



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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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: 08/27/24 to 10/20/24

1. Committee I.D. Number

138922

2. Committee Name

CTE Hank Anderson

5. Committee's Mailing Address

48553 Sugarbush
Chesterfield, MI 48047

Area Code and Phone (586) 598-1854

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.

7. Treasurer's Business Address

Area Code and Phone _____

4. Candidate Last Name First Name M.I.

Anderson Henry A.

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

Chesterfield Township Trustee

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

6. Treasurer's Name & Residential Address

Area Code & Phone _____

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

Area Code and Phone _____

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.

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

11/05/24

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.)

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

Date

Candidate Henry A. Anderson

Type or Print Name

Signature

Date

10/25/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 138922

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE Hank Anderson

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>\$1,357.50</u>	(21.) \$ <u>\$1,357.50</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

CANDIDATE COMMITTEE

1. Committee I. D. Number 138922

2. Committee Name CTE Hank Anderson

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:

Hank Anderson
48553 Sugarbush
Chesterfield, MI 48047

If over \$100.00 cumulative, please provide:
Occupation:

Employer Name & Business Address:

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 Combo/Mailers

5. Date Of Receipt: 09/20/24

6. Vendor Name & Address:

Memory Time
2280 Cumberland
Rochester Hills, MI 48307

[Click Here for Memo Itemization](#)

\$ 1,357.50 \$ 1,357.50

☐ Fund Raiser Contribution

Contribution # 2 PAC Receipt? ☐ Yes

Name & Address:

If over \$100.00 cumulative, please provide:
Occupation:

Employer Name & Address:

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](#)

\$ _____ \$ _____

☐ Fund Raiser Contribution

Contribution #3 PAC Receipt? ☐ Yes

Name & Address:

If over \$100.00 cumulative, please provide:
Occupation:

Employer Name & Address:

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](#)

\$ _____ \$ _____

☐ Fund Raiser Contribution

Page Subtotal \$ 1,357.50

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

\$ 1,357.50

Enter this total
on line 6 of Summary:
Page