



FILED

28 NOV 2024 PM 03:27

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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**CANDIDATE COMMITTEE
COVER PAGE**

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

3. This Statement covers From: 10/21/2024 to 11/25/2024

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

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

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement () Coverage Year

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

Date of Election, Convention or Caucus

11/05/2024

9e. Dissolution of Candidate Committee

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

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

Effective date of dissolution

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

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

Current Treasurer or

Designated Record keeper _____
Type or Print Name Signature

Submitted electronically,
signature on file

Date 11/28/2024

Candidate _____
Type or Print Name Signature

Submitted electronically,
signature on file

Date 11/28/2024



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>19,285.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>19,285.00</u>	(18.) \$ <u>62,825.49</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>19,285.00</u>	(20.) \$ <u>62,825.49</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</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>28,395.52</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>28,395.52</u>	(23.) \$ <u>62,825.49</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>9,110.52</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>19,285.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>28,395.52</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>28,395.52</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>0.00</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>10/22/2024</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/23/2024</u>	
Name & Address: KAREN DEBGUPTA 44536 N BUNKER HILL DR CLINTON TWP, MI 48038		\$ <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>44536 N BUNKER HILL DR, CLINTON TOWNSHIP, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/23/2024</u>	
Name & Address: CAROLE CHI 35325 MORAVIAN DR STERLING HEIGHTS, MI 48312		\$ <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>35325 MORAVIAN 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>10/23/2024</u>	
Name & Address: DAVID IVERS 35917 FIERIMONTE DR CLINTON TWP, MI 48035		\$ <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>35917 FIERIMONTE DR, CLINTON TWP, MI 48035</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 60.00

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>10/23/2024</u>	
Name & Address: MARIA VELEZ 3336 E ROBIN LN PHOENIX, AZ 85050		\$ <u>150.00</u>	\$ <u>150.00</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>10/23/2024</u>	
Name & Address: DAVID IVERS 35917 FIERIMONTE DR CLINTON TWP, MI 48035		\$ <u>50.00</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>35917 FIERIMONTE DR, CLINTON TWP, MI 48035</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/25/2024</u>	
Name & Address: KABIR THATTE 635 INCA ST UNIT 1 DENVER, CO 80204		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VP OF POLICY & EXTERNAL RELATIONS</u> Employer <u>DIGDEEP</u> Business Address <u>932 WILSON ST, SUITE 2D, LOS ANGELES, CA 90021</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/28/2024</u>	
Name & Address: JOAN GORDON 130 SEMINARY AVE APT 320 NEWTON, MA 02466		\$ <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>130 SEMINARY AVE, APT 320, NEWTON, MA 02466</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 325.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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>10/29/2024</u>	
Name & Address: RYAN TIRRE 283 JEFFERSON AVE BEDFORD-STUYVESANT, NY 11216		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HEAD OF MARKETING</u> Employer <u>BRIARCLIFFE</u> Business Address <u>283 JEFFERSON AVE, BEDFORD-STUYVESANT, NY 11216</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/29/2024</u>	
Name & Address: TAYLOR NORMAND 3163 STEEPLECHASE HIGHLAND, MI 48357		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROGRAM MANAGER</u> Employer <u>JOBY</u> Business Address <u>3163 STEEPLECHASE, HIGHLAND, MI 48357</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/30/2024</u>	
Name & Address: HYMA MOORE 234 LOYOLA AVE NEW ORLEANS, LA 70112		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRINCIPAL</u> Employer <u>CORNERSTONE GOVERNMENT AFFAIRS</u> Business Address <u>1001 4TH ST SW, WASHINGTON, DC 20024</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☒ YES	4. Date of Receipt <u>11/01/2024</u>	
Name & Address: UAW MICHIGAN V-PAC 8000 E JEFFERSON AVE DETROIT, MI 48214		\$ <u>8,000.00</u>	\$ <u>8,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **8,700.00**

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

Enter this total on
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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>11/01/2024</u>	
Name & Address: DEKKER O'FARRELL 11918 SE 200TH ST KENT, WA 98031		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE ASSISTANT</u> Employer <u>AMAZON</u> Business Address <u>2021 7TH AVE, SEATTLE, WA 98121</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/01/2024</u>	
Name & Address: ROBERT SCHWARTZ 193 NORTH ST RIDGEFIELD, CT 06877		\$ <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>193 NORTH ST, RIDGEWAY, CT 06877</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/01/2024</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/01/2024</u>	
Name & Address: MUSTAFA SAYED 43594 HOPTREE DR STERLING HEIGHTS, MI 48314		\$ <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>43594 HOPTREE DR, STERLING HEIGHTS, MI 48314</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 200.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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>11/03/2024</u>	
Name & Address: CARPENTERS 400 RENAISSANCE CENTER DETROIT, MI 48243		\$ <u>10,000.00</u>	\$ <u>10,000.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address			
		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address:			
		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address			
		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal

10,000.00

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

19,285.00

Enter this total on
line 3a 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 SCALE TO WIN Address 13742 HARPER ST SANTA ANA, CA 92703 ☐ Fund Raiser	Purpose: PHONE BANKING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/21/2024 Date	\$ 1,743.05
Expenditure #2 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	10/21/2024 Date	\$ 500.00
Expenditure #3 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/21/2024 Date	\$ 4.92
Expenditure #4 Name FRATERNAL ORDER OF POLICE Address 33845 24 MILE RD NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: DONATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/21/2024 Date	\$ 250.00
Expenditure #5 Name FRATERNAL ORDER OF POLICE Address 33845 24 MILE RD NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: DONATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/21/2024 Date	\$ 125.00

Subtotal this page **2,622.97**

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 C&G NEWSPAPER Address 13650 E 11 MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: NEWSPAPER AD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/21/2024 Date	\$ 1,493.00
Expenditure #2 Name BREAK SOMETHING Address 1701 RHODE ISLAND AVE NW WASHINGTON, DC 20036 ☐ Fund Raiser	Purpose: DIGITAL FIRM ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/21/2024 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	10/22/2024 Date	\$ 284.00
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	10/22/2024 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	10/22/2024 Date	\$ 14.90

Subtotal this page **2,441.90**

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: GOOGLE ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/22/2024</u> Date	\$ <u>10.00</u>
Expenditure #2 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: GOOGLE ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/22/2024</u> Date	\$ <u>50.00</u>
Expenditure #3 Name GAUDINO'S Address 27919 HARPER AVE ST CLAIR SHORES, MI 48081 ☐ Fund Raiser	Purpose: MEAL FOR VOLUNTEERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/23/2024</u> Date	\$ <u>150.00</u>
Expenditure #4 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: GOOGLE ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/23/2024</u> Date	\$ <u>190.00</u>
Expenditure #5 Name THE ORIGINAL PRINT SHOP Address 270 S TELEGRAPH RD DEARBORN, MI 48124 ☐ Fund Raiser	Purpose: LETTERHEAD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/23/2024</u> Date	\$ <u>80.18</u>

Subtotal this page **480.18**

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	10/24/2024 Date	\$ 42.27
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	10/24/2024 Date	\$ 41.33
Expenditure #3 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/24/2024 Date	\$ 0.42
Expenditure #4 Name BERGMANN ZWERDLING Address 1015 18TH ST NW WASHINGTON, DC 20036 ☐ Fund Raiser	Purpose: GRAPHIC DESIGN ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/24/2024 Date	\$ 108.36
Expenditure #5 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/25/2024 Date	\$ 5.60

Subtotal this page

197.98

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

Enter this total
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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: GOOGLE ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/25/2024 Date	\$ 200.00
Expenditure #2 Name SCALE TO WIN Address 13742 HARPER ST SANTA ANA, CA 92703 ☐ Fund Raiser	Purpose: TEXTING PROGRAM ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/25/2024 Date	\$ 12.18
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	10/27/2024 Date	\$ 313.00
Expenditure #4 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	10/28/2024 Date	\$ 2,500.00
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	10/28/2024 Date	\$ 345.00

Subtotal this page **3,370.18**

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

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 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>10/28/2024</u> Date	\$ <u>500.00</u>
Expenditure #2 Name SANDPAPER STRATEGIES Address 1832 PRODUCE LN JOHNS ISLAND, SC 29455 ☐ Fund Raiser	Purpose: <u>MAIL DESIGN</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/28/2024</u> Date	\$ <u>400.00</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>10/29/2024</u> Date	\$ <u>500.00</u>
Expenditure #4 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>10/29/2024</u> Date	\$ <u>3.93</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>10/30/2024</u> Date	\$ <u>500.00</u>

Subtotal this page

1,903.93

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

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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 SCALE TO WIN Address 13742 HARPER ST SANTA ANA, CA 92703 ☐ Fund Raiser	Purpose: PHONE BANKING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/30/2024 Date	\$ 80.66
Expenditure #2 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: ADVERTISEMENTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/30/2024 Date	\$ 500.00
Expenditure #3 Name FACEBOOK Address 1601 WILLOW ROAD MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADVERTISEMENTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/30/2024 Date	\$ 380.00
Expenditure #4 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/30/2024 Date	\$ 1.16
Expenditure #5 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: ADVERTISEMENTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/31/2024 Date	\$ 500.00

Subtotal this page

1,461.82

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

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/31/2024 Date	\$ 7.86
Expenditure #2 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: ADVERTISEMENTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/01/2024 Date	\$ 500.00
Expenditure #3 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: ADVERTISEMENTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/01/2024 Date	\$ 500.00
Expenditure #4 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: GOOD SEARCH ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/01/2024 Date	\$ 500.00
Expenditure #5 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/01/2024 Date	\$ 18.73

Subtotal this page

1,526.59

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 GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: <u>ADVERTISEMENTS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/02/2024</u> Date	\$ <u>22.07</u>
Expenditure #2 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: <u>ADVERTISEMENTS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/02/2024</u> Date	\$ <u>500.00</u>
Expenditure #3 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: <u>ADVERTISEMENTS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/02/2024</u> Date	\$ <u>500.00</u>
Expenditure #4 Name FACEBOOK Address 1601 WILLOW ROAD MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>ADVERTISEMENTS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/02/2024</u> Date	\$ <u>418.00</u>
Expenditure #5 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: <u>ADVERTISEMENTS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/02/2024</u> Date	\$ <u>500.00</u>

Subtotal this page

1,940.07

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

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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: ADVERTISEMENTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/03/2024 Date	\$ 500.00
Expenditure #2 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: ADVERTISEMENTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/03/2024 Date	\$ 500.00
Expenditure #3 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: ADVERTISEMENTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/03/2024 Date	\$ 500.00
Expenditure #4 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: ADVERTISEMENTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/04/2024 Date	\$ 500.00
Expenditure #5 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: ADVERTISEMENTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/04/2024 Date	\$ 500.00

Subtotal this page **2,500.00**

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

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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: ADVERTISEMENTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/04/2024 Date	\$ 500.00
Expenditure #2 Name MEGAN CRANE Address 238 COLUMBIA RD BOSTON, MA 02121 ☐ Fund Raiser	Purpose: CONSULTING SALARY ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/04/2024 Date	\$ 2,500.00
Expenditure #3 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: ADVERTISEMENTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/05/2024 Date	\$ 500.00
Expenditure #4 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: ADVERTISEMENTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/05/2024 Date	\$ 500.00
Expenditure #5 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/05/2024 Date	\$ 8.33

Subtotal this page **4,008.33**

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

Enter this total
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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: ADVERTISEMENTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/06/2024 Date	\$ 500.00
Expenditure #2 Name SCALE TO WIN Address 13742 HARPER ST SANTA ANA, CA 92703 ☐ Fund Raiser	Purpose: TEXTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/07/2024 Date	\$ 2,139.94
Expenditure #3 Name WAVE BREAK DIGITAL LLC Address 22261 WATERVIEW RD LEWES, DE 19958 ☐ Fund Raiser	Purpose: ADVERTISEMENTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/12/2024 Date	\$ 150.00
Expenditure #4 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: LETTERHEAD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/15/2024 Date	\$ 104.37
Expenditure #5 Name MEGAN CRANE Address 238 COLUMBIA RD BOSTON, MA 02121 ☐ Fund Raiser	Purpose: CONSULTANT SALARY ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/15/2024 Date	\$ 1,750.00

Subtotal this page

4,644.31

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

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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 KYOTO JAPANESE STEAKHOUSE Address 14235 HALL RD SHELBY TOWNSHIP, MI 48315 ☐ Fund Raiser	Purpose: <u>VOLUNTEER APPRECIATION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/16/2024</u> Date	\$ <u>165.71</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>11/25/2024</u> Date	\$ <u>335.45</u>
Expenditure #3 Name NGP VAN INC Address 1445 NEW YORK AVE NW WASHINGTON, DC 20005 ☐ Fund Raiser	Purpose: <u>FINANCE SOFTWARE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/25/2024</u> Date	\$ <u>150.00</u>
Expenditure #4 Name SAINT CLAIR SHORES PUBLIC LIBRARY Address 27600 JEFFERSON AVE ST CLAIR SHORES, MI 48081 ☐ Fund Raiser	Purpose: <u>DONATION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/25/2024</u> Date	\$ <u>646.10</u>
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u> </u> Date	\$ <u> </u>

Subtotal this page **1,297.26**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **28,395.52**

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.