



FILED

21 OCT 2024 PM 01:55

MACOMB COUNTY CLERK
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**CANDIDATE COMMITTEE
COVER PAGE**

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

3. This Statement covers From: 07/29/2024 to 10/20/2024

1. Committee I.D. Number

140451

4. Candidate Last Name First Name M.I.

POWERS BRIAN

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

TRUSTEE, ANCHOR BAY SD

2. Committee Name

CTE BRIAN POWERS FOR ANCHOR BAY

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

5. Committee's Mailing Address

**51792 LESHAN DRIVE
CHESTERFIELD, MI 48047**

6. Treasurer's Name & Residential Address

**BRIAN POWERS
51792 LESHAN DRIVE
CHESTERFIELD, MI 48047**

Area Code and Phone (248) 379-1750
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.

Area Code & Phone (248) 379-1750

7. Treasurer's Business Address

**51792 LESHAN DRIVE
CHESTERFIELD, MI 48047**

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone (248) 379-1750

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

10/21/2024

Candidate _____
Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/21/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140451

2. Committee Name CTE BRIAN POWERS FOR ANCHOR BAY

**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>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0.00</u>	(18.) \$ <u>0.00</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>0.00</u>	(20.) \$ <u>0.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>3,035.84</u>	(21.) \$ <u>3,035.84</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>0.00</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>0.00</u>	(23.) \$ <u>0.00</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>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>0.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>0.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>0.00</u> *	



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 140451

CANDIDATE COMMITTEE

2. Committee Name CTE BRIAN POWERS FOR ANCHOR BAY

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: BRIAN POWERS 51792 LESHAN DRIVE CHESTERFIELD, MI 48047 If over \$100.00 cumulative, please provide: Occupation: REAL ESTATE Employer Name & Business Address: SELF EMPLOYED 48617 HAYES RD, SHELBY TOWNSHIP, MI 48315 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>CAMPAIGN SUPPLIES</u> 5. Date Of Receipt: <u>08/06/2024</u> 6. Vendor Name & Address: STAPLES 51382 GRATIOT, CHESTERFIELD, MI 48051	\$ <u>10.59</u>	\$ <u>10.59</u>
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: BRIAN POWERS 51792 LESHAN DRIVE CHESTERFIELD, MI 48047 If over \$100.00 cumulative, please provide: Occupation: REAL ESTATE Employer Name & Address: SELF EMPLOYED 48617 HAYES RD, SHELBY TOWNSHIP, MI 48315 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>CAMPAIGN SUPPLIES</u> 5. Date Of Receipt: <u>08/06/2024</u> 6. Vendor Name & Address: STAPLES 51382 GRATIOT, CHESTERFIELD, MI 48051	\$ <u>52.15</u>	\$ <u>52.15</u>
Contribution #3 PAC Receipt? ☐ Yes Name & Address: BRIAN POWERS 51792 LESHAN DRIVE CHESTERFIELD, MI 48047 If over \$100.00 cumulative, please provide: Occupation: REAL ESTATE Employer Name & Address: SELF EMPLOYED 48617 HAYES RD, SHELBY TOWNSHIP, MI 48315 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>BOO BASH SPONSORSHIP</u> 5. Date Of Receipt: <u>09/10/2024</u> 6. Vendor Name & Address: CHESTERFIELD TOWNSHIP PARKS AND RECREATION 47275 SUGARBUSH ROAD, CHESTERFIELD, MI 48047	\$ <u>10.00</u>	\$ <u>20.59</u>

Page Subtotal

72.74

20.59

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

Enter this total
on line 6 of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 140451

CANDIDATE COMMITTEE

2. Committee Name CTE BRIAN POWERS FOR ANCHOR BAY

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: BRIAN POWERS 51792 LESHAN DR CHESTERFIELD, MI 48047 If over \$100.00 cumulative, please provide: Occupation: REAL ESTATE Employer Name & Business Address: SELF EMPLOYED 48617 HAYES RD, SHELBY TOWNSHIP, MI 48315 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>SPONSORSHIP EVENT SUPPLIES</u> 5. Date Of Receipt: <u>09/19/2024</u> 6. Vendor Name & Address: AMAZON 325 9TH AVE, SEATTLE, WA 98104	\$ <u>423.75</u>	\$ <u>423.75</u>
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: BRIAN POWERS 51792 LESHAN DRIVE CHESTERFIELD, MI 48047 If over \$100.00 cumulative, please provide: Occupation: REAL ESTATE Employer Name & Address: SELF EMPLOYED 48617 HAYES RD, SHELBY TOWNSHIP, MI 48315 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>YARD SIGNS</u> 5. Date Of Receipt: <u>09/19/2024</u> 6. Vendor Name & Address: YOUNIQUECARDS.COM INC 42816 WILLSHARON, STERLING HEIGHTS, STERLING HEIGHTS, MI 48314	\$ <u>540.60</u>	\$ <u>592.75</u>
Contribution #3 PAC Receipt? ☐ Yes Name & Address: BRIAN POWERS 51792 LESHAN DR CHESTERFIELD, MI 48047 If over \$100.00 cumulative, please provide: Occupation: REAL ESTATE Employer Name & Address: SELF EMPLOYED 48617 HAYES RD, SHELBY TOWNSHIP, MI 48315 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>CAMPAIGN T-SHIRTS</u> 5. Date Of Receipt: <u>09/26/2024</u> 6. Vendor Name & Address: AMAZON 325 9TH AVE, SEATTLE, WA 98109	\$ <u>91.10</u>	\$ <u>91.10</u>

Page Subtotal **1,055.45** **91.10**

Grand Total of all Schedules 1-IK
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on line 6 of Summary
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CANDIDATE COMMITTEE

2. Committee Name CTE BRIAN POWERS FOR ANCHOR BAY

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Contribution # 1 PAC Receipt? ☐ Yes Name & Address: BRIAN POWERS 51792 LESHAN DR CHESTERFIELD, MI 48047 If over \$100.00 cumulative, please provide: Occupation: REAL ESTATE Employer Name & Business Address: SELF EMPLOYED 48617 HAYES R, SHELBY TOWNSHIP, MI 48315 ☐ 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 CAMPAIGN DOOR HANGERS 5. Date Of Receipt: 09/30/2024 6. Vendor Name & Address: VISTA PRINT 95 HAYDEN AVE, LEXINGTON, MA 02421	\$ 630.98	\$ 1,054.73
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: BRIAN POWERS 51792 LESHAN DRIVE CHESTERFIELD, MI 48047 If over \$100.00 cumulative, please provide: Occupation: REAL ESTATE Employer Name & Address: SELF EMPLOYED 48617 HAYES RD, SHELBY TOWNSHIP, MI 48315 ☐ 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 POSTAGE 5. Date Of Receipt: 10/04/2024 6. Vendor Name & Address: USPS 35339 23 MILE, NEW BALTIMORE, MI 48047	\$ 292.00	\$ 884.75
Contribution #3 PAC Receipt? ☐ Yes Name & Address: BRIAN POWERS 51792 LESHAN DRIVE CHESTERFIELD, MI 48047 If over \$100.00 cumulative, please provide: Occupation: REAL ESTATE Employer Name & Address: SELF EMPLOYED 48617 HAYES RD, SHELBY TOWNSHIP, MI 48315 ☐ 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 CAMPAIGN SUPPLIES 5. Date Of Receipt: 10/08/2024 6. Vendor Name & Address: STAPLES 51382 GRATIOT, CHESTERFIELD, MI 48051	\$ 26.27	\$ 911.02

Page Subtotal **949.25** **0.00**

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Contribution # 2 PAC Receipt? ☐ Yes Name & Address: BRIAN POWERS 51792 LESHAN DRIVE CHESTERFIELD, MI 48047 If over \$100.00 cumulative, please provide: Occupation: REAL ESTATE Employer Name & Address: SELF EMPLOYED 48617 HAYES RD, SHELBY TOWNSHIP, MI 48315 ☐ 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 HALLOWEEN CANDY FOR SPONSORED EVENTS 5. Date Of Receipt: 10/12/2024 6. Vendor Name & Address: AMAZON 325 9TH AVE, SEATTLE, WA 98109	\$ 209.97	\$ 1,210.99
Contribution #3 PAC Receipt? ☐ Yes Name & Address: BRIAN POWERS 51792 LESHAN DR CHESTERFIELD, MI 48047 If over \$100.00 cumulative, please provide: Occupation: REAL ESTATE Employer Name & Address: SELF EMPLOYED 48617 HAYES RD, SHELBY TOWNSHIP, MI 48315 ☐ 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 HALLOWEEN CANDY FOR SPONSORED EVENTS 5. Date Of Receipt: 10/13/2024 6. Vendor Name & Address: AMAZON 325 9TH AVE, SEATTLE, WA 98121	\$ 359.57	\$ 1,414.30

Page Subtotal **659.54** **1,210.99**

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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

298.86

1,713.16

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3,035.84

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