MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
05 DEC 2024 PM 04:24
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
140444

2. Committee Name
PAUL GIELEGHEM FOR SUPERVISOR

4. Candidate Last Name: GIELEGHEM First Name: PAUL M.I.:

4a. Office Sought Including District # or Community Served (If applicable)
SUPERVISOR, CLINTON TWP

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

5. Committee's Mailing Address
37905 E HORSESHOE DRIVE
CLINTON TOWNSHIP, MI 48036

Area Code and Phone (586) 221-3449
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
GERALD INNES
14128 BILLETTE
STERLING HEIGHTS, MI 48313

Area Code & Phone (586) 707-4007

7. Treasurer's Business Address
14128 BILLETTE
STERLING HEIGHTS, MI 48313

Area Code and Phone (586) 707-4007

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 oustanding assets, owes no lates fees or has any oustanding 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 _____ / _____ Submitted electronically, signature on file Date 12/05/2024
Type or Print Name Signature

Candidate _____ / _____ Submitted electronically, signature on file Date 12/05/2024
Type or Print Name Signature

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140444

SUMMARY PAGE
CANDIDATE COMMITTEE

2. Committee Name PAUL GIELEGHEM FOR SUPERVISOR

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) $	17,525.00	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $	17,525.00	(18.) $ 81,607.50
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $	0.00	(19.) $ 17,206.60
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $	17,525.00	(20.) $ 98,814.10
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $	500.00	(21.) $ 5,258.87
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $	0.00	(22.) $ 0.00
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) $	14,169.62	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) $	0.00	
c. Unitemized (less than $50.01 each - no Schedule)	(8c.) $	0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) $	14,169.62	(23.) $ 81,370.90
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) $	0.00	
b. Unitemized (less than $50.01 each - no Schedule)	(10b.) $	0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) $	0.00	(24.) $ 0.00
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed **by** the Committee (Schedule 1E)	(12a.) $	0.00	
b. Owed **to** the Committee (Schedule 1E)	(12b.) $	0.00	

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $	14,087.82
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	17,525.00
15. SUBTOTAL Add lines 13 and 14	(15.) = $	31,612.82
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	14,169.62
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	17,443.20 *

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140444

2. Committee Name PAUL GIELEGHEM FOR SUPERVISOR

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 10/21/2024 Name & Address: LINDA JACOBS 39 BRIARWOOD PL GROSSE POINTE FARMS, MI 48236 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 100.00	$ 200.00
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024 Name & Address CAROL BANNISTER 18877 S HIGHLITE DR CLINTON TWP, MI 48035 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 50.00	$ 350.00
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024 Name & Address: RICK FLYNN 43225 CHARDONNAY DR STERLING HEIGHTS, MI 48314 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 100.00	$ 1,000.00
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024 Name & Address CARRIE FUCA 41265 WINDMILL ST HARRISON TOWNSHIP, MI 48045 **5. If over $100.00 cumulative, please provide:** Occupation JUSDGE Employer 41B DISTRICT COURT Business Address 22380 STARKS DR, CLINTON TOWNSHIP, MI 48038 Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 100.00	$ 100.00

Page Subtotal 350.00

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 140444

2. Committee Name PAUL GIELEGHEM FOR SUPERVISOR

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 10/22/2024 Name & Address: ERIC JACKSON 22615 THOMSON ST CLINTON TWP, MI 48035 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 100.00	$ 200.00
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024 Name & Address MARLENE KLANN 16233 FESTIAN DR CLINTON TOWNSHIP, MI 48038 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 200.00	$ 200.00
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024 Name & Address: BIRDIE NASH PO BOX 46541 MOUNT CLEMENS, MI 48043 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 50.00	$ 155.00
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024 Name & Address JAMES O'BRIEN 42041 LITTLE RD CLINTON TWP, MI 48036 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 100.00	$ 400.00

Page Subtotal 450.00

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MICHIGAN DEPARTMENT OF STATE
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1. Committee I.D. Number 140444

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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 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 10/24/2024 Name & Address: CHRISTY MCGILLIVRAY 2121 LOCHMOOR BLVD. GROSSE POINTE, MI 48236 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 50.00	$ 50.00
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/25/2024 Name & Address LINDA KOCH 30563 RIDGEFIELD AVE WARREN, MI 48088 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 50.00	$ 175.00
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/25/2024 Name & Address: EDWARDS BRULEY 38157 RADDE ST CLINTON TOWNSHIP, MI 48038 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 100.00	$ 400.00
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/25/2024 Name & Address CHRISTINE KOCH 10667 TALLPINE LN ALLENDALE TWP, MI 49401 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 100.00	$ 450.00

Page Subtotal 300.00

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MICHIGAN DEPARTMENT OF STATE
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1. Committee I.D. Number 140444

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/25/2024 Name & Address: FREYA WEBERMAN 10144 LUDLOW AVE HUNTINGTON WOODS, MI 48070 **5. If over $100.00 cumulative, please provide:** Occupation ATTORNEY Employer MEA - LOCAL 1 Business Address 39090 GARFIELD RD, SUITE 101, CLINTON TWP, MI 48038 Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 50.00	$ 100.00
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/25/2024 Name & Address DARLENE VASI PO BOX 550 BRIGHTON, MI 48116 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 250.00	$ 250.00
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/26/2024 Name & Address: GRACE BAYER 1843 HUNT CLUB DR GROSSE POINTE WOODS, MI 48236 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 100.00	$ 250.00
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/26/2024 Name & Address GARY CYNOWA 45451 FIELDING ST MACOMB, MI 48042 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 100.00	$ 350.00

Page Subtotal 500.00

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CANDIDATE COMMITTEE

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/26/2024 Name & Address: DEB DOROSH 44188 RINA LN CLINTON TWP, MI 48038 5. If over $100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 50.00	$ 140.00
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/26/2024 Name & Address ROGER HELLER 24082 MEADOWBRIDGE DR CLINTON TWP, MI 48035 5. If over $100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 100.00	$ 200.00
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/27/2024 Name & Address: DENNIS BRUCK 19637 LLOYD ST CLINTON TWP, MI 48038 5. If over $100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 100.00	$ 240.00
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/27/2024 Name & Address DENNIS DAY 38446 NEWCASTLE ST CLINTON TWP, MI 48036 5. If over $100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 100.00	$ 300.00

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MICHIGAN DEPARTMENT OF STATE
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SCHEDULE 1A
CANDIDATE COMMITTEE

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/27/2024 Name & Address: GARY POWELL 45612 HEATHERWOODE LN MACOMB, MI 48044 5. If over $100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 100.00	$ 200.00
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/27/2024 Name & Address ANDREW LEVIN 6015 DANAMON RD. BLOOMFIELD HILLS, MI 48301 5. If over $100.00 cumulative, please provide: Occupation SELF EMPLOYED Employer Business Address 6015 DANAMON RD., 48301 Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 250.00	$ 250.00
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/28/2024 Name & Address: DAVE TIRSELL 292 JONES ST MT CLEMENS, MI 48043 5. If over $100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 100.00	$ 250.00
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/28/2024 Name & Address KAREN DEBGUPTA 44536 N BUNKER HILL DR CLINTON TWP, MI 48038 5. If over $100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 50.00	$ 100.00

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/28/2024 Name & Address: LAURA CARDAMORE 16826 ST PAUL ST GROSSE POINTE, MI 48230 **5. If over $100.00 cumulative, please provide:** Occupation SOCIAL WORKER Employer VENTURE COUNSELING GROUP Business Address 36401 HARPER AVE, CLINTON TWP, MI 48035 Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 100.00	$ 200.00
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/28/2024 Name & Address PATRICIA CORBETT 23172 ELMIRA ST CLINTON TOWNSHIP, MI 48038 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 50.00	$ 50.00
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/28/2024 Name & Address: FRANK DAVIS 36185 WOODINGHAM ST CLINTON TWP, MI 48035 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 25.00	$ 65.00
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/28/2024 Name & Address JAMES GEORGE 19634 WESTCHESTER DR CLINTON TWP, MI 48038 **5. If over $100.00 cumulative, please provide:** Occupation SELF EMPLOYED Employer DELTA MANAGEMENT CO Business Address 45511 MARKET ST, #403, SHELBY TOWNSHIP, MI 48315 Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 500.00	$ 2,500.00

Page Subtotal 675.00

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MICHIGAN DEPARTMENT OF STATE
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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140444

2. Committee Name PAUL GIELEGHEM FOR SUPERVISOR

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 10/28/2024 Name & Address: CHERYL KRYSIAK 65 KENDRICK ST MT CLEMENS, MI 48043 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 25.00	$ 70.00
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/28/2024 Name & Address LEO LALONDE 24801 ROSALIND AVE EASTPOINTE, MI 48021 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 150.00	$ 250.00
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/28/2024 Name & Address: JON PETTYES 23646 KING DR CLINTON TWP, MI 48035 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 100.00	$ 400.00
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/28/2024 Name & Address RONALD ROBINSON 43341 POINTE DR CLINTON TWP, MI 48038 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 50.00	$ 350.00

Page Subtotal 325.00

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MICHIGAN DEPARTMENT OF STATE
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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140444

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/28/2024 Name & Address: MAHER WAAD 592 HENRIETTA ST BIRMINGHAM, MI 48009 **5. If over $100.00 cumulative, please provide:** Occupation PRESIDENT Employer AMERICAN RENT A CAR Business Address 2911 WICK RD., ROMULUS, MI 48174 Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 2,000.00	$ 2,000.00
3. Contribution #2 PAC Receipt? ☑ YES 4. Date of Receipt 10/28/2024 Name & Address UAW MICHIGAN V-PAC 8000 E JEFFERSON AVE DETROIT, MI 48214 **5. If over $100.00 cumulative, please provide:** Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 5,000.00	$ 6,500.00
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/29/2024 Name & Address: BARBARA GECK 39526 WALDORF DRIVE CLINTON TOWNSHIP, MI 48038 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer ____ Business Address ____ Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 100.00	$ 100.00
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/29/2024 Name & Address KEN DEBEAUSAERT 39856 BRYLOR CLINTON TOWNSHIP, MI 48038 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer ____ Business Address ____ Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 200.00	$ 200.00

Page Subtotal 7,300.00

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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/29/2024 Name & Address: RAECHEL BADALAMENTI 19500 HALL RD CLINTON TWP, MI 48038 **5. If over $100.00 cumulative, please provide:** Occupation PARTNER Employer CENTRE COURT PROPERTIES LLC Business Address 19500 HALL RD, CLINTON TWP, MI 48038 Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 100.00	$ 350.00
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/29/2024 Name & Address ROBERT HUTH 19500 HALL RD CLINTON TWP, MI 48038 **5. If over $100.00 cumulative, please provide:** Occupation PARTNER Employer CENTRE COURT PROPERTIES LLC Business Address 19500 HALL RD, CLINTON TWP, MI 48038 Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 100.00	$ 525.00
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/29/2024 Name & Address: ROBERT KIRK 19500 HALL RD SUITE 100 CLINTON TWP, MI 48038 **5. If over $100.00 cumulative, please provide:** Occupation PARTNER Employer CENTRE COURT PROPERTIES LLC Business Address 19500 HALL RD, SUITE 100, CLINTON TWP, MI 48038 Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 100.00	$ 525.00
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/29/2024 Name & Address ROSEANN WOHIFIEL 22849 E SCHAFER ST CLINTON TWP, MI 48035 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 20.00	$ 75.00

Page Subtotal 320.00

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 140444

2. Committee Name PAUL GIELEGHEM FOR SUPERVISOR

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 10/29/2024 Name & Address: CHARLES GROSSMAN 20570 NAVES DR CLINTON TWP, MI 48038 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 50.00	$ 150.00
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/30/2024 Name & Address SHEILA STRUNK 24106 MEADOWBRIDGE DR CLINTON TWP, MI 48035 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 50.00	$ 100.00
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/30/2024 Name & Address: JULIE MATUZAK 38250 FAIRWAY CT CLINTON TWP, MI 48038 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 25.00	$ 175.00
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/30/2024 Name & Address KEN PEARL 38316 SANTA BARBARA Clinton Township, MI 48036 **5. If over $100.00 cumulative, please provide:** Occupation DIRECTOR OF OPERATONS Employer SLATKIN CORPORATION Business Address 4111 ANDOVER RD, BLOOMFIELD TWP, MI 48302 Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 50.00	$ 190.00

Page Subtotal 175.00

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 140444

2. Committee Name PAUL GIELEGHEM FOR SUPERVISOR

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 10/30/2024 Name & Address: LAZAROS KARAVIDAS 42383 DHARTE CT. CLINTON TOWNSHIP, MI 48038 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 25.00	$ 25.00
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/30/2024 Name & Address SHANNON KING 41328 RUGOSA DR CLINTON TWP, MI 48038 **5. If over $100.00 cumulative, please provide:** Occupation Employer ATI Business Address 2021 MCKINNEY AVE, DALLAS, TX 75201 Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 50.00	$ 190.00
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/30/2024 Name & Address: CRAIG REYNOLDS 37379 INGLESIDE ST CLINTON TWP, MI 48036 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 50.00	$ 135.00
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/30/2024 Name & Address KAREN FITZGERALD 25622 ISLAND VIEW DR S HARRISON TWP, MI 48045 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 25.00	$ 75.00

Page Subtotal 150.00

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 140444

2. Committee Name PAUL GIELEGHEM FOR SUPERVISOR

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 10/30/2024 Name & Address: ANGELO SMITH 38562 PALM MEADOW DR CLINTON TWP, MI 48036 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 50.00	$ 150.00
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/30/2024 Name & Address VERONICA KLINEFELT 16143 WILSON AVE EASTPOINTE, MI 48021 **5. If over $100.00 cumulative, please provide:** Occupation STATE SENATOR Employer STATE OF MICHIGAN Business Address 125 W ALLEGAN ST, #820, LANSING, MI 48933 Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 100.00	$ 200.00
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/30/2024 Name & Address: DEBORAH ROBERTS 3876 RUSS CT SIMI VALLEY, CA 93063 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 100.00	$ 100.00
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/30/2024 Name & Address JAMES ADAMO 37652 SANTA ANNA ST CLINTON TOWNSHIP, MI 48036 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 100.00	$ 100.00

Page Subtotal 350.00

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 140444

2. Committee Name PAUL GIELEGHEM FOR SUPERVISOR

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 10/30/2024 Name & Address: GRETCHEN HARROD 11687 1/2 MILE ROAD BARBEAU, MI 49710 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 50.00	$ 50.00
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/30/2024 Name & Address MICHAEL O'MEARA 31415 GAY ST ROSEVILLE, MI 48066 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 50.00	$ 50.00
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/30/2024 Name & Address: ROBERT MIJAC 43710 VIA ANTONIO DR STERLING HEIGHTS, MI 48314 **5. If over $100.00 cumulative, please provide:** Occupation OWNER Employer MASS MAILING LLC Business Address 35468 MOUND RD, STERLING HEIGHTS, MI 48310 Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 100.00	$ 600.00
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/30/2024 Name & Address PATTI NEAL 19000 HALL RD CLINTON TOWNSHIP, MI 48038 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 60.00	$ 60.00

Page Subtotal 260.00

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 140444

2. Committee Name PAUL GIELEGHEM FOR SUPERVISOR

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 10/30/2024 Name & Address: EDLIRA SAKO 17054 KINGSBROOKE DR CLINTON TOWNSHIP, MI 48038 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 40.00	$ 40.00
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/30/2024 Name & Address CAROL DIEHL 17584 KOOGLER ST CLINTON TOWNSHIP, MI 48038 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 50.00	$ 190.00
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/31/2024 Name & Address: WILLIAM SOWERBY 3380 WOODHILL CIR SUPERIOR TWP, MI 48198 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 100.00	$ 300.00
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/31/2024 Name & Address BARRY POWERS 38550 GARFIELD RD CLINTON TOWNSHIP, MI 48038 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 100.00	$ 100.00

Page Subtotal 290.00

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 140444

2. Committee Name PAUL GIELEGHEM FOR SUPERVISOR

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 11/01/2024 Name & Address: SHEET METAL WORKERS LOCAL 80 PAC 17100 W 12 MILE RD SOUTHFIELD, MI 48076 **5. If over $100.00 cumulative, please provide:** Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser	$ 580.00	$ 2,160.00
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 11/01/2024 Name & Address RODNEY HARRIS 4417 BRIARWOOD AVE ROYAL OAK, MI 48073 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer ____ Business Address ____ Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 100.00	$ 1,193.82
3. Contribution # 3 PAC Receipt? ☑ YES 4. Date of Receipt 11/03/2024 Name & Address: HERTEL FOR MICHIGAN 22401 LAVON ST ST CLAIR SHORES, MI 48081 **5. If over $100.00 cumulative, please provide:** Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 500.00	$ 500.00
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 11/05/2024 Name & Address TIMOTHY DENHA 2595 HUNTERS BLUFF BLOOMFIELD HILLS, MI 48304 **5. If over $100.00 cumulative, please provide:** Occupation INSURANCE Employer LA INSURANCE Business Address 400 HAMILTON ROW, BIRMINGHAM, MI 48009 Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 2,300.00	$ 4,600.00

Page Subtotal 3,480.00

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 140444

2. Committee Name PAUL GIELEGHEM FOR SUPERVISOR

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 11/06/2024 Name & Address: SARA GIELEGHEM 37905 E HORSESHOE DR CLINTON TWP, MI 48036 **5. If over $100.00 cumulative, please provide:** Occupation TEACHER Employer CHIPPEWA VALLEY SCHOOL DISTRICT Business Address 19120 CASS AVE, CLINTON TWP, MI 48038 Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 900.00	$ 3,851.02
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 11/06/2024 Name & Address BRENDA SLABBINCK 7012 AMBERWICK WAY CITRUS HEIGHTS, CA 95621 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 50.00	$ 50.00
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 11/06/2024 Name & Address: FREDERICK WOLF 34105 MULVEY RD FRASER, MI 48026 **5. If over $100.00 cumulative, please provide:** Occupation NOT EMPLOYED Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 250.00	$ 250.00
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 11/07/2024 Name & Address PAUL ILLICH 34285 GROESBECK HWY CLINTON TWP, MI 48035 **5. If over $100.00 cumulative, please provide:** Occupation PRESDIENT Employer CLINTON PARTS, LLC Business Address 34285 GROESBECK HWY, CLINTON TWP, MI 48035 Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 100.00	$ 450.00

Page Subtotal 1,300.00

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 140444

2. Committee Name PAUL GIELEGHEM FOR SUPERVISOR

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 11/11/2024 Name & Address: ROBERT HINDMAN 49522 KEYCOVE ST NEW BALTIMORE, MI 48047 **5. If over $100.00 cumulative, please provide:** Occupation OWNER Employer AMERICAN GRAPHICS PRINTING CO. Business Address 34895 GROESBECK HWY, CLINTON TOWNSHIP, MI 48038 Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 200.00	$ 200.00
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 11/20/2024 Name & Address STEVEN SAPH 44 MACOMB PL MT CLEMENS, MI 48043 **5. If over $100.00 cumulative, please provide:** Occupation OWNER Employer SAPH INSURANCE AGENCY Business Address 44 MACOMB PL, MT CLEMENS, MI 48043 Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 250.00	$ 500.00
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 450.00

Grand Total of All Schedules 1A (Complete on last page of Schedule) 17,525.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I. D. Number 140444

2. Committee Name PAUL GIELEGHEM FOR SUPERVISOR

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 all 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: SCHNAIDT AGENCY, LLC 35927 SOUTHBOUND GRATIOT AVE CLINTON TWP, MI 48035 **If over $100.00 cumulative, please provide:** Occupation: Employer Name & Business 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 FOOD 5. Date Of Receipt: 10/30/2024 6. **Vendor Name & Address:**	$ 500.00	$ 1,278.48
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:** Click Here for Memo Itemization	$	$
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:** Click Here for Memo Itemization	$	$
	Page Subtotal	500.00	1,278.48
	Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	500.00	

Enter this total on line 6 of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140444

2. Committee Name PAUL GIELEGHEM FOR SUPERVISOR

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name US POST OFFICE Address 155 S MAIN ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: POSTAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/21/2024	$ 2,139.92
Expenditure #2 Name SIGNS FOR TOMORROW Address 33251 SOUTHBOUND GRATIOT AVE CLINTON TOWNHSIP, MI 48035 ☐ Fund Raiser	Purpose: SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/30/2024	$ 171.72
Expenditure #3 Name GOLDEN DONUT Address 34155 HARPER AVE CLINTON TOWNSHP, MI 48035 ☐ Fund Raiser	Purpose: FOOD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/31/2024	$ 300.00
Expenditure #4 Name EIGHT NOTE AD Address 31415 GAY ST ROSEVILLE, MI 48066 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/31/2024	$ 3,000.00
Expenditure #5 Name MCEP Address 92 SOUTHBOUND GRATIOT AVE MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: EVENT TICKETS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/14/2024	$ 35.00

Subtotal this page 5,646.64

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

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140444

2. Committee Name PAUL GIELEGHEM FOR SUPERVISOR

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name C AND G NEWSPAPERS Address 13650 E ELEVEN MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/17/2024	$ 4,500.00
Expenditure #2 Name CONNECT MACOMB Address 12900 HALL RD SUITE 100 STERLING HEIGHTS, MI 48313 ☐ Fund Raiser	Purpose: TICKETS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/18/2024	$ 35.00
Expenditure #3 Name RED OLIVE Address 23977 HARPER AVE ST CLAIR SHORES, MI 48080 ☐ Fund Raiser	Purpose: FOOD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/19/2024	$ 700.00
Expenditure #4 Name MASS MAILING, LLC Address 354268 MOUND ROAD STERLING HEIGHTS, MI 48313 ☐ Fund Raiser	Purpose: MAILING FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/20/2024	$ 1,604.70
Expenditure #5 Name MASS MAILING, LLC Address 354268 MOUND ROAD CLINTON TOWNSHIP, MI 48038 ☐ Fund Raiser	Purpose: PRINTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/20/2024	$ 1,683.28

Subtotal this page 8,522.98

Grand Total of all Schedules 1B (Complete on last page of Schedule) 14,169.62

Enter this total on line 8a of Summary Page