



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED 2024 OCT 25 PM3:42
MACOMB COUNTY CLERK

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.

3. This Statement covers From: <u>08/27/2024</u> to <u>10/20/2024</u>	
1. Committee I.D. Number 138224	4. Candidate Last Name Joseph First Name David M.I. M 4a. Office Sought Including District # or Community Served (if applicable) Chesterfield Township Trustee 4b. County of Residence MACOMB
2. Committee Name CTE David Joseph	6. Treasurer's Name & Residential Address Christine Joseph 28637 Buckinghamshire Dr. Chesterfield, MI 48047 Area Code & Phone <u>(586) 212-3148</u>
5. Committee's Mailing Address 28637 Buckinghamshire Dr. Chesterfield, MI 48047 Area Code and Phone <u>(586) 212-3148</u> 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.	8. Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper) Area Code and Phone _____
7. Treasurer's Business Address 28637 Buckinghamshire Dr. Chesterfield, MI 48047 Area Code and Phone <u>(586) 212-3148</u>	
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 <u>11/05/2024</u>	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 hereby 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 Christine Joseph Type or Print Name	<i>Christine Joseph</i> Signature Date <u>10/25/2024</u>
Candidate David Joseph Type or Print Name	<i>David Joseph</i> Signature Date <u>10/25/2024</u>



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 138224

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE David Joseph

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>4,525.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$4,525.00</u>	(18.) \$ <u>\$38,885.00</u>
4. Other Receipts (Schedule 1A-1, Column 6)	(4.) \$ <u></u>	(19.) \$ <u></u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$4,525.00</u>	(20.) \$ <u>\$38,855.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-K, Column 6)	(6.) \$ <u>\$0.00</u>	(21.) \$ <u>\$1,825.00</u>
7. In-Kind Expenditures (Schedule 1B-1K, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$3,429.82</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$3,429.82</u>	(23.) \$ <u>\$37,825.46</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>\$0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$5,031.23</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$4,525.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$9,556.23</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$3,429.82</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$6,126.41</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 138224

2. Committee Name CTE David Joseph

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: TED GUASTELLO 15 PINEWOOD DR COTO DE CAZA, CA 92679		\$ <u>500.00</u>	
PAC Receipt? ☐ YES 4. Date of Receipt: <u>09/20/2024</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>AMFM Healthcare</u> Business Address <u>30310 Rancho Road, San Juan Capistrano, CA 92675</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: RONALD ESTES 3232 EAST BRECKENRIDGE LANE BLOOMFIELD TOWNSHIP, MI 48301		\$ <u>300.00</u>	
PAC Receipt? ☐ YES 4. Date of Receipt: <u>09/20/2024</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self-Employed</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: BARBAROSE GUASTELLO 3232 EAST BRECKENRIDGE LANE BLOOMFIELD TOWNSHIP, MI 48301		\$ <u>500.00</u>	
PAC Receipt? ☐ YES 4. Date of Receipt: <u>09/20/2024</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>Manager</u> Employer <u>Center Management</u> Business Address <u>34120 Woodward Avenue, Birmingham, MI 48009</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: CATHERINE GUASTELLO ALLEN 1000 ROLANDVUE RD. TOWSON, MD 21204		\$ <u>500.00</u>	
PAC Receipt? ☐ YES 4. Date of Receipt: <u>09/24/2024</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>Manager</u> Employer <u>Center Management</u> Business Address <u>34120 Woodward Avenue, Birmingham, MI 48009</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$1,800.00**

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 138224
2. Committee Name CTE David Joseph

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 09/30/2024

Name & Address:

JASON ORAM
PO BOX 252755
WEST BLOOMFIELD, MI 48325

\$ 1,000.00 \$ 1,200.00

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

Occupation Owner Employer 5 Star Billboards

[Click Here for Memo Itemization](#)

Business Address P.O. Box 252755, West Bloomfield, MI 48325

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/02/2024

Name & Address:

MAZIN SAMONA
1100 WEST MAPLE ROAD
TROY, MI 48084

\$ 1,225.00 \$ _____

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

Occupation Real Estate Employer Self-Employed

[Click Here for Memo Itemization](#)

Business Address 110 West Maple Road, Troy, MI 48084

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

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 09/30/2024

Name & Address:

CRISTINA GUASTELLO NICCOLINI
6 BLYTHEWOOD ROAD
BALTIMORE, MD 21210

\$ 500.00 \$ _____

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

Occupation Manager Employer Center Management

[Click Here for Memo Itemization](#)

Business Address 34120 Woodward Avenue, Birmingham, MI 48009

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 \$2,725.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) \$4,525.00

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I, D. Number 138224
2. Committee Name CTE David Joseph

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>GFS Store</u> Address <u>51630 Gratiot Ave.</u> <u>Chesterfield Township, MI 48051</u> ☐ Fund Raiser	Purpose: <u>Ice for Sno-Cones - CHFD Local Event</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/31/2024</u> Date	<u>\$ 56.92</u>
Click Here for Memo Itemization Type			
Expenditure #2 Name <u>Friends of Chesterfield Township Library</u> Address <u>50560 Patricia St.</u> <u>Chesterfield, MI 48051</u> ☐ Fund Raiser	Purpose: <u>Once Upon A Time Sponsor</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/14/2024</u> Date	<u>\$ 100.00</u>
Click Here for Memo Itemization Type			
Expenditure #3 Name <u>BJ's Warehouse</u> Address <u>45101 Towne Center Blvd.</u> <u>Chesterfield, MI 48047</u> ☐ Fund Raiser	Purpose: <u>Supplies for the North Gratiot Cruise</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/27/2024</u> Date	<u>\$ 147.10</u>
Click Here for Memo Itemization Type			
Expenditure #4 Name <u>Memory Time</u> Address <u>2280 Cumberland</u> <u>Rochester Hills, MI 48307</u> ☐ Fund Raiser	Purpose: <u>Combo/Mailers</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/20/2024</u> Date	<u>\$ 1,357.50</u>
Click Here for Memo Itemization Type			
Expenditure #5 Name <u>Vistaprint</u> Address <u>www.vistaprint.com</u> ☐ Fund Raiser	Purpose: <u>Vinyl signs</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/03/2024</u> Date	<u>\$ 164.70</u>
Click Here for Memo Itemization Type			

Subtotal this page **\$1,826.22**

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

Enter this total
on line 0a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 138224
2. Committee Name CTE David Joseph

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Vistaprint</u> Address <u>www.vistaprint.com</u> ☐ Fund Raiser	Purpose: <u>Design Fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/03/2024</u> Date	<u>\$ 10.60</u>
Expenditure #2 Name <u>Younique Cards</u> Address <u>42816 Wilsharon Sterling Heights, MI 48314</u> ☐ Fund Raiser	Purpose: <u>Mailers</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/09/2024</u> Date	<u>\$ 1,119.04</u>
Expenditure #3 Name <u>John McKernan Scholarship Fund</u> Address <u>49278 Monte Rd. Chesterfield, MI 48047</u> ☐ Fund Raiser	Purpose: <u>Golf Hole Sponsor</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10/2024</u> Date	<u>\$ 200.00</u>
Expenditure #4 Name <u>Lowe's</u> Address <u>27990 23 Mile Road Chesterfield, MI 48051</u> ☐ Fund Raiser	Purpose: <u>Sign hardware</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10/2024</u> Date	<u>\$ 80.16</u>
Expenditure #5 Name <u>BJ's Warehouse</u> Address <u>45101 Towne Center Blvd. Chesterfield, MI 48047</u> ☐ Fund Raiser	Purpose: <u>Candy, supplies for CHFD Trunk & Treat</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/17/2024</u> Date	<u>\$ 193.80</u>
Subtotal this page			<u>\$1,603.60</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>\$3,429.82</u>

Enter this total
on line 8a of
Summary Page