



FILED

20 OCT 2025 PM 12:00

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: 02/04/2025 to 10/19/2025

1. Committee I.D. Number

140383

2. Committee Name

CTE ADURA CALHOUN

4. Candidate Last Name

CALHOUN

First Name

ADURA

M.I.

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

COUNCIL, ST. CLAIR SHORES

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

5. Committee's Mailing Address

**31059 HARPER AVENUE
ST CLAIR SHORES, MI 48082**

Area Code and Phone (313) 506-0591
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

**KAREN L MILLER
18755 GLENWOOD BLVD
LATHRUP VILLAGE, MI 48076**

Area Code & Phone (248) 515-8653

7. Treasurer's Business Address

**18755 GLENWOOD BLVD
LATHRUP VILLAGE, MI 48076**

Area Code and Phone (248) 515-8653

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

**KAREN L MILLER
18755 GLENWOOD BLVD
LATHRUP VILLAGE, MI 48076**

Area Code and Phone (248) 515-8653

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

10/20/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/20/2025



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140383

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE ADURA CALHOUN

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>18,673.47</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>18,673.47</u>	(18.) \$ <u>18,673.47</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>18,673.47</u>	(20.) \$ <u>18,673.47</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>467.60</u>	(21.) \$ <u>467.60</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>16,959.73</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>16,959.73</u>	(23.) \$ <u>16,959.73</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>9,227.47</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>18,673.47</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>18,673.47</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>16,959.73</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1,713.74</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140383
2. Committee Name CTE ADURA CALHOUN

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>02/04/2025</u>	
Name & Address: LYNDA MCGHEE 20319 MAUER ST ST CLAIR SHORES, MI 48080		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>20319 MAUER ST, ST CLAIR SHORES, MI 48080</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/05/2025</u>	
Name & Address: BETSY A BAKER		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/05/2025</u>	
Name & Address: JOY MARSH 21328 SEVERN RD HARPER WOODS, MI 48225		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/06/2025</u>	
Name & Address: ADURA CALHOUN 408 COUNTRY CLUB DRIVE SAINT CLAIR SHORES, MI 48082		\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			

Page Subtotal 2,750.00

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

Enter this total on
line 3a of Summary
Page.



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1. Committee I.D. Number 140383
2. Committee Name CTE ADURA CALHOUN

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>02/06/2025</u> Name & Address: ADURA CALHOUN 408 COUNTRY CLUB DRIVE SAINT CLAIR SHORES, MI 48082 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser		\$ <u>2,500.00</u>	\$ <u>5,000.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/10/2025</u> Name & Address: CATHERINE BERNAS 1986 SEVERN RD GROSSE POINTE WOODS, MI 48236 5. If over \$100.00 cumulative, please provide: Occupation <u>COUNSELOR</u> Employer <u>WAYNE STATE UNIVERSITY</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/11/2025</u> Name & Address: LINDA WHITE 30620 GREATER MACK AVE ST CLAIR SHORES, MI 48082 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/12/2025</u> Name & Address: TODD A DEMAND 777 ROSLYN RD GROSSE POINTE WOODS, MI 48236 5. If over \$100.00 cumulative, please provide: Occupation <u>TAX ACCOUNTANT</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140383
2. Committee Name CTE ADURA CALHOUN

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>02/14/2025</u> Name & Address: THERESA LOVELACE 22030 RAYMOND ST ST CLAIR SHORES, MI 48082		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/17/2025</u> Name & Address: KENYATTA DAVID 17940 CHESTER ST DETROIT, MI 48224		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/17/2025</u> Name & Address: CHARMAINE SZYMCAK 28780 PALOMINO AVE. WARREN, MI 48093		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/20/2025</u> Name & Address: ROBERT BACKUS 1318 GOFFSTOWN RD MANCHESTER, NH 03102		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 300.00

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CANDIDATE COMMITTEE**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/20/2025</u>	
Name & Address: JUSTIN ROBB 27425 GRANT ST ST CLAIR SHORES, MI 48081		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/20/2025</u>	
Name & Address: BURMA WASHINGTON 24350 DANTE ST OAK PARK, MI 48237		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/21/2025</u>	
Name & Address: PAMELA A PERRY 3941 MARLENE DR WARREN, MI 48092		\$ <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>02/23/2025</u>	
Name & Address: DAREK JONES 410 COUNTRY CLUB DR ST CLAIR SHORES, MI 48082		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 400.00

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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/24/2025</u> Name & Address: NANCY TRIMMER 5100 NORTH DR ST CLAIR SHORES, MI 48082		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/28/2025</u> Name & Address: BARBARA WRIGHT-SZYDLOWSKI 10010 MANOR AVE ALLEN PARK, MI 48101		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/01/2025</u> Name & Address: LORA COOK 17195 PREVOST ST DETROIT, MI 48235		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTENDANCE AGENT</u> Employer <u>DPSCD</u> Business Address <u>3011 W GRAND BLVD, DETROIT, MI 48202</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/01/2025</u> Name & Address: NANCY BELLUOMO 420 COUNTRY CLUB DR ST CLAIR SHORES, MI 48082		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **310.00**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/03/2025</u>	
Name & Address: MICHELLE DAVIS 21979 DUNS SCOTUS ST SOUTHFIELD, MI 48075		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRINCIPAL</u> Employer <u>DPSCD</u> Business Address <u>900 DICKERSON AVE, DETROIT, MI 48215</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/04/2025</u>	
Name & Address: SHARON GWIZDOWSKI 22407 RIO VISTA ST ST CLAIR SHORES, MI 48081		\$ <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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/04/2025</u>	
Name & Address: NANCY LEFEVRE 22010 ERBEN ST ST CLAIR SHORES, MI 48081		\$ <u>40.00</u>	\$ <u>40.00</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>03/04/2025</u>	
Name & Address: JOSEPH CORNAIRE 21231 GORDON RD ST CLAIR SHORES, MI 48081		\$ <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			

Page Subtotal **340.00**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/04/2025</u>	
Name & Address: WALTER WHITE JR. 2049 HUNT CLUB DR GROSSE POINTE WOODS, MI 48236		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UNEMPLOYED</u> Employer <u>UNEMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2025</u>	
Name & Address: CAROL PIELACK 21616 FRANCIS ST ST CLAIR SHORES, MI 48082		\$ <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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/07/2025</u>	
Name & Address: MARGARET FISK 20004 PARKSIDE ST ST CLAIR SHORES, MI 48080		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/10/2025</u>	
Name & Address: JOHN KRAVITZ 31022 JEFFERSON AVE ST CLAIR SHORES, MI 48082		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 250.00

Grand Total of All Schedules 1A
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <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>03/10/2025</u> Name & Address: MICHAEL BOSSENBERRY 28850 LITTLE MACK AVE ST CLAIR SHORES, MI 48081		\$ <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>03/16/2025</u> Name & Address: WANDA WILLIAMS-GEE 30311 VASSAR ST LIVONIA, MI 48152		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/17/2025</u> Name & Address: MARGARET RINGEL 638 COUNTRY CLUB DR ST CLAIR SHORES, MI 48082		\$ <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>03/18/2025</u> Name & Address: CHARLOTTE RUTKOWSKI 23148 LIBERTY ST ST CLAIR SHORES, MI 48080		\$ <u>20.00</u>	\$ <u>20.00</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 **145.00**

Grand Total of All Schedules 1A
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2. Committee Name CTE ADURA CALHOUN

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>03/21/2025</u>	
Name & Address: ROBIN MCCANTS 103 COUNTRY CLUB DR ST CLAIR SHORES, MI 48082		\$ <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>03/24/2025</u>	
Name & Address: SAIMA KHALIL 12101 VOLPE DR STERLING HEIGHTS, MI 48312		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>134 MARKET ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/24/2025</u>	
Name & Address: ANTAWAN HARRIS 5040 ANATOLE ST GROSSE POINTE, MI 48236		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RESURFACER</u> Employer <u>BAAG</u> Business Address <u>5040 ANATOLE ST, GROSSE POINTE, MI 48236</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/24/2025</u>	
Name & Address: KAREN LEPPANEN MILLER 20819 CROWLEY ST ST CLAIR SHORES, MI 48081		\$ <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			

Page Subtotal 300.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140383
2. Committee Name CTE ADURA CALHOUN

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>03/24/2025</u>	
Name & Address: SHARON VITALE 24609 CULVER ST ST CLAIR SHORES, MI 48080		\$ <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>03/25/2025</u>	
Name & Address: MARY PANGRAZZI 366 RANDOLPH ST WESTLAND, MI 48186		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/25/2025</u>	
Name & Address: MICHAEL DROOGLEEVER 2885 SANFORD AVE SW #12618 GRANDVILLE, MI 49418		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>SELF EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/25/2025</u>	
Name & Address: ANITA BOND 6877 LESLEE CREST DR WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **175.00**

Grand Total of All Schedules 1A
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SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140383
2. Committee Name CTE ADURA CALHOUN

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/25/2025</u>	
Name & Address: MICHAEL BOYLE		\$ <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>03/25/2025</u>	
Name & Address: KAREN PELHAM 30114 JEFFERSON AVE ST CLAIR SHORES, MI 48082		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NURSE</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/25/2025</u>	
Name & Address: PATRICIA DENOMME 1452 EDMUNDTON DRIVE GROSSE POINTE, MI 48236		\$ <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>03/25/2025</u>	
Name & Address: MARILYN LESPERANCE 1104 COUNTRY CLUB DR ST CLAIR SHORES, MI 48082		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UNEMPLOYED</u> Employer <u>UNEMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 260.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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2. Committee Name CTE ADURA CALHOUN

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/26/2025</u>	
Name & Address: RENITA YOUNG 16925 ABERDEEN DR ROMULUS, MI 48174		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOCIAL WORKER</u> Employer <u>MDHHS</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/26/2025</u>	
Name & Address: ELAINE POSTEN 14100 WOODMONT AVE DETROIT, MI 48227		\$ <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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/26/2025</u>	
Name & Address: JIM LA CHARITE		\$ <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>03/28/2025</u>	
Name & Address: FREDERICK DODGE JR. 975 VERNIER ROAD GROSSE POINTE, MI 48236		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MARKETING</u> Employer <u>FREDERICK DODGE</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 200.00

Grand Total of All Schedules 1A
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SCHEDULE 1A
CANDIDATE COMMITTEE**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/28/2025</u>	
Name & Address: SHANNON KING 41328 RUGOSA DR CLINTON TOWNSHIP, MI 48038		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>READING SPECIALIST</u> Employer <u>MICHIGAN COLLEGIATE</u> Business Address <u>31300 RYAN RD, WARREN, MI 48092</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/28/2025</u>	
Name & Address: LAVON WILLIAMS 24546 LITTLE MACK AVE ST CLAIR SHORES, MI 48080		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPT. HEAD</u> Employer <u>KROGER</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/28/2025</u>	
Name & Address: CRISTINA DEWAN 21712 SUNNYDALE ST ST CLAIR SHORES, MI 48081		\$ <u>150.00</u>	\$ <u>150.00</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>03/29/2025</u>	
Name & Address: LATOYA WILLIS 30640 WOODSTREAM DR FARMINGTON HILLS, MI 48334		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WAYNE COUNTY</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 350.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140383
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/29/2025</u>	
Name & Address: SCOTT HOLMES 28949 BOSTON ST ST CLAIR SHORES, MI 48081		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCE</u> Employer <u>BANK OF AMERICA</u> Business Address <u>290 TOWN CENTER DR, DEARBORN, MI 48126</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/30/2025</u>	
Name & Address: MARQUITA MOORE 20457 LOCHMOOR ST HARPER WOODS, MI 48225		\$ <u>55.00</u>	\$ <u>55.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SURGICAL TECH</u> Employer <u>HENRY FORD ST. JOHN</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/30/2025</u>	
Name & Address: MARQUITA MOORE 20457 LOCHMOOR ST HARPER WOODS, MI 48225		\$ <u>50.00</u>	\$ <u>105.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SURGICAL TECH</u> Employer <u>HENRY FORD ST. JOHN</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/31/2025</u>	
Name & Address: ARGENTINA ABNEY 18636 JOANN AVE DETROIT, MI 48205		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ANALYST</u> Employer <u>STATE OF MICHIGAN</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 230.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140383
2. Committee Name CTE ADURA CALHOUN

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/02/2025</u>	
Name & Address: YOLANDA SMITH 9633 GRAYFIELD AVE REDFORD CHARTER TOWNSHIP, MI 48239		\$ <u>55.00</u>	\$ <u>55.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROBATION AGENT</u> Employer <u>STATE OF MICHIGAN</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/04/2025</u>	
Name & Address: ROXANNA A GREENWOOD 9082 PIEDMONT ST DETROIT, MI 48228		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/07/2025</u>	
Name & Address: CATHLEEN MELODY 1025 COUNTRY CLUB DR ST CLAIR SHORES, MI 48082		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/07/2025</u>	
Name & Address: KHADIJAH JONES 14282 W VERDE LN GOODYEAR, AZ 85395		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LEGAL ASSISTANT</u> Employer <u>REALTY INCOME</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **305.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140383
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <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>04/11/2025</u> Name & Address: BRANDON ROBINSON 14909 LIRI DR STERLING HEIGHTS, MI 48312	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTRACTOR</u> Employer <u>COMPLETED HARDWOOD FLOORING & REFINISHING LLC</u> Business Address <u>3440 BUCKINGHAM, DETROIT, MI 48224</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/11/2025</u> Name & Address: EMMANUEL COOK 18089 WHITCOMB DETROIT, MI 48235	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STUDENT</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/14/2025</u> Name & Address: DEMANDRE GAUSE 34811 MAPLE LN DR APT 70 STERLING HEIGHTS, MI 48312	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>DPSCD</u> Business Address <u>776 ABERTON AVE, DETROIT, MI 48215</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/14/2025</u> Name & Address: ANTOINETTE WILSON 7345 MAUDE ADAMS AVE TWENTYNINE PALMS, CA 92277	\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CLINICAL COUNSELOR</u> Employer <u>MCCS</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		

Page Subtotal 290.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 140383
2. Committee Name CTE ADURA CALHOUN

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/15/2025</u>	
Name & Address: MICHAEL DENEWITH 20330 ARDMORE PARK DR ST CLAIR SHORES, MI 48081		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/16/2025</u>	
Name & Address: GEORGE HIGGINS 18331 BREEZEWAY FRASER, MI 48026		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE AGENT</u> Employer <u>SELF EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/16/2025</u>	
Name & Address: MELODY MAGEE 25800 TIMBERLINE DR WARREN, MI 48091		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CAREER FOCUS CONSULTING</u> Employer <u>TALENT OFFICER</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/16/2025</u>	
Name & Address: JEVONA FUDGE 21043 ALEXANDER ST ST CLAIR SHORES, MI 48081		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT PROSECUTOR</u> Employer <u>MACOMB COUNTY</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 200.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/16/2025</u>	
Name & Address: ANDREA STRUTZ 39243 WORTHINGTON CT HARRISON TOWNSHIP, MI 48045		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MARY KAY CONSULTANT</u> Employer <u>SELF EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/16/2025</u>	
Name & Address: LORA COOK 17195 PREVOST ST DETROIT, MI 48235		\$ <u>75.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTENDANCE AGENT</u> Employer <u>DPSCD</u> Business Address <u>3011 W GRAND BLVD, DETROIT, MI 48202</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/16/2025</u>	
Name & Address: ROY VORHEES III 22640 MADISON ST ST CLAIR SHORES, MI 48081		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/16/2025</u>	
Name & Address: MITCHELL GROTERS 397 CHALFONTE AVE GROSSE POINTE FARMS, MI 48236		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GRAPHIC ARTIST</u> Employer <u>ADVERTISING AND GRAPHICS LLC</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <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>04/17/2025</u> Name & Address: JACQUELINE KELLY 2524 CHALK FARM RD N WARREN, MI 48091		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/19/2025</u> Name & Address: BILLIE RAPP 404 COUNTRY CLUB DR ST CLAIR SHORES, MI 48082		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/23/2025</u> Name & Address: WYNETTE HUNT 927 COUNTRY CLUB DR ST CLAIR SHORES, MI 48082		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CA SPECIALIST</u> Employer <u>HFHS</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/24/2025</u> Name & Address: ANTAWAN HARRIS 5040 ANATOLE ST GROSSE POINTE, MI 48236		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RESURFACER</u> Employer <u>BAAG</u> Business Address <u>5040 ANATOLE ST, GROSSE POINTE, MI 48236</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 175.00

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140383
2. Committee Name CTE ADURA CALHOUN

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>04/26/2025</u>	
Name & Address: MARCIA COTTON 32 BRIGHTON ST HIGHLAND PARK, MI 48203		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2025</u>	
Name & Address: BELINDA JONES 35459 ELMWOOD CT CLINTON TOWNSHIP, MI 48035		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROBATION OFFICER</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>16820 JAMES COUZENS FWY, DETROIT, MI 48221</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/28/2025</u>	
Name & Address: THERESA SWALEC 23212 MIDDLESEX ST ST CLAIR SHORES, MI 48080		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/29/2025</u>	
Name & Address: PATRICIA FERGUSON 175 E HICKORY GROVE RD BLOOMFIELD HILLS, MI 48304		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>BCBSM</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 275.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140383
2. Committee Name CTE ADURA CALHOUN

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/04/2025</u>	
Name & Address: MARK HANSKNECHT 3439 BENJAMIN AVE APT 122 ROYAL OAK, MI 48073		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/19/2025</u>	
Name & Address: WENDY LEWANDOWSKI 23215 EUCLID ST ST CLAIR SHORES, MI 48082		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CASHIER</u> Employer <u>KROGER</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/24/2025</u>	
Name & Address: ANTAWAN HARRIS 5040 ANATOLE ST GROSSE POINTE, MI 48236		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RESURFACER</u> Employer <u>BAAG</u> Business Address <u>5040 ANATOLE ST, GROSSE POINTE, MI 48236</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/31/2025</u>	
Name & Address: LYNDA MCGHEE 20319 MAUER ST ST CLAIR SHORES, MI 48080		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>20319 MAUER ST, ST CLAIR SHORES, MI 48080</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 275.00

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140383
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <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>06/03/2025</u>	
Name & Address: NANCY BELLUOMO 420 COUNTRY CLUB DR ST CLAIR SHORES, MI 48082		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/05/2025</u>	
Name & Address: WILLIAM WASHINGTON 18840 MENDOTA ST DETROIT, MI 48221		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SUBSTITUTE TEACHER</u> Employer <u>KELLY SERVICES</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/05/2025</u>	
Name & Address: ADURA CALHOUN 408 COUNTRY CLUB DRIVE SAINT CLAIR SHORES, MI 48082		\$ <u>400.00</u>	\$ <u>5,400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/09/2025</u>	
Name & Address: ADURA CALHOUN 408 COUNTRY CLUB DRIVE SAINT CLAIR SHORES, MI 48082		\$ <u>779.10</u>	\$ <u>6,179.10</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,329.10**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140383
2. Committee Name CTE ADURA CALHOUN

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/11/2025</u>	
Name & Address: DIANE SHIER 22010 LOUISE ST ST CLAIR SHORES, MI 48081		\$ <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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/20/2025</u>	
Name & Address: ARIN M KRCHMA 50306 OAKVIEW DR CHESTERFIELD, MI 48047		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REGIONAL COMMUNITY ENGAGEMENT SPECIALIST</u> Employer <u>THE DAVEY TREE EXPERT COMPANY</u> Business Address <u>29206 LYON OAKS DR, WIXOM, MI 48393</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/21/2025</u>	
Name & Address: MICHAEL BOYLE		\$ <u>50.00</u>	\$ <u>100.00</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>06/22/2025</u>	
Name & Address: MARILYN LESPERANCE 1104 COUNTRY CLUB DR ST CLAIR SHORES, MI 48082		\$ <u>50.00</u>	\$ <u>110.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UNEMPLOYED</u> Employer <u>UNEMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 525.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140383
2. Committee Name CTE ADURA CALHOUN

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>06/24/2025</u>	
Name & Address: ANTAWAN HARRIS 5040 ANATOLE ST GROSSE POINTE, MI 48236		\$ <u>50.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RESURFACER</u> Employer <u>BAAG</u> Business Address <u>5040 ANATOLE ST, GROSSE POINTE, MI 48236</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/25/2025</u>	
Name & Address: PATRICK DEWAN 31109 W ANGELINE CT ST CLAIR SHORES, MI 48082		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UAT ANALYST</u> Employer <u>A & D MORTGAGE</u> Business Address <u>899 W CYPRESS CREEK RD, FORT LAUDERDALE, FL 33309</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/30/2025</u>	
Name & Address: ANTOINETTE WILSON 7345 MAUDE ADAMS AVE TWENTYNINE PALMS, CA 92277		\$ <u>100.00</u>	\$ <u>140.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CLINICAL COUNSELOR</u> Employer <u>MCCS</u> Business Address <u>BLDG. 1347, TWENTYNINE PALMS, CA 92277</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/01/2025</u>	
Name & Address: STANLEY WASHINGTON 4701 CHRYSLER DR DETROIT, MI 48201		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 225.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140383
2. Committee Name CTE ADURA CALHOUN

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>07/01/2025</u> Name & Address: TERESA PITTMAN 3130 E VERNOR HWY DETROIT, MI 48207		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/01/2025</u> Name & Address: STANLEY WASHINGTON 4701 CHRYSLER DR DETROIT, MI 48201		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/02/2025</u> Name & Address: SHONTONAL DANIELS 33751 STONEWOOD DR STERLING HEIGHTS, MI 48312		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>STATE OF MICHIGAN</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/02/2025</u> Name & Address: KATHLEEN FRANCE 1006 COUNTRY CLUB DR ST CLAIR SHORES, MI 48082		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 225.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140383
2. Committee Name CTE ADURA CALHOUN

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>07/07/2025</u>	
Name & Address: JEANNE HUNTON 8831 INDEPENDENCE DR STERLING HEIGHTS, MI 48313		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/07/2025</u>	
Name & Address: ADURA CALHOUN 408 COUNTRY CLUB DRIVE SAINT CLAIR SHORES, MI 48082		\$ <u>92.37</u>	\$ <u>6,271.47</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/08/2025</u>	
Name & Address: LAVON WILLIAMS 24546 LITTLE MACK AVE ST CLAIR SHORES, MI 48080		\$ <u>25.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPT. HEAD</u> Employer <u>KROGER</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/08/2025</u>	
Name & Address: BARBARA HENIKE 1336 LOCHMOOR BLVD GROSSE POINTE WOODS, MI 48236		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DOCTOR</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **187.37**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140383
2. Committee Name CTE ADURA CALHOUN

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>07/08/2025</u>	
Name & Address: LAVON WILLIAMS 24546 LITTLE MACK AVE ST CLAIR SHORES, MI 48080		\$ <u>26.00</u>	\$ <u>101.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPT. HEAD</u> Employer <u>KROGER</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/12/2025</u>	
Name & Address: BARBARA WRIGHT-SZYDLOWSKI 10010 MANOR AVE ALLEN PARK, MI 48101		\$ <u>100.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2025</u>	
Name & Address: MICHAEL DENEWITH 20330 ARDMORE PARK DR ST CLAIR SHORES, MI 48081		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: CAROLYN BRADT 23653 BEVERLY ST ST CLAIR SHORES, MI 48082		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FITNESS INSTRUCTOR</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 226.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140383
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/20/2025</u> Name & Address: LAVERNA DAVIS 5041 PAY IT FORWARD DR CASPER, WY 82609		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>COHN REZNICK</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/23/2025</u> Name & Address: ASHLEIGH BLACKMON 24091 MORITZ ST OAK PARK, MI 48237		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STD REP</u> Employer <u>SEDGWICK</u> Business Address <u>300 GALLERIA OFFICENTRE, SOUTHFIELD, MI 48034</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/23/2025</u> Name & Address: KAREN KLENK 22509 SHOREVIEW CT UNIT 23 ST CLAIR SHORES, MI 48082		\$ <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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/23/2025</u> Name & Address: KAREN LEPPANEN MILLER 20819 CROWLEY ST ST CLAIR SHORES, MI 48081		\$ <u>50.00</u>	\$ <u>100.00</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 **375.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140383
2. Committee Name CTE ADURA CALHOUN

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>07/23/2025</u>	
Name & Address: LINDA WHITE 30620 GREATER MACK AVE ST CLAIR SHORES, MI 48082		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2025</u>	
Name & Address: ANTAWAN HARRIS 5040 ANATOLE ST GROSSE POINTE, MI 48236		\$ <u>50.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RESURFACER</u> Employer <u>BAAG</u> Business Address <u>5040 ANATOLE ST, GROSSE POINTE, MI 48236</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2025</u>	
Name & Address: SHARON VITALE 24609 CULVER ST ST CLAIR SHORES, MI 48080		\$ <u>50.00</u>	\$ <u>100.00</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>07/24/2025</u>	
Name & Address: SHIRLEY WARD 23029 AVON ST ST CLAIR SHORES, MI 48082		\$ <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			

Page Subtotal 200.00

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140383
2. Committee Name CTE ADURA CALHOUN

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>07/25/2025</u> Name & Address: FREDERICK DODGE JR. 975 VERNIER ROAD GROSSE POINTE, MI 48236		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MARKETING</u> Employer <u>FREDERICK DODGE</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/25/2025</u> Name & Address: CHARMAINE SZYMCAK 28780 PALOMINO AVE. WARREN, MI 48093		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/25/2025</u> Name & Address: ADURA CALHOUN 408 COUNTRY CLUB DRIVE SAINT CLAIR SHORES, MI 48082		\$ <u>429.30</u>	\$ <u>6,700.77</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/29/2025</u> Name & Address: SHANNON KING 41328 RUGOSA DR CLINTON TOWNSHIP, MI 48038		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>READING SPECIALIST</u> Employer <u>MICHIGAN COLLEGIATE</u> Business Address <u>31300 RYAN RD, WARREN, MI 48092</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **629.30**

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140383
2. Committee Name CTE ADURA CALHOUN

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>07/29/2025</u> Name & Address: GEORGE-MICHAEL HIGGINS 18331 BREEZEWAY FRASER, MI 48026		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE AGENT</u> Employer <u>SELF EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/29/2025</u> Name & Address: THERESA LOVELACE 22030 RAYMOND ST ST CLAIR SHORES, MI 48082		\$ <u>100.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/29/2025</u> Name & Address: KENYATTA DAVID 17940 CHESTER ST DETROIT, MI 48224		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/29/2025</u> Name & Address: LORA COOK 17195 PREVOST ST DETROIT, MI 48235		\$ <u>155.00</u>	\$ <u>542.60</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTENDANCE AGENT</u> Employer <u>DPSCD</u> Business Address <u>3011 W GRAND BLVD, DETROIT, MI 48202</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 355.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140383
2. Committee Name CTE ADURA CALHOUN

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>07/29/2025</u>	
Name & Address: MIRIAM ABDULLAH 23408 EDSEL FORD CT ST CLAIR SHORES, MI 48080		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FITNESS INSTRUCTOR</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/29/2025</u>	
Name & Address: BARBARA KELLY 22601 LAKECREST ST ST CLAIR SHORES, MI 48081		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/02/2025</u>	
Name & Address: JENNIFER LAFRANCE 19821 SHADY LN AVE ST CLAIR SHORES, MI 48080		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UNEMPLOYED</u> Employer <u>UNEMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/05/2025</u>	
Name & Address: ADURA CALHOUN 408 COUNTRY CLUB DRIVE SAINT CLAIR SHORES, MI 48082		\$ <u>100.00</u>	\$ <u>6,800.77</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			

Page Subtotal 325.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140383
2. Committee Name CTE ADURA CALHOUN

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>08/11/2025</u> Name & Address: MARTHA HARRIS 19395 WOODLAND ST HARPER WOODS, MI 48225		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>FORD</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/14/2025</u> Name & Address: JANET JOHN 37268 TALL OAK DR CLINTON TOWNSHIP, MI 48036		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/14/2025</u> Name & Address: JENNIFER LAWSON 20306 EDMUNTON ST ST CLAIR SHORES, MI 48080		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROJECT DIRECTOR/ADJUNCT FACULTY</u> Employer <u>GRAND VALLEY STATE UNIVERSITY</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/20/2025</u> Name & Address: LYNDA MCGHEE 20319 MAUER ST ST CLAIR SHORES, MI 48080		\$ <u>100.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>20319 MAUER ST, ST CLAIR SHORES, MI 48080</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 275.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140383
2. Committee Name CTE ADURA CALHOUN

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>08/24/2025</u> Name & Address: ANTAWAN HARRIS 5040 ANATOLE ST GROSSE POINTE, MI 48236		\$ <u>50.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RESURFACER</u> Employer <u>BAAG</u> Business Address <u>5040 ANATOLE ST, GROSSE POINTE, MI 48236</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/31/2025</u> Name & Address: AMANDA CALHOUN 3951 YEMANS ST HAMTRAMCK, MI 48212		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DRIVER</u> Employer <u>DOOR DASH</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/02/2025</u> Name & Address: FELICIA JOHNSON 26000 S KNOLLWOOD DR NEW BALTIMORE, MI 48051		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/02/2025</u> Name & Address: ADURA CALHOUN 408 COUNTRY CLUB DRIVE SAINT CLAIR SHORES, MI 48082		\$ <u>100.00</u>	\$ <u>6,900.77</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			

Page Subtotal 200.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140383
2. Committee Name CTE ADURA CALHOUN

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>09/06/2025</u>	
Name & Address: JOEL RUTHERFORD 5683 STORROW CT WARREN, MI 48092		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/14/2025</u>	
Name & Address: NANCY BELLUOMO 420 COUNTRY CLUB DR ST CLAIR SHORES, MI 48082		\$ <u>25.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/14/2025</u>	
Name & Address: ROBERT BRANNON 31139 E WIND DR FRASER, MI 48026		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PASTOR</u> Employer <u>TRIUMPHANT CROSS</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/15/2025</u>	
Name & Address: LAWAUNE REED 5000 TOWN CENTER STE 402 SOUTHFIELD, MI 48075		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 125.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140383
2. Committee Name CTE ADURA CALHOUN

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>09/15/2025</u>	
Name & Address: NANCY KLICK 22516 BAYVIEW DR ST CLAIR SHORES, MI 48081		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UNEMPLOYED</u> Employer <u>UNEMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/15/2025</u>	
Name & Address: THERESA LOVELACE 22030 RAYMOND ST ST CLAIR SHORES, MI 48082		\$ <u>40.00</u>	\$ <u>190.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/16/2025</u>	
Name & Address: LATOYA WILLIS 30640 WOODSTREAM DR FARMINGTON HILLS, MI 48334		\$ <u>100.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WAYNE COUNTY</u> Business Address <u>5301 RUSSELL ST, DETROIT, MI 48211</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/16/2025</u>	
Name & Address: SHANNON KING 41328 RUGOSA DR CLINTON TOWNSHIP, MI 48038		\$ <u>100.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>READING SPECIALIST</u> Employer <u>MICHIGAN COLLEGIATE</u> Business Address <u>31300 RYAN RD, WARREN, MI 48092</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 290.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140383
2. Committee Name CTE ADURA CALHOUN

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>09/18/2025</u>	
Name & Address: ROBIN MCCANTS 103 COUNTRY CLUB DR ST CLAIR SHORES, MI 48082		\$ <u>50.00</u>	\$ <u>100.00</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>09/20/2025</u>	
Name & Address: JEVONA FUDGE 21043 ALEXANDER ST ST CLAIR SHORES, MI 48081		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT PROSECUTOR</u> Employer <u>MACOMB COUNTY</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/22/2025</u>	
Name & Address: MICHAEL HOWARD 23725 BEIERMAN AVE WARREN, MI 48091		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CRAFTSMAN</u> Employer <u>HOWARD FAMILY DESIGNS</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/23/2025</u>	
Name & Address: ADURA CALHOUN 408 COUNTRY CLUB DRIVE SAINT CLAIR SHORES, MI 48082		\$ <u>2,326.70</u>	\$ <u>9,227.47</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			

Page Subtotal 2,476.70

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140383
2. Committee Name CTE ADURA CALHOUN

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>09/24/2025</u>	
Name & Address: ANTAWAN HARRIS 5040 ANATOLE ST GROSSE POINTE, MI 48236		\$ <u>50.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RESURFACER</u> Employer <u>BAAG</u> Business Address <u>5040 ANATOLE ST, GROSSE POINTE, MI 48236</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/29/2025</u>	
Name & Address: WANDA WILLIAMS-GEE 30311 VASSAR ST LIVONIA, MI 48152		\$ <u>50.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/30/2025</u>	
Name & Address: ANGELA FERNANDEZ 22941 NEWBERRY ST ST CLAIR SHORES, MI 48080		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/02/2025</u>	
Name & Address: AMANDA CALHOUN 3951 YEMANS ST HAMTRAMCK, MI 48212		\$ <u>25.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DRIVER</u> Employer <u>DOOR DASH</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **150.00**

Grand Total of All Schedules 1A
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18,673.47

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line 3a of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **140383**

CANDIDATE COMMITTEE

2. Committee Name **CTE ADURA CALHOUN**

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: LORA COOK 17195 PREVOST ST DETROIT, MI 48235 If over \$100.00 cumulative, please provide: Occupation: ATTENDANCE AGENT Employer Name & Business Address: DPSCD 3011 W GRAND BLVD, DETROIT, MI 48202 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☒ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description CAMPAIGN PENS 5. Date Of Receipt: 04/18/2025 6. Vendor Name & Address:	\$ 287.60	\$ 387.60
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: A & G ADVERTISING AND GRAPHICS 397 CHALFONTE AVE GROSSE POINTE FARMS, MI 48236 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. ☐ Endorsement or Guarantee of Bank Loan ☒ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description BANNER 5. Date Of Receipt: 10/15/2025 6. Vendor Name & Address:	\$ 180.00	\$ 180.00
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	\$	\$

[Click Here for Memo Itemization](#)

Page Subtotal

467.60

567.60

Grand Total of all Schedules 1-IK
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467.60

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140383**
2. Committee Name **CTE ADURA CALHOUN**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name A.G.E INDUSTRIES LLC Address 18307 SANTA ROSA DR DETROIT, MI 48221 ☐ Fund Raiser	Purpose: CAMPAIGN PHOTOS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/07/2025 Date	\$ 50.00
Expenditure #2 Name A.G.E INDUSTRIES LLC Address 18307 SANTA ROSA DR DETROIT, MI 48221 ☐ Fund Raiser	Purpose: CAMPAIGN PHOTOS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/13/2025 Date	\$ 25.00
Expenditure #3 Name LJB MARKETING AGENCY Address 29058 BAYPOINTE NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: WEBSITE DESIGN ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/18/2025 Date	\$ 425.00
Expenditure #4 Name FREDERICK DODGE Address 21130 WOODMONT ST HARPER WOODS, MI 48225 ☐ Fund Raiser	Purpose: SOCIAL MEDIA SPECIALIST ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/01/2025 Date	\$ 650.00
Expenditure #5 Name MICHIGAN DEMOCRATIC PARTY Address 606 TOWNSEND ST LANSING, MI 48933 ☐ Fund Raiser	Purpose: CONTRIBUTION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/03/2025 Date	\$ 250.00

Subtotal this page **1,400.00**
Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140383
2. Committee Name CTE ADURA CALHOUN

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name STUDIO 28 EVENT GALLERY Address 31049 HARPER AVE ST CLAIR SHORES, MI 48082 ☐ Fund Raiser	Purpose: <u>FUNDRAISER VENUE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/03/2025</u> Date	\$ <u>300.00</u>
Expenditure #2 Name VISTAPRINT Address 100 HAYDEN AVE LEXINGTON, MA 02421 ☐ Fund Raiser	Purpose: <u>CAMPAIGN T-SHIRTS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/18/2025</u> Date	\$ <u>112.95</u>
Expenditure #3 Name ACT BLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/31/2025</u> Date	\$ <u>15.85</u>
Expenditure #4 Name FIRST STATE BANK Address 24335 HARPER AVE ST CLAIR SHORES, MI 48080 ☐ Fund Raiser	Purpose: <u>BANK FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/31/2025</u> Date	\$ <u>5.00</u>
Expenditure #5 Name STUDIO 28 EVENT GALLERY Address 31049 HARPER AVE ST CLAIR SHORES, MI 48082 ☒ Fund Raiser	Purpose: <u>FUNDRAISER VENUE DEPOSIT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/02/2025</u> Date	\$ <u>300.00</u>

Subtotal this page

733.80

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140383**
2. Committee Name **CTE ADURA CALHOUN**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MARCHIORI CATERING Address 21800 MARTER RD ST CLAIR SHORES, MI 48080 ☒ Fund Raiser	Purpose: FOOD FOR FUNDRAISER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/04/2025 Date	\$ 651.26
Expenditure #2 Name OFFICE DEPOT Address 19001 E 9 MILE RD EASTPOINTE, MI 48021 ☐ Fund Raiser	Purpose: CAMPAIGN FLYERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/10/2025 Date	\$ 710.20
Expenditure #3 Name SHOREWOOD KIWANIS Address 2017 HARPER AVE DETROIT, MI 48211 ☐ Fund Raiser	Purpose: CHARITY CRUISE SPONSORSHIP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/15/2025 Date	\$ 150.00
Expenditure #4 Name FREDERICK DODGE Address 21130 WOODMONT ST HARPER WOODS, MI 48225 ☐ Fund Raiser	Purpose: SOCIAL MEDIA SPECIALIST ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/16/2025 Date	\$ 650.00
Expenditure #5 Name VISTAPRINT Address 100 HAYDEN AVE LEXINGTON, MA 02421 ☐ Fund Raiser	Purpose: CAMPAIGN STICKERS AND BUSINESS CARDS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/22/2025 Date	\$ 271.76

Subtotal this page **2,433.22**

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140383
2. Committee Name CTE ADURA CALHOUN

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>SR. CLAIR SHORES BASEBALL SOFTBALL ASSOCIATION (SCSBSA)</u> Address <u>PO BOX 314</u> <u>SAINT CLAIR SHORES, MI 48080</u> ☐ Fund Raiser	Purpose: <u>POLITICAL AD</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/28/2025</u> Date	\$ <u>85.00</u>
Expenditure #2 Name <u>ACT BLUE</u> Address <u>366 SUMMER ST</u> <u>SOMERVILLE, MA 02144</u> ☐ Fund Raiser	Purpose: <u>PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/30/2025</u> Date	\$ <u>18.69</u>
Expenditure #3 Name <u>FIRST STATE BANK</u> Address <u>24335 HARPER AVE</u> <u>ST CLAIR SHORES, MI 48080</u> ☐ Fund Raiser	Purpose: <u>BANK FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/30/2025</u> Date	\$ <u>5.00</u>
Expenditure #4 Name <u>FREDERICK DODGE</u> Address <u>21130 WOODMONT ST</u> <u>HARPER WOODS, MI 48225</u> ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA SPECIALIST</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/01/2025</u> Date	\$ <u>650.00</u>
Expenditure #5 Name <u>SAWICKI & SON</u> Address <u>1521 W LAFAYETTE BLVD</u> <u>DETROIT, MI 48216</u> ☐ Fund Raiser	Purpose: <u>CAMPAIGN SIGNS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/07/2025</u> Date	\$ <u>367.53</u>

Subtotal this page 1,126.22
Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140383
2. Committee Name CTE ADURA CALHOUN

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SAWICKI & SON Address 1521 W LAFAYETTE BLVD DETROIT, MI 48216 ☐ Fund Raiser	Purpose: <u>CAMPAIGN SIGNS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/19/2025</u> Date	\$ <u>367.58</u>
Expenditure #2 Name FEDEX Address 31980 GRATIOT AVE ROSEVILLE, MI 48066 ☐ Fund Raiser	Purpose: <u>MISCELLANEOUS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/19/2025</u> Date	\$ <u>57.47</u>
Expenditure #3 Name FIRST STATE BANK Address 24335 HARPER AVE ST CLAIR SHORES, MI 48080 ☐ Fund Raiser	Purpose: <u>BANK FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/30/2025</u> Date	\$ <u>5.00</u>
Expenditure #4 Name ACT BLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/31/2025</u> Date	\$ <u>4.13</u>
Expenditure #5 Name SAWICKI & SON Address 1521 W LAFAYETTE BLVD DETROIT, MI 48216 ☐ Fund Raiser	Purpose: <u>CAMPAIGN SIGNS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/04/2025</u> Date	\$ <u>524.04</u>

Subtotal this page

958.22

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140383**
2. Committee Name **CTE ADURA CALHOUN**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FREDERICK DODGE Address 21130 WOODMONT ST HARPER WOODS, MI 48225 ☐ Fund Raiser	Purpose: SOCIAL MEDIA ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/04/2025 Date	\$ 650.00
Expenditure #2 Name STUDIO 28 EVENT GALLERY Address 31049 HARPER AVE ST CLAIR SHORES, MI 48082 ☒ Fund Raiser	Purpose: FUNDRAISER VENUE ☒ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/05/2025 Date	\$ 400.00
Expenditure #3 Name INLAND PRESS Address 2001 W LAFAYETTE BLVD DETROIT, MI 48216 ☐ Fund Raiser	Purpose: CAMPAIGN LITERATURE ☒ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/09/2025 Date	\$ 779.10
Expenditure #4 Name SAWICKI & SON Address 1521 W LAFAYETTE BLVD DETROIT, MI 48216 ☐ Fund Raiser	Purpose: CAMPAIGN SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/12/2025 Date	\$ 524.04
Expenditure #5 Name ACT BLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: PROCESSING FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/30/2025 Date	\$ 3.38

Subtotal this page **2,356.52**

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140383**
2. Committee Name **CTE ADURA CALHOUN**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FIRST STATE BANK Address 24335 HARPER AVE ST CLAIR SHORES, MI 48080 ☐ Fund Raiser	Purpose: BANK FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/30/2025 Date	\$ 5.00
Expenditure #2 Name FEDEX Address 31980 GRATIOT AVE ROSEVILLE, MI 48066 ☐ Fund Raiser	Purpose: CAMPAIGN STICKERS ☒ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/07/2025 Date	\$ 92.37
Expenditure #3 Name MARCHIORI CATERING Address 21800 MARTER RD ST CLAIR SHORES, MI 48080 ☒ Fund Raiser	Purpose: FOOD FOR FUNDRAISER ☒ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/25/2025 Date	\$ 429.30
Expenditure #4 Name ACT BLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: PROCESSING FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/31/2025 Date	\$ 7.80
Expenditure #5 Name FIRST STATE BANK Address 24335 HARPER AVE ST CLAIR SHORES, MI 48080 ☐ Fund Raiser	Purpose: BANK FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/31/2025 Date	\$ 5.00

Subtotal this page

539.47

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140383
2. Committee Name CTE ADURA CALHOUN

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name LJB MARKETING AGENCY Address 29058 BAYPOINTE NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>WEBSITE</u> ☒ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/05/2025</u> Date	\$ <u>100.00</u>
Expenditure #2 Name FIRST STATE BANK Address 24335 HARPER AVE ST CLAIR SHORES, MI 48080 ☐ Fund Raiser	Purpose: <u>BANK FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/29/2025</u> Date	\$ <u>5.00</u>
Expenditure #3 Name ACT BLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/31/2025</u> Date	\$ <u>3.76</u>
Expenditure #4 Name LJB MARKETING AGENCY Address 29058 BAYPOINTE NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>WEBSITE HOSTING</u> ☒ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/02/2025</u> Date	\$ <u>100.00</u>
Expenditure #5 Name INLAND PRESS Address 2001 W LAFAYETTE BLVD DETROIT, MI 48216 ☐ Fund Raiser	Purpose: <u>CAMPAIGN POSTCARDS AND MAILING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/18/2025</u> Date	\$ <u>4,762.79</u>

Subtotal this page **4,971.55**

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140383**
2. Committee Name **CTE ADURA CALHOUN**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name INLAND PRESS Address 2001 W LAFAYETTE BLVD DETROIT, MI 48216 ☐ Fund Raiser	Purpose: <u>CAMPAIGN POSTCARDS AND MAILING</u> ☒ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/23/2025</u> Date	\$ <u>2,326.70</u>
Expenditure #2 Name ACT BLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/30/2025</u> Date	\$ <u>8.65</u>
Expenditure #3 Name FIRST STATE BANK Address 24335 HARPER AVE ST CLAIR SHORES, MI 48080 ☐ Fund Raiser	Purpose: <u>BANK FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/30/2025</u> Date	\$ <u>5.00</u>
Expenditure #4 Name LJB MARKETING AGENCY Address 29058 BAYPOINTE NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>WEBSITE HOSTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/01/2025</u> Date	\$ <u>100.00</u>
Expenditure #5 Name ACT BLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/02/2025</u> Date	\$ <u>0.38</u>

Subtotal this page	2,440.73
Grand Total of all Schedules 1B (Complete on last page of Schedule)	16,959.73

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on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140383
2. Committee Name CTE ADURA CALHOUN

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: ADURA CALHOUN 408 COUNTRY CLUB DRIVE SAINT CLAIR SHORES, MI 48082	4. Type: <u>LOAN - SEED MONEY</u> 5. <u>Date Debt Was Incurred:</u> <u>02/06/2025</u> 6. <u>Original Amount of Debt:</u> <u>\$ 2,500.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>2,500.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? ☐ Yes Owed to or by: ADURA CALHOUN 408 COUNTRY CLUB DRIVE SAINT CLAIR SHORES, MI 48082	4. Type: <u>LOAN - SEED MONEY</u> 5. <u>Date Debt Was Incurred:</u> <u>02/06/2025</u> 6. <u>Original Amount of Debt:</u> <u>\$ 2,500.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>2,500.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: ADURA CALHOUN 408 COUNTRY CLUB DRIVE SAINT CLAIR SHORES, MI 48082	4. Type: <u>LOAN - FUNDRAISER VENUE</u> 5. <u>Date Debt Was Incurred:</u> <u>06/05/2025</u> 6. <u>Original Amount of Debt:</u> <u>\$ 400.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>400.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				

Page Subtotal (Outstanding debt)

5,400.00

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140383
2. Committee Name CTE ADURA CALHOUN

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: ADURA CALHOUN 408 COUNTRY CLUB DRIVE SAINT CLAIR SHORES, MI 48082	4. Type: <u>LOAN - CAMPAIGN LITERATURE</u> 5. <u>Date Debt Was Incurred:</u> <u>06/09/2025</u> 6. <u>Original Amount of Debt:</u> <u>\$ 779.10</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>779.10</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: ADURA CALHOUN 408 COUNTRY CLUB DRIVE SAINT CLAIR SHORES, MI 48082	4. Type: <u>LOAN - CAMPAIGN STICKERS</u> 5. <u>Date Debt Was Incurred:</u> <u>07/07/2025</u> 6. <u>Original Amount of Debt:</u> <u>\$ 92.37</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>92.37</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #3 Corp? ☐ Yes Owed to or by: ADURA CALHOUN 408 COUNTRY CLUB DRIVE SAINT CLAIR SHORES, MI 48082	4. Type: <u>LOAN - FOOD FOR FUNDRAISER</u> 5. <u>Date Debt Was Incurred:</u> <u>07/25/2025</u> 6. <u>Original Amount of Debt:</u> <u>\$ 429.30</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>429.30</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

1,300.77

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140383
2. Committee Name CTE ADURA CALHOUN

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: ADURA CALHOUN 408 COUNTRY CLUB DRIVE SAINT CLAIR SHORES, MI 48082	4. Type: <u>LOAN - WEBSITE HOSTING</u> 5. <u>Date Debt Was Incurred:</u> <u>08/05/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>100.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>100.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: ADURA CALHOUN 408 COUNTRY CLUB DRIVE SAINT CLAIR SHORES, MI 48082	4. Type: <u>LOAN - WEBSITE HOSTING</u> 5. <u>Date Debt Was Incurred:</u> <u>09/02/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>100.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>100.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: ADURA CALHOUN 408 COUNTRY CLUB DRIVE SAINT CLAIR SHORES, MI 48082	4. Type: <u>LOAN - CAMPAIGN POSTCARDS AT</u> 5. <u>Date Debt Was Incurred:</u> <u>09/23/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>2,326.70</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>2,326.70</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

2,526.70

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

9,227.47

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.