



**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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

1. Committee I.D. Number 140377		3. This Statement covers From: 8-27-24 to 10-20-24	
2. Committee Name CTE Lisa Wojno For Macomb County Commissioner		4. Candidate Last Name Wojno First Name Lisa M.I. R. 4a. Office Sought Including District # or Community Served (If applicable) Macomb County Commissioner- District 11 4b. County of Residence Macomb	
5. Committee's Mailing Address 32025 Margaret Ct. Warren, MI 48093 Area Code and Phone 586-219-1000 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 Paul Wojno 32025 Margaret Ct. Warren, MI 48093 Area Code & Phone 586-219-1000	
7. Treasurer's Business Address PO Box 30036 Lansing, MI 48090 Area Code and Phone 517-373-8360		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) N/A 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 11-5-24		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 Paul Wojno Type or Print Name		Signature [Signature] Date 10-21-24	
Candidate Lisa Wojno Type or Print Name		Signature [Signature] Date 10-21-24	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140377
2. Committee Name CTE Lisa Wojno for County Commissioner

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>17,410</u>	(18.) \$ _____
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	(19.) \$ _____
c. Subtotal of "Contributions"	(3c.) \$ <u>17,410</u>	(20.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0</u>	(21.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>17,410</u>	(22.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>18,343.35</u>	(23.) \$ _____
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>18,343.35</u>	
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>28,871.02</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>1630.79</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>17,410</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>19,040.79</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>18,343.35</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>697.44</u>	*



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140377
2. Committee Name CTE High Wagon For County Commissioner

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 Name & Address: <u>Warren Sterling Heights Democratic PAC</u> <u>45787 Kensington St.</u> <u>Utica, MI 48317</u>	PAC Receipt? ☒ YES	4. Date of Receipt <u>9-9-24</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		\$ <u>1300</u>	\$ _____
Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>Sawyer James</u> <u>45810 Private Shore Dr.</u> <u>Chesterfield, MI 48047</u>	PAC Receipt? ☐ YES	4. Date of Receipt <u>9-22-24</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Pres. MCCC</u> Employer <u>Macomb Community College</u>		\$ <u>75</u>	\$ <u>175</u>
Business Address <u>14500 E. 12 mile Warren, MI 48088</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 Name & Address: <u>Choulagh Hany</u> <u>48568 Amber Lane Dr.</u> <u>Shelby Twp., MI 48315</u>	PAC Receipt? ☐ YES	4. Date of Receipt <u>9-15-24</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		\$ <u>75</u>	\$ _____
Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 Name & Address: <u>Hippard Brenda</u> <u>32316 Columbus Dr.</u> <u>Warren, MI 48088</u>	PAC Receipt? ☐ YES	4. Date of Receipt <u>9-26-24</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____		\$ <u>200</u>	\$ <u>400</u>
Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 1650

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 140377
2. Committee Name CTE Unit Waiver for County Commissioner

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 all 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 9-16-24
Name & Address:

Binson Rebecca
7356 Voerner
Centerline, MI 48015

\$ 100 \$ 200

5. If over \$100.00 cumulative, please provide:

Occupation Retired Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 9-25-24
Name & Address:

O'Neil Brian
63286 Turnberry Way
Washington, MI 48095

\$ 100 \$ _____

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 9-12-24
Name & Address:

Pastor John
33461 Capri Ct.
Livonia, MI 48152

\$ 100 \$ _____

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 9-11-24
Name & Address:

DeVault Michael
7910 Walter Rd.
Laingsburg, MI 48848

\$ 100 \$ _____

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal

400

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 140377
2. Committee Name CTE Lisa Ajino for County Commissioner

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>9-20-24</u> Name & Address: <u>Binson James</u> <u>22534 Statler</u> <u>Saint Clair Shores, MI 48081</u>		\$ <u>100</u>	\$ _____
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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>9-26-24</u> Name & Address: <u>Bieda Steven</u> <u>PO Box 1311</u> <u>Warren, MI 48090</u>		\$ <u>100</u>	\$ _____
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 <u>9-16-24</u> Name & Address: <u>Irons Diane</u> <u>18656 Cranbrook Dr.</u> <u>Clinton Twp., MI 48030</u>		\$ <u>10</u>	\$ <u>35</u>
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 <u>9-26-24</u> Name & Address: <u>Lafferty Jonathan</u> <u>28727 Cunningham</u> <u>Warren MI 48092</u>		\$ <u>100</u>	\$ _____
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 310

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 140377
2. Committee Name CTE Lisa Wingo For County Commissioner

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>9-23-24</u>	
Name & Address: <u>IUPAT Political Action Together PAC</u> <u>7234 Parkway Dr.</u> <u>Harrover, MD 21076</u>		\$ <u>500</u>	\$
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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>9-26-24</u>	
Name & Address: <u>Bell Gregory</u> <u>5635 Storrow Ct.</u> <u>Warren, MI 48092</u>		\$ <u>150</u>	\$ <u>350</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? ☐ YES	4. Date of Receipt <u>9-26-24</u>	
Name & Address: <u>Dombrowski Kathryn</u> <u>14926 Alger</u> <u>Warren, MI 48088</u>		\$ <u>100</u>	\$
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 <u>10-2-24</u>	
Name & Address: <u>Fasse Kathryn</u> <u>2071 Carrier Ct.</u> <u>Shelby Twp, MI 48316</u>		\$ <u>100</u>	\$ <u>850</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

850

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 140377
2. Committee Name CTE Lisa Wajid For County Commissioner

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 all 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 9-27-24
Name & Address:

Brank Leon
38453 Primrose Ln.
Harrison Twp., MI 48045

\$ 50 \$

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10-7-24

Name & Address

Ravetta Anthony
12365 Marlp
Warren, MI 48093

\$ 50 \$

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 9-26-24

Name & Address:

Schroder Jeffrey
1592 E. Lincoln
Birmingham, MI 48009

\$ 100 \$

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 9-11-24

Name & Address

Pritchett Judy
62823 Tournament
Washington, MI 48094

\$ 50 \$ 100

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal

250

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

140377

2. Committee Name

CTE Lisa Wojno for County Commissioner

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 all 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

9-25-24

Name & Address:

Wojno Lisa
32025 Margaret Ct.
Warren, MI 48093

\$ 2000

\$ 10,500

5. If over \$100.00 cumulative, please provide:

Occupation COO

Employer Northwood Inc.

[Click Here for Memo Itemization](#)

Business Address 25790 Commerce Dr. Madison Heights, MI 48071

Type of Contribution:

☒ Direct

☒ Loan from a person

☐ Fund Raiser

3. Contribution #2

PAC Receipt?

☐ YES

4. Date of Receipt

9-28-24

Name & Address:

Wojno Lisa
32025 Margaret Ct.
Warren, MI 48093

\$ 12,000

\$ 22,500

5. If over \$100.00 cumulative, please provide:

Occupation COO

Employer Northwood Inc.

[Click Here for Memo Itemization](#)

Business Address 25790 Commerce Dr. Madison Heights, MI 48071

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

[Click Here for Memo Itemization](#)

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

[Click Here for Memo Itemization](#)

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☐ Fund Raiser

Page Subtotal

14,000

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

17,410

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140377
2. Committee Name CTE Lisa Wingo For County Commissioner

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Vote 4 Change</u> Address <u>32252 Hawthorne</u> <u>Warren, MI 48092</u> ☐ Fund Raiser	Purpose: <u>Voter Research</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-7-24</u> Date	<u>\$1662.50</u>
Expenditure #2 Name <u>AMERICAN Graphics</u> Address <u>34895 Groesbeck</u> <u>Clinton Twp., MI 48035</u> ☐ Fund Raiser	Purpose: <u>Campaign Literature</u> <u>Printing & Mailing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-27-24</u> Date	<u>\$1680.85</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

18,343.35

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

18,343.35

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140377
2. Committee Name CTE Lisa Wojno for County Commissioner

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: Lisa Wojno 32025 Margaret Ct. Warren, MI 48093	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>03/05/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,521.10</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 1,521.10 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: Lisa Wojno 32025 Margaret Ct. Warren, MI 48093	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>04/16/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 250.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 250.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: Lisa Wojno 32025 Margaret Ct. Warren, MI 48093	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>04/26/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 74.92</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 74.92 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$1,846.02

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

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.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140377
2. Committee Name CTE Lisa Wojno for County Commissioner

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: Lisa Wojno 32025 Margaret Ct. Warren, MI 48093	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/07/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,500.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>1,500.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: Lisa Wojno 32025 Margaret Ct. Warren, MI 48093	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/24/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 3,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>3,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: Lisa Wojno 32025 Margaret Ct. Warren, MI 48093	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/10/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 4,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>4,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$8,500.00

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

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.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140377
2. Committee Name CTE Lisa Wojno for County Commissioner

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:
Lisa Wojno
32025 Margaret Ct.
Warren, MI 48093

4. Type: LOAN
5. Date Debt Was Incurred:
05/06/2024
6. Original Amount of Debt:
\$ 150.00

\$
\$
\$
\$
\$

\$ 0.00

\$ 150.00

☐ FORGIVEN

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #2 Corp? ☐ Yes
Owed to or by:
Lisa Wojno
32025 Margaret Ct.
Warren, MI 48093

4. Type: LOAN
5. Date Debt Was Incurred:
04/16/2024
6. Original Amount of Debt:
\$ 225.00

\$
\$
\$
\$
\$

\$ 0.00

\$ 225.00

☐ FORGIVEN

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #3 Corp? ☐ Yes
Owed to or by:
Lisa Wojno
32025 Margaret Ct.
Warren, MI 48093

4. Type: LOAN
5. Date Debt Was Incurred:
06/21/2024
6. Original Amount of Debt:
\$ 150.00

\$
\$
\$
\$
\$

\$ 0.00

\$ 150.00

☐ FORGIVEN

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt)

\$525.00

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

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.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140377
2. Committee Name CTE Lisa Wojno for County Commissioner

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: Lisa Wojno 32025 Margaret Ct. Warren, MI 48093	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>08/20/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>4,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>4,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: Lisa Wojno 32025 Margaret Ct. Warren, MI 48093	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>09/25/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>2,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>2,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: Lisa Wojno 32025 Margaret Ct. Warren, MI 48093	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>09/28/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>12,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>12,000.0</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$16,000.00**

Grand Total of all Schedules 1E **\$28,871.02**
(Complete on last page of Schedule showing amounts owed by or to the committee)

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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140377
2. Committee Name CTE Lisa Wojno for County Commissioner

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>9-26-24</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>25</u>	5. Type of Fund Raising Activity <u>Fundraiser for CTE Lisa Wojno for County Commissioner</u>	6. Address and Name (If any) of the place where the activity was held. <u>5182 Cutty Lane Warren, MI 48092</u> ☒ Private Residence
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7. Total Contributions \$ 3410

8. Other Receipts —

9. Gross Receipts (Add lines 7 and 8) —

10. Total Cost of Event Waiting for Invoice
(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.