



FILED

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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: 06/02/2024 to 10/20/2024

1. Committee I.D. Number

140492

4. Candidate Last Name

SEITZ

First Name

CHRISTY

M.I.

2. Committee Name

CTE - CHRISTY SEITZ

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

TRUSTEE, ROMEO SD

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

5. Committee's Mailing Address

**11473 LAUREL WOODS DRIVE
WASHINGTON, MI 48094**

Area Code and Phone (586) 876-6264
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

**JOSEPH MALBURG
8359 MARCREST
SHELBY, MI 48316**

Area Code & Phone (586) 337-2889

7. Treasurer's Business Address

**8359 MARCREST
SHELBY, MI 48316**

Area Code and Phone (586) 337-2889

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

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 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

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

11/12/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

11/12/2024



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140492
2. Committee Name CTE - CHRISTY SEITZ

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>10/08/2024</u> Name & Address: JUDITH RAWLINGS-OTTO 61400 JEWELL RD WASHINGTON, MI 48094		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/08/2024</u> Name & Address: RICHARD ROSENBERG 8760 N DUTCHESS DR BRUCE, MI 48065		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/08/2024</u> Name & Address: CHERYL FILNER NORWICH CIR WASHINGTON, MI 48094		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☒ YES 4. Date of Receipt <u>10/08/2024</u> Name & Address: IUPAT POLITICAL ACTION TOGETHER POLITICAL COMMITTEE 7234 PARKWAY DR HANOVER, MD 21076		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 625.00

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

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 140492
2. Committee Name CTE - CHRISTY SEITZ

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: CHRISTY SEITZ 11473 LAUREL WOODS DR WASHINGTON, MI 48094 If over \$100.00 cumulative, please provide: Occupation: SELF EMPLOYED - RECRUITER Employer Name & Business Address: FAIRY JOB MOTHER, LLC 11473 LAUREL WOODS DR, WASHINGTON, MI 48094 ☐ 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>GIFT CARD BASKET</u> 5. Date Of Receipt: <u>10/11/2024</u> 6. Vendor Name & Address: FAMS SCREENPRINT AND EMBROIDERY 131 S MAIN ST, ROMEO, MI 48065	\$ <u>100.00</u>	\$ <u>3,228.58</u>
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: CHRISTY SEITZ 11473 LAUREL WOODS DR WASHINGTON, MI 48094 If over \$100.00 cumulative, please provide: Occupation: SELF EMPLOYED - RECRUITER Employer Name & Address: FAIRY JOB MOTHER LLC 11473 LAUREL WOODS DR, WASHINGTON, MI 48094 ☐ 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>ZOOM FOR SAFETY SUMMIT</u> 5. Date Of Receipt: <u>10/11/2024</u> 6. Vendor Name & Address: ZOOM 55 S ALMADEN BLVD, SAN JOSE, CA 95113	\$ <u>53.00</u>	\$ <u>3,281.58</u>
Contribution #3 PAC Receipt? ☐ Yes Name & Address: CHRISTY SEITZ 11473 LAUREL WOODS DR WASHINGTON, MI 48094 If over \$100.00 cumulative, please provide: Occupation: SELF EMPLOYED - RECRUITER Employer Name & Address: FAIRY JOB MOTHER, LLC 11473 LAUREL WOODS DR, WASHINGTON, MI 48094 ☐ 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 TSHIRTS</u> 5. Date Of Receipt: <u>10/15/2024</u> 6. Vendor Name & Address: FAMS SCREENPRINT 131 S MAIN ST, ROMEO, MI 48065	\$ <u>1,152.77</u>	\$ <u>4,434.35</u>

Page Subtotal 1,305.77 4,434.35

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) 4,584.35

Enter this total
on line 6 of Summary
Page