



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FILED

21 OCT 2025 PM 12:18

MACOMB COUNTY CLERK  
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**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: 01/01/2011 to 10/19/2025

1. Committee I.D. Number

**138491**

4. Candidate Last Name First Name M.I.

**BADE JEANNE M**

2. Committee Name

COMMITTEE TO REELECT TREASURER JEANNE BADE

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

**TREASURER, NEW BALTIMORE**

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

5. Committee's Mailing Address

**35937 MAIN  
NEW BALTIMORE, MI 48047**

6. Treasurer's Name & Residential Address

**JEANNE BADE  
35937 MAIN  
NEW BALTIMORE, MI 48047**

Area Code and Phone (586) 536-5860  
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 (586) 536-5860

7. Treasurer's Business Address

**35937 MAIN  
NEW BALTIMORE, MI 48047**

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

**DOROTHY BADE  
50776 ROSE  
NEW BALTIMORE, MI 48047**

Area Code and Phone (586) 536-5860

Area Code and Phone (586) 405-5677

**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

11/04/2025

**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

10/21/2025

Candidate

Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

10/21/2025



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 138491

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name COMMITTEE TO REELECT TREASURER JEANNE BADE

| RECEIPTS                                                                                        | Column I<br>This Period        | Column II<br>Cumulative this election cycle |
|-------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------|
| 3. Contributions                                                                                |                                |                                             |
| a. Itemized (Schedule 1A - Column 6)                                                            | (3a.) \$ <u>11,011.70</u>      |                                             |
| b. Unitemized (less than \$20.01 each - no Schedule)                                            | (3b.) \$ <u>NOT APPLICABLE</u> |                                             |
| c. Subtotal of "Contributions"                                                                  | (3c.) \$ <u>11,011.70</u>      | (18.) \$ <u>11,011.70</u>                   |
| 4. Other Receipts (Schedule 1A -1, Column 6)                                                    | (4.) \$ <u>0.00</u>            | (19.) \$ <u>0.00</u>                        |
| <b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b><br>(Add Line 3c + Line 4)                      | (5.) \$ <u>11,011.70</u>       | (20.) \$ <u>11,011.70</u>                   |
| <b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>                                                 |                                |                                             |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7)                                              | (6.) \$ <u>591.07</u>          | (21.) \$ <u>591.07</u>                      |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6)                                              | (7.) \$ <u>0.00</u>            | (22.) \$ <u>0.00</u>                        |
| <b>EXPENDITURES</b>                                                                             |                                |                                             |
| 8. Expenditures                                                                                 |                                |                                             |
| a. Itemized (Schedule 1B, Column 6)                                                             | (8a.) \$ <u>8,798.04</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>           |                                             |
| <b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)                                  | (9.) \$ <u>8,798.04</u>        | (23.) \$ <u>8,798.04</u>                    |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(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>          |                                             |
| <b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Add Line 10a + Line 10b)                  | (11.) \$ <u>0.00</u>           | (24.) \$ <u>0.00</u>                        |
| <b>DEBTS AND OBLIGATIONS</b>                                                                    |                                |                                             |
| 12. Debts and Obligations                                                                       |                                |                                             |
| a. Owed <b>by</b> the Committee (Schedule 1E)                                                   | (12a.) \$ <u>0.00</u>          |                                             |
| b. Owed <b>to</b> the Committee (Schedule 1E)                                                   | (12b.) \$ <u>0.00</u>          |                                             |
| <b>BALANCE STATEMENT</b>                                                                        |                                |                                             |
| 13. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.) | (13.) \$ <u>0.00</u>           |                                             |
| 14. Amount received during reporting period<br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ <u>11,011.70</u>    |                                             |
| 15. SUBTOTAL Add lines 13 and 14                                                                | (15.) = \$ <u>11,011.70</u>    |                                             |
| 16. Amount expended during reporting period<br>(Add lines 9 and 11)                             | (16.) - \$ <u>8,798.04</u>     |                                             |
| 17. ENDING BALANCE<br>(Subtract line 16 from line 15)                                           | (17.) \$ <u>2,213.66</u>       | *                                           |



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

**CANDIDATE COMMITTEE**

1. Committee I.D. Number 138491  
2. Committee Name COMMITTEE TO REELECT TREASURER JEANNE BADE

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>05/05/2025</u><br>Name & Address:<br><b>BILL M BADE</b><br><b>35937 MAIN ST</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                              |  | \$ <u>1,000.00</u> | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>WASTEWATER SUPERINTENDENT</u> Employer <u>CITY OF NEW BALTIMORE</u><br>Business Address <u>36535 GREEN ST, NEW BALTIMORE, MI 48047</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |  |                    |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/10/2025</u><br>Name & Address:<br><b>JOAN COLE</b><br><b>54043 ATHERTON ST</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                             |  | \$ <u>25.00</u>    | \$ <u>25.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                   |  |                    |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/11/2025</u><br>Name & Address:<br><b>JEANNE M BADE</b><br><b>35937 MAIN</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                               |  | \$ <u>1,000.00</u> | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>CITY TREASURER</u> Employer <u>CITY OF NEW BALTIMORE</u><br>Business Address <u>36535 GREEN ST, NEW BALTIMORE, MI 48047</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser            |  |                    |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/11/2025</u><br>Name & Address:<br><b>DONNA BRUSATE</b><br><b>1002 MICHIGAN ST</b><br><b>PORT HURON, MI 48060</b>                                                                                                                                            |  | \$ <u>100.00</u>   | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                   |  |                    |                                                                                 |

Page Subtotal **2,125.00**

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

**CANDIDATE COMMITTEE**

1. Committee I.D. Number 138491  
2. Committee Name COMMITTEE TO REELECT TREASURER JEANNE BADE

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>06/17/2025</u><br>Name & Address:<br><b>JEANNE M BADE</b><br><b>35937 MAIN ST</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                 |  | \$ <u>500.00</u>   | \$ <u>1,500.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>CITY TREASURER</u> Employer <u>CITY OF NEW BALTIMORE</u><br>Business Address <u>36535 GREEN ST, New Baltimore, MI 48047</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |  |                    |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/30/2025</u><br>Name & Address:<br><b>ALLYN RYDER</b><br><b>37047 HIGHVIEW ST</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                |  | \$ <u>30.00</u>    | \$ <u>30.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                        |  |                    |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/22/2025</u><br>Name & Address:<br><b>JEANNE M BADE</b><br><b>35937 MAIN ST</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                 |  | \$ <u>1,000.00</u> | \$ <u>3,091.07</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>CITY TREASURER</u> Employer <u>CITY OF NEW BALTIMORE</u><br>Business Address <u>36535 GREEN ST, New Baltimore, MI 48047</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |  |                    |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/28/2025</u><br>Name & Address:<br><b>DIANE SIMPSON</b><br><b>52119 DEERFIELD LN</b><br><b>CHESTERFIELD, MI 48047</b>                                                                                                                             |  | \$ <u>25.00</u>    | \$ <u>25.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                        |  |                    |                                                                                 |

Page Subtotal **1,555.00**

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

**CANDIDATE COMMITTEE**

1. Committee I.D. Number 138491  
2. Committee Name COMMITTEE TO REELECT TREASURER JEANNE BADE

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/01/2025</u> |                                                                                 |
| Name & Address:<br><b>VERONICA MURPHY</b><br><b>50740 ROSE ST</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                                                                               |                                           | \$ <u>25.00</u>                      | \$ <u>25.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                 |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/04/2025</u> |                                                                                 |
| Name & Address:<br><b>JEANNE M BADE</b><br><b>35937 MAIN ST</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                                                                                 |                                           | \$ <u>500.00</u>                     | \$ <u>3,591.07</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>CITY TREASURER</u> Employer <u>CITY OF NEW BALTIMORE</u><br>Business Address <u>36535 GREEN ST, New Baltimore, MI 48047</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                               | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/11/2025</u> |                                                                                 |
| Name & Address:<br><b>DOROTHY BADE</b><br><b>50776 ROSE ST</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                                                                                  |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                             |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                               | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/12/2025</u> |                                                                                 |
| Name & Address:<br><b>JEANNE M BADE</b><br><b>35937 MAIN ST</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                                                                                 |                                           | \$ <u>1,000.00</u>                   | \$ <u>4,591.07</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>CITY TREASURER</u> Employer <u>CITY OF NEW BALTIMORE</u><br>Business Address <u>36535 GREEN ST, NEW BALTIMORE, MI 48047</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |

Page Subtotal **1,625.00**

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

**CANDIDATE COMMITTEE**

1. Committee I.D. Number 138491  
2. Committee Name COMMITTEE TO REELECT TREASURER JEANNE BADE

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>08/12/2025</u><br>Name & Address:<br><b>JACKIE BINGHAM</b><br><b>50791 ROSE ST</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                    |  | \$ <u>25.00</u> | \$ <u>25.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |  |                 |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/12/2025</u><br>Name & Address:<br><b>DANN BURBEULA</b><br><b>50616 ANDERS ST</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                    |  | \$ <u>50.00</u> | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |  |                 |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/12/2025</u><br>Name & Address:<br><b>NICOLE FILLINGHAM</b><br><b>50793 LENOX ST</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                |  | \$ <u>25.00</u> | \$ <u>25.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |  |                 |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/12/2025</u><br>Name & Address:<br><b>SUSAN THOMAS-UNDERWOOD</b><br><b>36651 ALFRED ST</b><br><b>NEW BALTIMORE, MI 48047</b>                                                          |  | \$ <u>35.00</u> | \$ <u>35.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |  |                 |                                                                                 |

Page Subtotal **135.00**

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

**CANDIDATE COMMITTEE**

1. Committee I.D. Number 138491  
2. Committee Name COMMITTEE TO REELECT TREASURER JEANNE BADE

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/12/2025</u> |                                                                                 |
| Name & Address:<br><b>MARY RUTLEDGE</b><br><b>36121 ST CLAIR DR</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                          |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                             | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/12/2025</u> |                                                                                 |
| Name & Address:<br><b>ROBERT HIGGINS</b><br><b>51820 RIVARD RD</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                           |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RESTAURANT OWNER</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                            | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/12/2025</u> |                                                                                 |
| Name & Address:<br><b>KATHRYN HARVEY</b><br><b>36676 POPLAR DR</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                           |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                   |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                            | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/12/2025</u> |                                                                                 |
| Name & Address:<br><b>CYNDA COVERT</b><br><b>54707 BRADSHAW DR</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                           |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |

Page Subtotal 400.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

**CANDIDATE COMMITTEE**

1. Committee I.D. Number 138491  
2. Committee Name COMMITTEE TO REELECT TREASURER JEANNE BADE

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>08/12/2025</u><br>Name & Address:<br>FLORENCE HAYMAN<br>53540 GRACE DR<br>NEW BALTIMORE, MI 48047                                                                                                                                        |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                  |  |                  |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/12/2025</u><br>Name & Address:<br>JUDITH DROMPP<br>36481 FRONT ST<br>NEW BALTIMORE, MI 48047                                                                                                                                           |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                  |  |                  |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/12/2025</u><br>Name & Address:<br>LORI DOLMAN<br>37177 BRETT DR<br>NEW BALTIMORE, MI 48047                                                                                                                                            |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>BHHS KEY REALTY</u> Employer _____<br>Business Address <u>36622 GREEN ST, NEW BALTIMORE, MI 48047</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |  |                  |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/12/2025</u><br>Name & Address:<br>REBECCA RODRIGUEZ<br>51022 WASHINGTON ST<br>NEW BALTIMORE, MI 48047                                                                                                                                 |  | \$ <u>50.00</u>  | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____      Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                      |  |                  |                                                                                 |

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.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

**CANDIDATE COMMITTEE**

1. Committee I.D. Number 138491  
2. Committee Name COMMITTEE TO REELECT TREASURER JEANNE BADE

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>08/12/2025</u><br>Name & Address:<br><b>JOE RODRIGUEZ</b><br><b>51022 WASHINGTON ST</b><br><b>NEW BALTIMORE, MI 48047</b>                                                               |  | \$ <u>50.00</u> | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |  |                 |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/12/2025</u><br>Name & Address:<br><b>MARIE JO MELLON</b><br><b>36818 MAIN ST</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                    |  | \$ <u>20.00</u> | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |  |                 |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/12/2025</u><br>Name & Address:<br><b>FRAN LAIRD</b><br><b>36340 MILO ST</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                        |  | \$ <u>20.00</u> | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |  |                 |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/12/2025</u><br>Name & Address:<br><b>MONICA HAYMAN</b><br><b>36049 HATHAWAY ST</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                 |  | \$ <u>20.00</u> | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |  |                 |                                                                                 |

Page Subtotal **110.00**

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

**CANDIDATE COMMITTEE**

1. Committee I.D. Number 138491  
2. Committee Name COMMITTEE TO REELECT TREASURER JEANNE BADE

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/12/2025</u> |                                                                                 |
| Name & Address:<br><b>YORK ROSS</b><br><b>36049 HATHAWAY ST</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                     |                                           | \$ <u>20.00</u>                      | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/12/2025</u> |                                                                                 |
| Name & Address:<br><b>KAREN STICKNEY</b><br><b>50780 BRADY ST</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                   |                                           | \$ <u>20.00</u>                      | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/12/2025</u> |                                                                                 |
| Name & Address:<br><b>DONALD STICKNEY</b><br><b>50780 BRADY ST</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                  |                                           | \$ <u>20.00</u>                      | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/12/2025</u> |                                                                                 |
| Name & Address:<br><b>JOAN COLE</b><br><b>54043 ATHERTON ST</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                     |                                           | \$ <u>20.00</u>                      | \$ <u>45.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |

Page Subtotal 80.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

**CANDIDATE COMMITTEE**

1. Committee I.D. Number 138491  
2. Committee Name COMMITTEE TO REELECT TREASURER JEANNE BADE

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>08/12/2025</u><br>Name & Address:<br><b>LINDA GONYEAU</b><br><b>36375 WOODLAND DR</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                 |  | \$ <u>20.00</u>  | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |  |                  |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/12/2025</u><br>Name & Address:<br><b>JENNIFER MOHR</b><br><b>37375 WOODLAND DR</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                  |  | \$ <u>20.00</u>  | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |  |                  |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/12/2025</u><br>Name & Address:<br><b>BOB LIST</b><br><b>50798 ROSE ST</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                          |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |  |                  |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/13/2025</u><br>Name & Address:<br><b>ALICIA LOVE</b><br><b>43515 MERRILL RD</b><br><b>STERLING HEIGHTS, MI 48314</b>                                                                 |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |  |                  |                                                                                 |

Page Subtotal 240.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

**CANDIDATE COMMITTEE**

1. Committee I.D. Number 138491  
2. Committee Name COMMITTEE TO REELECT TREASURER JEANNE BADE

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/14/2025</u> |                                                                                 |
| Name & Address:<br><b>TRACY WILLARD</b><br><b>35810 BAL CLAIR ST</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                                                                            |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>FUNERAL HOME</u> Employer <u>WASIK FUNERAL HOME</u><br>Business Address <u>35259 23 MILE RD, NEW BALTIMORE, MI 48047</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser    |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/18/2025</u> |                                                                                 |
| Name & Address:<br><b>KATHRYN BORG</b><br><b>53419 ANDREW CIR</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                                                                               |                                           | \$ <u>191.70</u>                     | \$ <u>191.70</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>NURSE</u> Employer <u>HENRY FORD HOSPITAL</u><br>Business Address <u>3031 GRAND BLVD, DETROIT, MI 48202</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                 |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                               | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/29/2025</u> |                                                                                 |
| Name & Address:<br><b>JEANNE M BADE</b><br><b>35937 MAIN ST</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                                                                                 |                                           | \$ <u>4,000.00</u>                   | \$ <u>8,591.07</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>CITY TREASURER</u> Employer <u>CITY OF NEW BALTIMORE</u><br>Business Address <u>36535 GREEN ST, NEW BALTIMORE, MI 48047</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                               | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/17/2025</u> |                                                                                 |
| Name & Address:<br><b>KATHY VOSBURG</b><br><b>47395 SUGARBUSH RD</b><br><b>CHESTERFIELD, MI 48047</b>                                                                                                                                                                                                                                             |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                        |                                           |                                      |                                                                                 |

Page Subtotal **4,391.70**

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

**11,011.70**

Enter this total on  
line 3a of Summary  
Page.



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 138491

## CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO REELECT TREASURER JEANNE BADE

| 3. Name and Address from whom received<br>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).<br>Report <u>all</u> in-kind contributions.                                                                                                                                                            | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>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? <input type="checkbox"/> Yes<br>Name & Address:<br><b>JEANNE M BADE</b><br><b>35937 MAIN ST</b><br><b>NEW BALTIMORE, MI 48047</b><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>CITY TREASURER</b><br>Employer Name & Business Address:<br><b>CITY OF NEW BALTIMORE</b><br><b>36535 GREEN ST,</b><br><b>New Baltimore, MI 48047</b><br><input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <u>DOMAIN NAME REGISTRATION</u><br>5. Date Of Receipt: <u>04/21/2025</u><br>6. Vendor Name & Address:<br><b>GODADDY.COM</b><br><b>2155 E GODADDY WAY,</b><br><b>TEMPE, AZ 85284</b> | \$ <b>22.16</b>                | \$ <b>1,522.16</b>                                        |
| Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>JEANNE M BADE</b><br><b>35937 MAIN ST</b><br><b>NEW BALTIMORE, MI 48047</b><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>CITY TREASURER</b><br>Employer Name & Address:<br><b>CITY OF NEW BALTIMORE</b><br><b>36535 GREEN ST,</b><br><b>NEW BALTIMORE, MI 48047</b><br><input type="checkbox"/> Fund Raiser Contribution          | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <u>CANDY FOR PARADE</u><br>5. Date Of Receipt: <u>06/16/2025</u><br>6. Vendor Name & Address:<br><b>AMAZON</b><br><b>410 TERRY AVE N,</b><br><b>SEATTLE, WA 98109</b>               | \$ <b>391.92</b>               | \$ <b>1,914.08</b>                                        |
| Contribution #3      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>JEANNE M BADE</b><br><b>35937 MAIN ST</b><br><b>NEW BALTIMORE, MI 48047</b><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>CITY TREASURER</b><br>Employer Name & Address:<br><b>CITY OF NEW BALTIMORE</b><br><b>36535 GREEN ST,</b><br><b>New Baltimore, MI 48047</b><br><input type="checkbox"/> Fund Raiser Contribution           | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <u>CANDY FOR PARADE</u><br>5. Date Of Receipt: <u>06/16/2025</u><br>6. Vendor Name & Address:<br><b>AMAZON</b><br><b>410 TERRY AVE N,</b><br><b>SEATTLE, WA 98109</b>               | \$ <b>176.99</b>               | \$ <b>2,091.07</b>                                        |

Page Subtotal **591.07** **2,091.07**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule) **591.07**

Enter this total  
on line 6 of Summary  
Page



**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **138491**  
2. Committee Name **COMMITTEE TO REELECT TREASURER JEANNE BADE**

| 3. Name and address of person or vendor to whom paid                                                                                                                                  | 4. Purpose (Required Information)                                                                                                                                  | 5. Date                   | 6. Amount          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------|
| Expenditure #1<br>Name <b>COSTCO</b><br><br>Address<br><b>999 LAKE DRIVE</b><br><b>ISSAQUAH, WA 98027</b><br><br><input type="checkbox"/> Fund Raiser                                 | Purpose: <b>CHECKS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement               | <b>05/27/2025</b><br>Date | \$ <b>51.42</b>    |
| Expenditure #2<br>Name <b>SCOREBOARD N MORE GROUP LLC</b><br><br>Address<br><b>5309 POINTE TREMBLE RD</b><br><b>PEARL BEACH, MI 48001</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <b>CAMPAIGN SHIRTS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement      | <b>06/13/2025</b><br>Date | \$ <b>1,054.70</b> |
| Expenditure #3<br>Name <b>SCOREBOARD N MORE GROUP LLC</b><br><br>Address<br><b>5309 POINTE TREMBLE RD</b><br><b>PEARL BEACH, MI 48001</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <b>BANNERS, CAR MAGNETS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <b>06/14/2025</b><br>Date | \$ <b>223.66</b>   |
| Expenditure #4<br>Name <b>SCOREBOARD N MORE GROUP LLC</b><br><br>Address<br><b>5309 POINTE TREMBLE RD</b><br><b>PEARL BEACH, MI 48001</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <b>SHIRTS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement               | <b>06/20/2025</b><br>Date | \$ <b>220.09</b>   |
| Expenditure #5<br>Name <b>MONSTER MOBILE MARKETING LLC</b><br><br>Address<br><b>52728 FOX POINTE DR</b><br><b>NEW BALTIMORE, MI 48047</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <b>WEBSITE</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement              | <b>07/21/2025</b><br>Date | \$ <b>573.75</b>   |

Subtotal this page **2,123.62**

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

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **138491**  
2. Committee Name **COMMITTEE TO REELECT TREASURER JEANNE BADE**

| 3. Name and address of person or vendor to whom paid                                                                                                                                  | 4. Purpose (Required Information)                                                                                                                             | 5. Date                   | 6. Amount        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|
| Expenditure #1<br>Name <b>CITY OF NEW BALTIMORE - PARKS &amp; REC</b><br><br>Address<br><b>36535 GREEN ST<br/>NEW BALTIMORE, MI 48047</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <b>PAVILION RENTAL</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <b>07/22/2025</b><br>Date | \$ <b>258.38</b> |
| Expenditure #2<br>Name <b>SCOREBOARD N MORE GROUP LLC</b><br><br>Address<br><b>5309 POINTE TREMBLE RD<br/>PEARL BEACH, MI 48001</b><br><br><input type="checkbox"/> Fund Raiser       | Purpose: <b>YARD SIGNS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement      | <b>07/29/2025</b><br>Date | \$ <b>874.50</b> |
| Expenditure #3<br>Name <b>MONSTER MOBILE MARKETING LLC</b><br><br>Address<br><b>52728 FOX POINTE DR<br/>NEW BALTIMORE, MI 48047</b><br><br><input type="checkbox"/> Fund Raiser       | Purpose: <b>WEBSITE</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement         | <b>08/04/2025</b><br>Date | \$ <b>48.00</b>  |
| Expenditure #4<br>Name <b>MONSTER MOBILE MARKETING LLC</b><br><br>Address<br><b>52728 FOX POINTE DR<br/>NEW BALTIMORE, MI 48047</b><br><br><input type="checkbox"/> Fund Raiser       | Purpose: <b>WEBSITE</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement         | <b>08/05/2025</b><br>Date | \$ <b>50.00</b>  |
| Expenditure #5<br>Name <b>CONSTANT CONTACT</b><br><br>Address<br><b>TRAPELO AVE<br/>WALTHAM, MA 02453</b><br><br><input type="checkbox"/> Fund Raiser                                 | Purpose: <b>WEBSITE</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement         | <b>08/05/2025</b><br>Date | \$ <b>35.00</b>  |

Subtotal this page

**1,265.88**

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

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **138491**  
2. Committee Name **COMMITTEE TO REELECT TREASURER JEANNE BADE**

| 3. Name and address of person or vendor to whom paid                                                                                                                                  | 4. Purpose (Required Information)                                                                                                                                                  | 5. Date                   | 6. Amount        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|
| Expenditure #1<br>Name <b>GORDON FOOD SERVICE</b><br><br>Address<br><b>51630 GRATIOT AVE<br/>CHESTERFIELD, MI 48051</b><br><br><input checked="" type="checkbox"/> Fund Raiser        | Purpose: <b>FUNDRAISER FOOD</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                      | <b>08/14/2025</b><br>Date | \$ <b>378.70</b> |
| Expenditure #2<br>Name <b>MONSTER MOBILE MARKETING LLC</b><br><br>Address<br><b>52728 FOX POINTE DR<br/>NEW BALTIMORE, MI 48047</b><br><br><input type="checkbox"/> Fund Raiser       | Purpose: <b>WEBSITE</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                              | <b>09/03/2025</b><br>Date | \$ <b>48.00</b>  |
| Expenditure #3<br>Name <b>CONSTANT CONTACT</b><br><br>Address<br><b>TRAPELO AVE<br/>WALTHAM, MA 02453</b><br><br><input type="checkbox"/> Fund Raiser                                 | Purpose: <b>WEBSITE</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                              | <b>09/05/2025</b><br>Date | \$ <b>35.00</b>  |
| Expenditure #4<br>Name <b>SCOREBOARD N MORE GROUP LLC</b><br><br>Address<br><b>5309 POINTE TREMBLE RD<br/>PEARL BEACH, MI 48001</b><br><br><input type="checkbox"/> Fund Raiser       | Purpose: <b>YARD SIGNS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                           | <b>09/08/2025</b><br>Date | \$ <b>344.50</b> |
| Expenditure #5<br>Name <b>CITY OF NEW BALTIMORE - PARKS &amp; REC</b><br><br>Address<br><b>36535 GREEN ST<br/>NEW BALTIMORE, MI 48047</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <b>SPONSOR TRICK OR TREAT ON WASHINGTON</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <b>09/09/2025</b><br>Date | \$ <b>750.00</b> |

Subtotal this page **1,556.20**

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

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **138491**  
2. Committee Name **COMMITTEE TO REELECT TREASURER JEANNE BADE**

| 3. Name and address of person or vendor to whom paid                                                                                                                             | 4. Purpose (Required Information)                                                                                                                                                                        | 5. Date                   | 6. Amount          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------|
| Expenditure #1<br>Name <b>AMERICAN GRAPHICS PRINTING</b><br><br>Address<br><b>34895 GROESBECK HWY<br/>CLINTON TOWNSHIP, MI 48035</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <b>MAILING TO VOTERS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                                          | <b>10/02/2025</b><br>Date | <b>\$ 3,769.34</b> |
| Expenditure #2<br>Name <b>MONSTER MOBILE MARKETING LLC</b><br><br>Address<br><b>52728 FOX POINTE DR<br/>NEW BALTIMORE, MI 48047</b><br><br><input type="checkbox"/> Fund Raiser  | Purpose: <b>WEBSITE</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                                                    | <b>10/03/2025</b><br>Date | <b>\$ 48.00</b>    |
| Expenditure #3<br>Name <b>CONSTANT CONTACT</b><br><br>Address<br><b>TRAPELO AVE<br/>WALTHAM, MA 02453</b><br><br><input type="checkbox"/> Fund Raiser                            | Purpose: <b>WEBSITE</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                                                    | <b>10/06/2025</b><br>Date | <b>\$ 35.00</b>    |
| Expenditure #4<br>Name<br><br>Address<br><br><br><input type="checkbox"/> Fund Raiser                                                                                            | Purpose: _____<br><br><a href="#">Click Here for Memo Itemization Type</a><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | _____<br>Date             | \$ _____           |
| Expenditure #5<br>Name<br><br>Address<br><br><br><input type="checkbox"/> Fund Raiser                                                                                            | Purpose: _____<br><br><a href="#">Click Here for Memo Itemization Type</a><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | _____<br>Date             | \$ _____           |

Subtotal this page **3,852.34**  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **8,798.04**

Enter this total  
on line 8a of  
Summary Page



**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number **138491**  
2. Committee Name **COMMITTEE TO REELECT TREASURER JEANNE BADE**

**- USE A SEPARATE SHEET FOR EACH EVENT -**

|                                                 |                                                                                             |                                                                            |                                                                                                                                                                                                                |
|-------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. Date Event Was Held<br><br><b>08/12/2025</b> | 4. Number of Individuals Attending or Participating (whichever is greater)<br><br><b>40</b> | 5. Type of Fund Raising Activity<br><br><b>MEET &amp; GREET - HOT DOGS</b> | 6. Address and Name (If any) of the place where the activity was held.<br><b>WALTER &amp; MARY BURKE<br/>PARK<br/>36300 FRONT ST<br/>NEW BALTIMORE, MI 48047</b><br><input type="checkbox"/> Private Residence |
|-------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

7. Total Contributions **1,315.00**  
8. Other Receipts **0.00**  
9. Gross Receipts (Add lines 7 and 8) **1,315.00**  
10. Total Cost of Event **637.08**  
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

| Co-Sponsor(s) | Contribution Split (%) | Expenditure Split (%) |
|---------------|------------------------|-----------------------|
| _____         | _____                  | _____                 |
| _____         | _____                  | _____                 |
| _____         | _____                  | _____                 |
| _____         | _____                  | _____                 |
| _____         | _____                  | _____                 |
| _____         | _____                  | _____                 |
| _____         | _____                  | _____                 |
| _____         | _____                  | _____                 |

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.