	
Name & Address: THURBERT BAKER 490 MONTEAGLE TRCE STONE MOUNTAIN, GA 30087		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>DENTONS LAW FIRM</u> Business Address <u>490 MONTEAGLE TRCE, STONE MOUNTAIN, GA 30087</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/07/2024</u>	
Name & Address: ROBIN WINSTON 7453 QUINCY CT INDIANAPOLIS, IN 46254		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>WINSTON/TERRELL GROUP</u> Business Address <u>1449 N PENNSYLVANIA ST, INDIANAPOLIS, IN 46202</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/07/2024</u>	
Name & Address: JOHN KOSKI 233 S WACKER DR SUITE 95900 CHICAGO, IL 60606		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>DENTONS US LLP</u> Business Address <u>233 S WACKER DR, CHICAGO, IL 60606</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,350.00**

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

1. Committee I.D. Number 140466
2. Committee Name CTE MATHEW CHURCHWELL TREASURER

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>10/07/2024</u>	
Name & Address: GARY SHEEHAN 5 MESA LN MALVERN, PA 19355		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TV SCRIPT WRITER</u> Employer <u>GARY SHEEHAN</u> Business Address <u>5 MESA LN, MALVERN, PA 19355</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/09/2024</u>	
Name & Address: WT MCCLAMROCH 6425 N OXBOW WAY INDIANAPOLIS, IN 46220		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/09/2024</u>	
Name & Address: DORIAN HOOKER 30066 EVERETT ST SOUTHFIELD, MI 48076		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>DENTONS</u> Business Address <u>6425 N OXBOW WAY, INDIANAPOLIS, IN 46220</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/10/2024</u>	
Name & Address: SUSAN LESLIE 29016 MILLBROOK FARMINGTON HILLS, MI 48334		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>29016 MILLBROOK, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 800.00

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 140466
2. Committee Name CTE MATHEW CHURCHWELL TREASURER

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>10/10/2024</u>	
Name & Address: ROBERT KLUCENS 21903 STEPHENS ST ST CLAIR SHORES, MI 48080		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>23125 GREATER MACK AVE, ST CLAIR SHORES, MI 48080</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/10/2024</u>	
Name & Address: BRYAN OWENS 22640 CLAIRWOOD ST ST CLAIR SHORES, MI 48080		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HEARING AID SPECIALIST</u> Employer <u>MONROE HEARING CENTER</u> Business Address <u>214 E ELM AVE, MONROE, MI 48162</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/11/2024</u>	
Name & Address: DORIAN HOOKER 30066 EVERETT ST SOUTHFIELD, MI 48076		\$ <u>250.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>DENTONS</u> Business Address <u>6425 N OXBOW WAY, INDIANAPOLIS, IN 46220</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/11/2024</u>	
Name & Address: JANICE HARMAN 1276 MARVIN AVE CHARLESTON, SC 29407		\$ <u>12.50</u>	\$ <u>12.50</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 462.50

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 140466
2. Committee Name CTE MATHEW CHURCHWELL TREASURER

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>10/12/2024</u> Name & Address: DENNIS BRUCK 19637 LLOYD ST CLINTON, MI 48038		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/13/2024</u> Name & Address: SUSAN DILIBERTI 41202 WORTHINGTON CLINTON TWP, MI 48038		\$ <u>25.00</u>	\$ <u>115.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>41202 WORTHINGTON, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/13/2024</u> Name & Address: CAROL HOGAN 26653 TOM ALLEN DR WARREN, MI 48089		\$ <u>5.00</u>	\$ <u>5.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>26653 TOM ALLEN DR, WARREN, MI 48089</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/13/2024</u> Name & Address: CAROLE CHI 35325 MORAVIAN DR STERLING HEIGHTS, MI 48312		\$ <u>25.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 80.00

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 140466
2. Committee Name CTE MATHEW CHURCHWELL TREASURER

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>10/13/2024</u>	
Name & Address: GAIL MATHESON 1733 15TH ST WYANDOTTE, MI 48192		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/13/2024</u>	
Name & Address: JAY ONEY 300 CHICK SPRINGS RD GREENVILLE, SC 29609		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/13/2024</u>	
Name & Address: PAUL HATCH 2749 MACOMB ST NW WASHINGTON, DC 20008		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>2749 MACOMB ST NW, WASHINGTON, DC 20008</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/13/2024</u>	
Name & Address: SUNDAY HOLM 22501 MASONIC ST CLAIR SHORES, MI 48082		\$ <u>5.00</u>	\$ <u>5.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETAIL</u> Employer <u>SCHLANDERER AND SON</u> Business Address <u>22501 MASONIC, ST CLAIR SHORES, MI 48082</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 705.00

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

Enter this total on
line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140466
2. Committee Name CTE MATHEW CHURCHWELL TREASURER

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>10/14/2024</u> Name & Address: JOSEPH ANDREW 5124 WISSIOMING RD BETHESDA, MD 20816		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>DENTONS</u> Business Address <u>1900 K ST NW, WASHINGTON, DC 20006</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/15/2024</u> Name & Address: CHRISTOPHER KLOSE 5600 NEBRASKA AVE NW WASHINGTON, DC 20015		\$ <u>25.00</u>	\$ <u>525.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNICATIONS CONSULTANT</u> Employer <u>SELF</u> Business Address <u>5600 NEBRASKA AVE NW, WASHINGTON, DC 20015</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/15/2024</u> Name & Address: JOANNA STUART 8 QUININE LN COLUMBIA, SC 29204		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>8 QUININE LN, COLUMBIA, SC 29204</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/15/2024</u> Name & Address: DENNIS LEE 8618 MODESTO CT INDIANAPOLIS, IN 46278		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>DENTONS LLP</u> Business Address <u>8618 MODESTO CT, INDIANAPOLIS, IN 46278</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,035.00**

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 140466
2. Committee Name CTE MATHEW CHURCHWELL TREASURER

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>10/16/2024</u>	
Name & Address: BRAD QUEISSER 360 E MARKET ST INDIANAPOLIS, IN 46204		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR POLICY ADVISOR</u> Employer <u>DENTONS LLP</u> Business Address <u>10 W MARKET ST, INDIANAPOLIS, IN 46222</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/17/2024</u>	
Name & Address: TIM CARROLL 21612 ENGLEHARDT ST ST CLAIR SHORES, MI 48080		\$ <u>20.24</u>	\$ <u>60.72</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNICATIONS</u> Employer <u>US EPA</u> Business Address <u>1322 RHODE ISLAND AVE NW, WASHINGTON, DC 20005</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/17/2024</u>	
Name & Address: VIJAY HEMGUDE 2630 ARROWHEAD DR TROY, MI 48083		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>AUTOMOTIVE ENGINEER</u> Employer <u>MAGNA INTERNATIONAL</u> Business Address <u>1870 TECHNOLOGY DR, TROY, MI 48083</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/18/2024</u>	
Name & Address: JORGE ALERS 400 NORTH PARK AVENUE UNIT 12B BRECKENRIDGE, CO 80424		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>400 NORTH PARK AVENUE, UNIT 12B, BRECKENRIDGE, CO 80424</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 470.24

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

1. Committee I.D. Number 140466
2. Committee Name CTE MATHEW CHURCHWELL TREASURER

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>10/18/2024</u> Name & Address: KAREN DEBGUPTA 44536 N BUNKER HILL DR CLINTON TWP, MI 48038 \$ 5.00 \$ 35.00 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>44536 N BUNKER HILL DR, 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 _____ Name & Address _____ \$ _____ \$ _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization
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		Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name & Address _____ \$ _____ \$ _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization

Page Subtotal **5.00**

Grand Total of All Schedules 1A
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12,704.29

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line 3a of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **140466**

CANDIDATE COMMITTEE

2. Committee Name **CTE MATHEW CHURCHWELL TREASURER**

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: MATHEW CHURCHWELL 22111 CHALON ST ST CLAIR SHORES, MI 48080 If over \$100.00 cumulative, please provide: Occupation: REAL ESTATE Employer Name & Business Address: BEDROCK 630 WOODWARD AVE, DETROIT, MI 48226 ☐ 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 WEB HOSTING 5. Date Of Receipt: 09/10/2024 6. Vendor Name & Address: GODADDY 2155 E GODADDY WAY, TEMPE, AZ 85284	\$ 16.99	\$ 288.21
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: TRACY ALAM 5686 MARTIN RD WARREN, MI 48092 If over \$100.00 cumulative, please provide: Occupation: ACCOUNT MANAGER Employer Name & Address: JOB1AMERICA 20300 MOUND RD, DETROIT, MI 48234 ☒ 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 VENUE RENTAL FOR FUNDRAISER 5. Date Of Receipt: 09/25/2024 6. Vendor Name & Address: THE DOVETAIL 29200 HOOVER RD, WARREN, MI 48093	\$ 50.00	\$ 250.00
Contribution #3 PAC Receipt? ☐ Yes Name & Address: MATHEW CHURCHWELL 22111 CHALON ST ST CLAIR SHORES, MI 48080 If over \$100.00 cumulative, please provide: Occupation: REAL ESTATE Employer Name & Address: BEDROCK 630 WOODWARD AVE, DETROIT, MI 48226 ☐ 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 DRIVER FOR YARD SIGNS 5. Date Of Receipt: 09/28/2024 6. Vendor Name & Address: AMAZON 410 TERRY AVE N, SEATTLE, WA 98109	\$ 44.99	\$ 333.20

Page Subtotal **111.98** **250.00**

Grand Total of all Schedules 1-IK
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on line 6 of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 140466

CANDIDATE COMMITTEE

2. Committee Name CTE MATHEW CHURCHWELL TREASURER

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: MATHEW CHURCHWELL 22111 CHALON ST ST CLAIR SHORES, MI 48080 If over \$100.00 cumulative, please provide: Occupation: REAL ESTATE Employer Name & Business Address: BEDROCK 630 WOODWARD AVE, DETROIT, MI 48226 ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>FOOD FOR FUNDRAISER</u> 5. Date Of Receipt: <u>10/03/2024</u> 6. Vendor Name & Address: KUHNHENN BREWING CO 5919 CHICAGO RD, WARREN, MI 48092	\$ <u>45.10</u>	\$ <u>378.30</u>
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: MATHEW CHURCHWELL 22111 CHALON ST ST CLAIR SHORES, MI 48080 If over \$100.00 cumulative, please provide: Occupation: REAL ESTATE Employer Name & Address: BEDROCK 630 WOODWARD AVE, DETROIT, MI 48226 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>WEB HOSTING</u> 5. Date Of Receipt: <u>10/10/2024</u> 6. Vendor Name & Address: GODADDY 2155 E GODADDY WAY, TEMPE, AZ 85284	\$ <u>16.99</u>	\$ <u>395.29</u>
Contribution #3 PAC Receipt? ☐ Yes Name & Address: RON FREDERICK 22824 CANTERBURY ST ST CLAIR SHORES, MI 48080 If over \$100.00 cumulative, please provide: Occupation: COUNCILMAN Employer Name & Address: SAINT CLAIRE SHORES 27600 JEFFERSON AVE, ST CLAIR SHORES, MI 48081 ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☒ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>FOOD FOR FUNDRAISER</u> 5. Date Of Receipt: <u>10/10/2024</u> 6. Vendor Name & Address: KUHNHENN BREWING CO 5919 CHICAGO RD, WARREN, MI 48092	\$ <u>100.00</u>	\$ <u>100.00</u>

Page Subtotal **162.09** **100.00**

Grand Total of all Schedules 1-IK
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on line 6 of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **140466**

CANDIDATE COMMITTEE

2. Committee Name **CTE MATHEW CHURCHWELL TREASURER**

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: MATHEW CHURCHWELL 22111 CHALON ST ST CLAIR SHORES, MI 48080 If over \$100.00 cumulative, please provide: Occupation: REAL ESTATE Employer Name & Business Address: BEDROCK 630 WOODWARD AVE, DETROIT, MI 48226 ☐ 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 FACEBOOK AD 5. Date Of Receipt: 10/12/2024 6. Vendor Name & Address: APPLE SERVICES ONE APPLE PARK WAY, CUPERTINO, CA 95014	\$ 14.28	\$ 409.57
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:	\$	\$

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Page Subtotal

14.28

409.57

Grand Total of all Schedules 1-IK
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288.35

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140466
2. Committee Name CTE MATHEW CHURCHWELL TREASURER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>ACT BLUE FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/28/2024</u> Date	\$ <u>2.08</u>
Expenditure #2 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>ACT BLUE FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/29/2024</u> Date	\$ <u>21.04</u>
Expenditure #3 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>ACT BLUE FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/30/2024</u> Date	\$ <u>23.82</u>
Expenditure #4 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>ACT BLUE FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/03/2024</u> Date	\$ <u>1.16</u>
Expenditure #5 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>ACT BLUE FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/04/2024</u> Date	\$ <u>3.93</u>
Subtotal this page			52.03
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140466
2. Committee Name CTE MATHEW CHURCHWELL TREASURER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>ACT BLUE FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/05/2024</u> Date	\$ <u>20.76</u>
Expenditure #2 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>ACT BLUE FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/06/2024</u> Date	\$ <u>17.58</u>
Expenditure #3 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>ACT BLUE FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/09/2024</u> Date	\$ <u>23.50</u>
Expenditure #4 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>ACT BLUE FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/10/2024</u> Date	\$ <u>5.78</u>
Expenditure #5 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>ACT BLUE FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/11/2024</u> Date	\$ <u>21.05</u>

Subtotal this page **88.67**

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140466**
2. Committee Name **CTE MATHEW CHURCHWELL TREASURER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACT BLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/12/2024</u> Date	\$ <u>2.68</u>
Expenditure #2 Name NGP VAN INC Address 1445 NEW YORK AVE NW WASHINGTON, DC 20005 ☐ Fund Raiser	Purpose: <u>PHONE BANKING/ DONOR RESEARCH SERVICES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/16/2024</u> Date	\$ <u>150.00</u>
Expenditure #3 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACT BLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/16/2024</u> Date	\$ <u>17.84</u>
Expenditure #4 Name MAGGIE'S WIGS 4 KIDS Address 30130 HARPER AVE ST CLAIR SHORES, MI 48082 ☐ Fund Raiser	Purpose: DONATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/17/2024</u> Date	\$ <u>103.63</u>
Expenditure #5 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACT BLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/17/2024</u> Date	\$ <u>6.43</u>

Subtotal this page **280.58**

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140466**
2. Committee Name **CTE MATHEW CHURCHWELL TREASURER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACT BLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/18/2024 Date	\$ 25.74
Expenditure #2 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/19/2024 Date	\$ 350.00
Expenditure #3 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACT BLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/19/2024 Date	\$ 9.30
Expenditure #4 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/20/2024 Date	\$ 350.00
Expenditure #5 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACT BLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/20/2024 Date	\$ 0.97

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736.01

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140466**
2. Committee Name **CTE MATHEW CHURCHWELL TREASURER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name OFFICE MAX Address 33840 GRATIOT AVE CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: OFFICE SUPPLIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/21/2024 Date	\$ 64.64
Expenditure #2 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACT BLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/23/2024 Date	\$ 3.93
Expenditure #3 Name FACEBOOK Address 1601 WILLOW ROAD MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/24/2024 Date	\$ 10.00
Expenditure #4 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACT BLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/24/2024 Date	\$ 0.60
Expenditure #5 Name FACEBOOK Address 1601 WILLOW ROAD MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/25/2024 Date	\$ 10.00

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89.17

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140466**
2. Committee Name **CTE MATHEW CHURCHWELL TREASURER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FACEBOOK Address 1601 WILLOW ROAD MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/25/2024 Date	\$ 10.00
Expenditure #2 Name FACEBOOK Address 1601 WILLOW ROAD MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/25/2024 Date	\$ 500.00
Expenditure #3 Name FACEBOOK Address 1601 WILLOW ROAD MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/25/2024 Date	\$ 15.00
Expenditure #4 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACT BLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/25/2024 Date	\$ 3.24
Expenditure #5 Name FACEBOOK Address 1601 WILLOW ROAD MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/26/2024 Date	\$ 15.00

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543.24

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140466**
2. Committee Name **CTE MATHEW CHURCHWELL TREASURER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name AMAZON Address 440 TERRY AVE N SEATTLE, WA 98109 ☐ Fund Raiser	Purpose: SUPPLIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/26/2024 Date	\$ 47.69
Expenditure #2 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACT BLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/26/2024 Date	\$ 21.20
Expenditure #3 Name FACEBOOK Address 1601 WILLOW ROAD MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/27/2024 Date	\$ 25.00
Expenditure #4 Name AMERICAN GRAPHICS Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: YARD SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/27/2024 Date	\$ 901.00
Expenditure #5 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACT BLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/27/2024 Date	\$ 4.82

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140466**
2. Committee Name **CTE MATHEW CHURCHWELL TREASURER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FACEBOOK Address 1601 WILLOW ROAD MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/28/2024 Date	\$ 28.00
Expenditure #2 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/29/2024 Date	\$ 500.00
Expenditure #3 Name FACEBOOK Address 1601 WILLOW ROAD MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/29/2024 Date	\$ 31.00
Expenditure #4 Name FACEBOOK Address 1601 WILLOW ROAD MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/30/2024 Date	\$ 35.00
Expenditure #5 Name BERGMANN ZWERDLING Address 1015 18TH ST NW WASHINGTON, DC 20036 ☐ Fund Raiser	Purpose: LITERATURE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/30/2024 Date	\$ 924.16

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1,518.16

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140466**
2. Committee Name **CTE MATHEW CHURCHWELL TREASURER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACT BLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/30/2024 Date	\$ 3.31
Expenditure #2 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACT BLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/01/2024 Date	\$ 4.90
Expenditure #3 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/02/2024 Date	\$ 236.65
Expenditure #4 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACT BLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/02/2024 Date	\$ 13.32
Expenditure #5 Name MEGAN CRANE Address 238 COLUMBIA RD BOSTON, MA 02121 ☐ Fund Raiser	Purpose: CONSULTING SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/02/2024 Date	\$ 2,500.00

Subtotal this page **2,758.18**

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140466**
2. Committee Name **CTE MATHEW CHURCHWELL TREASURER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACT BLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/03/2024 Date	\$ 2.08
Expenditure #2 Name SCALE TO WIN Address 13742 HARPER ST SANTA ANA, CA 92703 ☐ Fund Raiser	Purpose: PHONE BANKING SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/03/2024 Date	\$ 47.67
Expenditure #3 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACT BLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/04/2024 Date	\$ 9.07
Expenditure #4 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/05/2024 Date	\$ 500.00
Expenditure #5 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACT BLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/07/2024 Date	\$ 9.48

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140466
2. Committee Name CTE MATHEW CHURCHWELL TREASURER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/07/2024 Date	\$ 500.00
Expenditure #2 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACT BLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/08/2024 Date	\$ 7.63
Expenditure #3 Name FACEBOOK Address 1601 WILLOW ROAD MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/08/2024 Date	\$ 48.00
Expenditure #4 Name FACEBOOK Address 1601 WILLOW ROAD MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/08/2024 Date	\$ 39.00
Expenditure #5 Name FACEBOOK Address 1601 WILLOW ROAD MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/08/2024 Date	\$ 39.00

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633.63

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140466
2. Committee Name CTE MATHEW CHURCHWELL TREASURER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FACEBOOK Address 1601 WILLOW ROAD MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/08/2024</u> Date	\$ <u>43.00</u>
Expenditure #2 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: <u>ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/08/2024</u> Date	\$ <u>500.00</u>
Expenditure #3 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: <u>ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/08/2024</u> Date	\$ <u>500.00</u>
Expenditure #4 Name FACEBOOK Address 1601 WILLOW ROAD MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/08/2024</u> Date	\$ <u>53.00</u>
Expenditure #5 Name FACEBOOK Address 1601 WILLOW ROAD MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/08/2024</u> Date	\$ <u>65.00</u>

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1,161.00

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140466**
2. Committee Name **CTE MATHEW CHURCHWELL TREASURER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FACEBOOK Address 1601 WILLOW ROAD MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/08/2024 Date	\$ 59.00
Expenditure #2 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACT BLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/09/2024 Date	\$ 54.67
Expenditure #3 Name FACEBOOK Address 1601 WILLOW ROAD MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/09/2024 Date	\$ 72.00
Expenditure #4 Name FACEBOOK Address 1601 WILLOW ROAD MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/09/2024 Date	\$ 80.00
Expenditure #5 Name BREAK SOMETHING Address 1701 RHODE ISLAND AVE NW WASHINGTON, DC 20036 ☐ Fund Raiser	Purpose: GOOGLE SEARCH ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/09/2024 Date	\$ 500.00

Subtotal this page **765.67**

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140466**
2. Committee Name **CTE MATHEW CHURCHWELL TREASURER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FACEBOOK Address 1601 WILLOW ROAD MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/09/2024 Date	\$ 97.00
Expenditure #2 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/09/2024 Date	\$ 500.00
Expenditure #3 Name FACEBOOK Address 1601 WILLOW ROAD MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/09/2024 Date	\$ 88.00
Expenditure #4 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACT BLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/10/2024 Date	\$ 3.93
Expenditure #5 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/10/2024 Date	\$ 500.00

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1,188.93

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140466**
2. Committee Name **CTE MATHEW CHURCHWELL TREASURER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FACEBOOK Address 1601 WILLOW ROAD MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/10/2024 Date	\$ 107.00
Expenditure #2 Name FACEBOOK Address 1601 WILLOW ROAD MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/10/2024 Date	\$ 118.00
Expenditure #3 Name FACEBOOK Address 1601 WILLOW ROAD MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/10/2024 Date	\$ 130.00
Expenditure #4 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/10/2024 Date	\$ 500.00
Expenditure #5 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACT BLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/11/2024 Date	\$ 3.93

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858.93

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140466
2. Committee Name CTE MATHEW CHURCHWELL TREASURER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: <u>ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/11/2024</u> Date	\$ <u>500.00</u>
Expenditure #2 Name FACEBOOK Address 1601 WILLOW ROAD MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/11/2024</u> Date	\$ <u>143.00</u>
Expenditure #3 Name FACEBOOK Address 1601 WILLOW ROAD MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/11/2024</u> Date	\$ <u>143.00</u>
Expenditure #4 Name FACEBOOK Address 1601 WILLOW ROAD MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/11/2024</u> Date	\$ <u>158.00</u>
Expenditure #5 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: <u>ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/11/2024</u> Date	\$ <u>500.00</u>

Subtotal this page

1,444.00

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 **140466**
2. Committee Name **CTE MATHEW CHURCHWELL TREASURER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FACEBOOK Address 1601 WILLOW ROAD MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/12/2024 Date	\$ 174.00
Expenditure #2 Name WAVE BREAK DIGITAL LLC Address 22261 WATERVIEW RD LEWES, DE 19958 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/12/2024 Date	\$ 150.00
Expenditure #3 Name FACEBOOK Address 1601 WILLOW ROAD MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/12/2024 Date	\$ 192.00
Expenditure #4 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/12/2024 Date	\$ 500.00
Expenditure #5 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/13/2024 Date	\$ 500.00

Subtotal this page **1,516.00**

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 **140466**
2. Committee Name **CTE MATHEW CHURCHWELL TREASURER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/13/2024 Date	\$ 500.00
Expenditure #2 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/13/2024 Date	\$ 500.00
Expenditure #3 Name FACEBOOK Address 1601 WILLOW ROAD MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/13/2024 Date	\$ 202.00
Expenditure #4 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/14/2024 Date	\$ 500.00
Expenditure #5 Name FACEBOOK Address 1601 WILLOW ROAD MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/14/2024 Date	\$ 234.00

Subtotal this page **1,936.00**

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 **140466**
2. Committee Name **CTE MATHEW CHURCHWELL TREASURER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FACEBOOK Address 1601 WILLOW ROAD MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/14/2024 Date	\$ 258.00
Expenditure #2 Name FACEBOOK Address 1601 WILLOW ROAD MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/2024 Date	\$ 258.00
Expenditure #3 Name BREAK SOMETHING Address 1701 RHODE ISLAND AVE NW WASHINGTON, DC 20036 ☐ Fund Raiser	Purpose: GOOGLE SEARCH ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/2024 Date	\$ 500.00
Expenditure #4 Name BERGMANN ZWERDLING Address 1015 18TH ST NW WASHINGTON, DC 20036 ☐ Fund Raiser	Purpose: BILLBOARD DESIGN ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/2024 Date	\$ 332.50
Expenditure #5 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/2024 Date	\$ 500.00

Subtotal this page

1,848.50

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 **140466**
2. Committee Name **CTE MATHEW CHURCHWELL TREASURER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/2024 Date	\$ 500.00
Expenditure #2 Name LAMAR ADVERTISING Address 5321 CORPORATE BLVD BATON ROUGE, LA 70808 ☐ Fund Raiser	Purpose: BILLBOARDS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/2024 Date	\$ 5,450.00
Expenditure #3 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACT BLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/16/2024 Date	\$ 10.18
Expenditure #4 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/16/2024 Date	\$ 500.00
Expenditure #5 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACT BLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/17/2024 Date	\$ 70.13

Subtotal this page

6,530.31

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 140466
2. Committee Name CTE MATHEW CHURCHWELL TREASURER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>ACTBLUE FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/18/2024</u> Date	\$ <u>3.93</u>
Expenditure #2 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: <u>GOOGLE ADS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/18/2024</u> Date	\$ <u>500.00</u>
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 **503.93**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **26,020.95**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140466
2. Committee Name CTE MATHEW CHURCHWELL TREASURER

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: MATHEW CHURCHWELL 22111 CHALON ST ST CLAIR SHORES, MI 48080	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>08/18/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 141.25</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 141.25</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

141.25

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

141.25

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **140466**
2. Committee Name **CTE MATHEW CHURCHWELL TREASURER**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 09/25/2024	4. Number of Individuals Attending or Participating (whichever is greater) 7	5. Type of Fund Raising Activity CASUAL RECEPTION	6. Address and Name (If any) of the place where the activity was held. THE DOVETAIL 29200 HOOVER RD WARREN, MI 48093 ☐ Private Residence
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7. Total Contributions **270.00**
8. Other Receipts **50.00**
9. Gross Receipts (Add lines 7 and 8) **320.00**
10. Total Cost of Event **0.00**
(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 **140466**
2. Committee Name **CTE MATHEW CHURCHWELL TREASURER**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 10/02/2024	4. Number of Individuals Attending or Participating (whichever is greater) 14	5. Type of Fund Raising Activity RECEPTION	6. Address and Name (If any) of the place where the activity was held. KUHNHENN BREWERY 29200 HOOVER RD WARREN, MI 48093 ☐ Private Residence
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7. Total Contributions **1,020.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **1,020.00**
10. Total Cost of Event **0.00**
(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 **140466**
2. Committee Name **CTE MATHEW CHURCHWELL TREASURER**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 10/10/2024	4. Number of Individuals Attending or Participating (whichever is greater) 11	5. Type of Fund Raising Activity EVENING RECEPTION	6. Address and Name (If any) of the place where the activity was held. FIREHOUSE PUB 23018 GREATER MACK AVE ST CLAIR SHORES, MI 48080 ☐ Private Residence
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7. Total Contributions **335.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **335.00**
10. Total Cost of Event **0.00**
(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 **140466**
2. Committee Name **CTE MATHEW CHURCHWELL TREASURER**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 10/15/2024	4. Number of Individuals Attending or Participating (whichever is greater) 9	5. Type of Fund Raising Activity VIRTUAL FUNDRAISER	6. Address and Name (If any) of the place where the activity was held. VIRTUAL 23125 GREATER MACK AVE ST CLAIR SHORES, MI 48080 ☐ Private Residence
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7. Total Contributions **3,325.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **3,325.00**
10. Total Cost of Event **0.00**
(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.