



FILED

25 JUL 2025 PM 02:09

MACOMB COUNTY CLERK  
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE  
COVER PAGE**

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

3. This Statement covers From: 01/21/2025 to 07/20/2025

1. Committee I.D. Number

**140543**

4. Candidate Last Name First Name M.I.

**GREEN PATRICK R**

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

**MAYOR, NEW BALTIMORE**

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

2. Committee Name

**CTE PATRICK GREEN**

5. Committee's Mailing Address

**P.O. BOX 130  
NEW BALTIMORE, MI 48047**

6. Treasurer's Name & Residential Address

**PATRICK R GREEN  
52092 THOMAS LANE  
NEW BALTIMORE, MI 48047**

Area Code and Phone (586) 265-7872  
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

Area Code & Phone (586) 265-7872

7. Treasurer's Business Address

**52092 THOMAS LANE  
NEW BALTIMORE, MI 48047**

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

Area Code and Phone (586) 265-7872

Area Code and Phone () -

**9. TYPE OF STATEMENT**

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☒ Primary  
☐ General  
☐ Convention  
☐ Special  
☐ School  
☐ Caucus

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly  
☐ October Quarterly

9c. ☐ Annual Statement ( )  
Coverage Year

9d. ☐ Amendment to Campaign Statement  
(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

Date of Election, Convention or Caucus

08/05/2025

**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 lates fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

07/25/2025

Candidate

Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

07/25/2025



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 140543

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name CTE PATRICK GREEN

| RECEIPTS                                                                                        | Column I<br>This Period        | Column II<br>Cumulative this election cycle |
|-------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------|
| 3. Contributions                                                                                |                                |                                             |
| a. Itemized (Schedule 1A - Column 6)                                                            | (3a.) \$ <u>5,134.51</u>       |                                             |
| b. Unitemized (less than \$20.01 each - no Schedule)                                            | (3b.) \$ <u>NOT APPLICABLE</u> |                                             |
| c. Subtotal of "Contributions"                                                                  | (3c.) \$ <u>5,134.51</u>       | (18.) \$ <u>5,134.51</u>                    |
| 4. Other Receipts (Schedule 1A -1, Column 6)                                                    | (4.) \$ <u>0.00</u>            | (19.) \$ <u>0.00</u>                        |
| <b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b><br>(Add Line 3c + Line 4)                      | (5.) \$ <u>5,134.51</u>        | (20.) \$ <u>5,134.51</u>                    |
| <b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>                                                 |                                |                                             |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7)                                              | (6.) \$ <u>0.00</u>            | (21.) \$ <u>0.00</u>                        |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6)                                              | (7.) \$ <u>0.00</u>            | (22.) \$ <u>0.00</u>                        |
| <b>EXPENDITURES</b>                                                                             |                                |                                             |
| 8. Expenditures                                                                                 |                                |                                             |
| a. Itemized (Schedule 1B, Column 6)                                                             | (8a.) \$ <u>5,134.51</u>       |                                             |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G)                                                    | (8b.) \$ <u>0.00</u>           |                                             |
| c. Unitemized (less than \$50.01 each - no Schedule)                                            | (8c.) \$ <u>0.00</u>           |                                             |
| <b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)                                  | (9.) \$ <u>5,134.51</u>        | (23.) \$ <u>5,134.51</u>                    |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Officeholders Only)                                 |                                |                                             |
| 10. Disbursements                                                                               |                                |                                             |
| a. Itemized (Schedule 1C, Column 6)                                                             | (10a.) \$ <u>0.00</u>          |                                             |
| b. Unitemized (less than \$50.01 each - no Schedule)                                            | (10b.) \$ <u>0.00</u>          |                                             |
| <b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Add Line 10a + Line 10b)                  | (11.) \$ <u>0.00</u>           | (24.) \$ <u>0.00</u>                        |
| <b>DEBTS AND OBLIGATIONS</b>                                                                    |                                |                                             |
| 12. Debts and Obligations                                                                       |                                |                                             |
| a. Owed <b>by</b> the Committee (Schedule 1E)                                                   | (12a.) \$ <u>2,419.51</u>      |                                             |
| b. Owed <b>to</b> the Committee (Schedule 1E)                                                   | (12b.) \$ <u>0.00</u>          |                                             |
| <b>BALANCE STATEMENT</b>                                                                        |                                |                                             |
| 13. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.) | (13.) \$ <u>0.00</u>           |                                             |
| 14. Amount received during reporting period<br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ <u>5,134.51</u>     |                                             |
| 15. SUBTOTAL Add lines 13 and 14                                                                | (15.) = \$ <u>5,134.51</u>     |                                             |
| 16. Amount expended during reporting period<br>(Add lines 9 and 11)                             | (16.) - \$ <u>5,134.51</u>     |                                             |
| 17. ENDING BALANCE<br>(Subtract line 16 from line 15)                                           | (17.) \$ <u>0.00</u> *         |                                             |



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140543  
2. Committee Name CTE PATRICK GREEN

| 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) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|---------------------------------------------------------------------------------|
| <p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/01/2025</u></p> <p>Name &amp; Address:<br/><b>PATRICK GREEN</b><br/><b>52092 THOMAS LN</b><br/><b>NEW BALTIMORE, MI 48047</b></p> <p>5. If over \$100.00 cumulative, please provide:<br/>Occupation <u>CONSULTANT</u>      Employer <u>LAUTER INVESTMENTS</u><br/>Business Address <u>PO BOX 130, NEW BALTIMORE, MI 48047</u><br/>Type of Contribution: <input type="checkbox"/> Direct      <input checked="" type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>              |  | \$ <u>2,419.51</u> | \$ <u>2,419.51</u>                                                              |
| <p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/12/2025</u></p> <p>Name &amp; Address:<br/><b>MARYBETH JAMIESON</b><br/><b>54898 DANIELLE ST</b><br/><b>NEW BALTIMORE, MI 48047</b></p> <p>5. If over \$100.00 cumulative, please provide:<br/>Occupation <u>REALTOR</u>      Employer <u>REMAX FIRST</u><br/>Business Address <u>50475 GRATIOT AVE, NEW BALTIMORE, MI 48051</u><br/>Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p> |  | \$ <u>200.00</u>   | \$ <u>200.00</u>                                                                |
| <p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/03/2025</u></p> <p>Name &amp; Address:<br/><b>TIMOTHY C WEBB</b><br/><b>51965 FOX POINTE DR</b><br/><b>NEW BALTIMORE, MI 48047</b></p> <p>5. If over \$100.00 cumulative, please provide:<br/>Occupation _____      Employer _____<br/>Business Address _____<br/>Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>                                                                   |  | \$ <u>40.00</u>    | \$ <u>40.00</u>                                                                 |
| <p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/03/2025</u></p> <p>Name &amp; Address:<br/><b>TAMMY DITTRICH</b><br/><b>53551 MEADOW CREEK DR</b><br/><b>NEW BALTIMORE, MI 48047</b></p> <p>5. If over \$100.00 cumulative, please provide:<br/>Occupation _____      Employer _____<br/>Business Address _____<br/>Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>                                                                 |  | \$ <u>100.00</u>   | \$ <u>100.00</u>                                                                |

Page Subtotal 2,759.51

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140543  
2. Committee Name CTE PATRICK GREEN

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                                                              |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                                                                                                | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>03/03/2025</u> |                                                                                 |
| Name & Address:<br><b>ERIC WOLSHLEGER</b><br><b>36223 MONROE ST</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                                                                                              |                                           | \$ <u>150.00</u>                     | \$ <u>150.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>TOOLMAKER</u> Employer <u>STELLANTIS</u><br>Business Address <u>1000 CHRYSLER DR, AUBURN HILLS, MI 48326</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                      |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                                 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>03/03/2025</u> |                                                                                 |
| Name & Address:<br><b>JAMES LUNG</b><br><b>36844 MARQUARDT CT</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                                                                                                |                                           | \$ <u>200.00</u>                     | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>DIRECTOR OF SALES</u> Employer <u>CHARLTON GROUP</u><br>Business Address <u>24000 GREATER MACK AVE, ST CLAIR SHORES, MI 48080</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                                                | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>03/03/2025</u> |                                                                                 |
| Name & Address:<br><b>KARLA GIULIANO</b><br><b>49562 REGATTA ST</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                                                                                              |                                           | \$ <u>250.00</u>                     | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>DOCTOR</u> Employer <u>GIULIANO AND GIULIANO</u><br>Business Address <u>626 MICHIGAN ST, ALGONAC, MI 48001</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                    |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                                                | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>03/03/2025</u> |                                                                                 |
| Name & Address:<br><b>GLORIA DELANO</b><br><b>32775 N RIVER RD</b><br><b>HARRISON TOWNSHIP, MI 48045</b>                                                                                                                                                                                                                                                           |                                           | \$ <u>700.00</u>                     | \$ <u>700.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer <u>RETIRED</u><br>Business Address <u>32775 N RIVER RD, HARRISON TOWNSHIP, MI 48045</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                      |                                           |                                      |                                                                                 |

Page Subtotal **1,300.00**

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140543  
2. Committee Name CTE PATRICK GREEN

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |  | 6. Amount        | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/03/2025</u><br>Name & Address:<br><b>MITCHELL GIULIANO</b><br><b>49562 REGATTA ST</b><br><b>NEW BALTIMORE, MI 48047</b>                                                              |  | \$ <u>50.00</u>  | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |  |                  |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/03/2025</u><br>Name & Address:<br><b>FINESHA BUFFA</b><br><b>34709 E WILMA CT</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                   |  | \$ <u>50.00</u>  | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |  |                  |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/03/2025</u><br>Name & Address:<br><b>SHANE SELLERS</b><br><b>46310 JASMINE CT</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                  |  | \$ <u>50.00</u>  | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |  |                  |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/03/2025</u><br>Name & Address:<br><b>THOMAS JOHANNES</b><br><b>57155 OMO RD</b><br><b>RAY, MI 48096</b>                                                                              |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |  |                  |                                                                                 |

Page Subtotal 250.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140543  
2. Committee Name CTE PATRICK GREEN

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                                            |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                                                                              | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>03/03/2025</u> |                                                                                 |
| Name & Address:<br><b>LISA BIRKMEIER</b><br><b>32033 RED CREEK DR</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                                                                          |                                           | \$ <u>50.00</u>                      | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                     |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                               | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>03/03/2025</u> |                                                                                 |
| Name & Address:<br><b>KENNETH FISCHER</b><br><b>50756 BALTIMORE ST</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                                                                         |                                           | \$ <u>200.00</u>                     | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>MANAGER</u> Employer <u>GENERAL MOTORS</u><br>Business Address <u>300 RENAISSANCE CENTER, DETROIT, MI 48243</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                              | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>03/03/2025</u> |                                                                                 |
| Name & Address:<br><b>ALICIA ST GERMAINE</b><br><b>38252 MAST ST</b><br><b>HARRISON TOWNSHIP, MI 48045</b>                                                                                                                                                                                                                                       |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                     |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                              | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>03/03/2025</u> |                                                                                 |
| Name & Address:<br><b>THEODORE GARWOOD</b><br><b>36587 ORCHARD LAKE DR</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                                                                     |                                           | \$ <u>50.00</u>                      | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                     |                                           |                                      |                                                                                 |

Page Subtotal 400.00

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

1. Committee I.D. Number 140543  
2. Committee Name CTE PATRICK GREEN

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                               |  | 6. Amount        | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/03/2025</u><br>Name & Address:<br><b>DOMINIC VENDITTELLI</b><br><b>50577 BOWER DR</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                            |  | \$ <u>75.00</u>  | \$ <u>75.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                        |  |                  |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/03/2025</u><br>Name & Address:<br><b>MIKE ZOLI</b><br><b>35334 HARRISON ST</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                    |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                        |  |                  |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/03/2025</u><br>Name & Address:<br><b>KENNETH GREEN</b><br><b>36679 TRUMAN</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                    |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address <u>New Baltimore, MI 48047</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser               |  |                  |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/03/2025</u><br>Name & Address:<br><b>KENNETH A GREEN</b><br><b>36679 TRUMAN</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                  |  | \$ <u>25.00</u>  | \$ <u>25.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address <u>36679 TRUMAN, New Baltimore, MI 48047</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |  |                  |                                                                                 |

Page Subtotal 300.00

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 140543  
2. Committee Name CTE PATRICK GREEN

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>03/03/2025</u> |                                                                                 |
| Name & Address:<br><b>GREEN JAMES</b><br><b>36679 TRUMAN</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                        |                                           | \$ <u>25.00</u>                      | \$ <u>25.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>03/14/2025</u> |                                                                                 |
| Name & Address:<br><b>JEFFREY HUTH</b><br><b>43 EDINBURGH ST</b><br><b>VALPARAISO, IN 46385</b>                                                                                                                                                                                       |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt _____             |                                                                                 |
| Name & Address:<br>_____<br>_____                                                                                                                                                                                                                                                     |                                           | \$ _____                             | \$ _____                                                                        |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt _____             |                                                                                 |
| Name & Address:<br>_____<br>_____                                                                                                                                                                                                                                                     |                                           | \$ _____                             | \$ _____                                                                        |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                |                                           |                                      |                                                                                 |

Page Subtotal **125.00**

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

**5,134.51**

Enter this total on  
line 3a of Summary  
Page.



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

1. Committee I. D. Number 140543  
2. Committee Name CTE PATRICK GREEN

| 3. Name and address of person or vendor to whom paid                                                                                                         | 4. Purpose (Required Information)                                                                                                                      | 5. Date            | 6. Amount       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------|
| Expenditure #1<br>Name <b>PIT STOP DINER</b><br><br>Address<br>35470 23 MILE RD<br>NEW BALTIMORE, MI 48047<br><br><input type="checkbox"/> Fund Raiser       | Purpose: <b>MEALS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement    | 01/21/2025<br>Date | \$ <b>39.85</b> |
| Expenditure #2<br>Name <b>STRAWBERRY FIELDS</b><br><br>Address<br>51070 S FOSTER RD<br>NEW BALTIMORE, MI 48047<br><br><input type="checkbox"/> Fund Raiser   | Purpose: <b>MEALS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement    | 01/24/2025<br>Date | \$ <b>30.00</b> |
| Expenditure #3<br>Name <b>LONGHORN STEAKHOUSE</b><br><br>Address<br>51295 GRATIOT AVE<br>NEW BALTIMORE, MI 48051<br><br><input type="checkbox"/> Fund Raiser | Purpose: <b>MEALS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement    | 01/27/2025<br>Date | \$ <b>30.13</b> |
| Expenditure #4<br>Name <b>LOV-A-BURGER</b><br><br>Address<br>49660 GRATIOT AVE<br>NEW BALTIMORE, MI 48051<br><br><input type="checkbox"/> Fund Raiser        | Purpose: <b>MEALS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement    | 01/28/2025<br>Date | \$ <b>40.50</b> |
| Expenditure #5<br>Name <b>MUNRO PRINTING</b><br><br>Address<br>16145 E 10 MILE RD<br>EASTPOINTE, MI 48021<br><br><input type="checkbox"/> Fund Raiser        | Purpose: <b>STICKERS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | 01/30/2025<br>Date | \$ <b>15.90</b> |

Subtotal this page

**156.38**

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

Enter this total  
on line 8a of  
Summary Page



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

1. Committee I. D. Number 140543  
2. Committee Name CTE PATRICK GREEN

| 3. Name and address of person or vendor to whom paid                                                                                                    | 4. Purpose (Required Information)                                                                                                                               | 5. Date                   | 6. Amount        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|
| Expenditure #1<br>Name <b>GO DADDY</b><br><br>Address<br>2155 E GODADDY WAY<br>TEMPE, AZ 85284<br><br><input type="checkbox"/> Fund Raiser              | Purpose: <u>GREENFORMAYOR.ORG</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>02/04/2025</u><br>Date | \$ <u>10.17</u>  |
| Expenditure #2<br>Name <b>THE COUNTRY INN</b><br><br>Address<br>35229 23 MILE RD<br>NEW BALTIMORE, MI 48047<br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>MEALS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement             | <u>02/06/2025</u><br>Date | \$ <u>44.43</u>  |
| Expenditure #3<br>Name <b>ASHLEY EDWARDS</b><br><br>Address<br>4876 FILER AVE<br>WATERFORD, MI 48328<br><br><input type="checkbox"/> Fund Raiser        | Purpose: <u>WEBSITE CREATION</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement  | <u>02/10/2025</u><br>Date | \$ <u>250.00</u> |
| Expenditure #4<br>Name <b>SIGNS ON THE CHEAP</b><br><br>Address<br>11525 STONEHOLLOW DR<br>AUSTIN, TX 78758<br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>YARD SIGNS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement        | <u>02/11/2025</u><br>Date | \$ <u>355.10</u> |
| Expenditure #5<br>Name <b>SHIRT MAX</b><br><br>Address<br>PO BOX 675697<br>MARIETTA, GA 30006<br><br><input type="checkbox"/> Fund Raiser               | Purpose: <u>T SHIRTS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement          | <u>02/11/2025</u><br>Date | \$ <u>271.62</u> |

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**931.32**

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

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Summary Page



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

1. Committee I. D. Number 140543  
2. Committee Name CTE PATRICK GREEN

| 3. Name and address of person or vendor to whom paid                                                                                                      | 4. Purpose (Required Information)                                                                                                                              | 5. Date                                                 | 6. Amount        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------|
| Expenditure #1<br>Name <b>HAMLIN PUB</b><br><br>Address<br><b>66771 GRATIOT AVE<br/>RICHMOND, MI 48062</b><br><br><input type="checkbox"/> Fund Raiser    | Purpose: <b>MEALS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement            | <u>02/11/2025</u><br>Date                               | \$ <u>54.35</u>  |
| Expenditure #2<br>Name <b>WIX</b><br><br>Address<br><b>100 GANSEVOORT ST<br/>NEW YORK, NY 10014</b><br><br><input type="checkbox"/> Fund Raiser           | Purpose: <b>WIX WEBSITE FEES</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>02/11/2025</u><br>Date<br><br>Memo Itemization Below | \$ <u>144.00</u> |
| Expenditure #3<br>Name <b>AMAZON</b><br><br>Address<br><b>410 TERRY AVE N<br/>SEATTLE, WA 98109</b><br><br><input type="checkbox"/> Fund Raiser           | Purpose: <b>POLO SHIRTS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement      | <u>02/12/2025</u><br>Date                               | \$ <u>71.04</u>  |
| Expenditure #4<br>Name <b>VISTA PRINT</b><br><br>Address<br><b>275 WYMAN ST<br/>WALTHAM, MA 02451</b><br><br><input type="checkbox"/> Fund Raiser         | Purpose: <b>BUSINESS CARDS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement   | <u>02/12/2025</u><br>Date                               | \$ <u>60.40</u>  |
| Expenditure #5<br>Name <b>ALAMMAR KABOB LLC</b><br><br>Address<br><b>36399 26 MILE RD<br/>LENOX, MI 48048</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <b>MEALS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement            | <u>02/13/2025</u><br>Date                               | \$ <u>37.94</u>  |

Subtotal this page **367.73**

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

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Summary Page



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

1. Committee I. D. Number 140543  
2. Committee Name CTE PATRICK GREEN

| 3. Name and address of person or vendor to whom paid                                                                                                             | 4. Purpose (Required Information)                                                                                                                                              | 5. Date                   | 6. Amount        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|
| Expenditure #1<br>Name <b>PIT STOP DINER</b><br><br>Address<br>35470 23 MILE RD<br>NEW BALTIMORE, MI 48047<br><br><input type="checkbox"/> Fund Raiser           | Purpose: <u>MEALS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                            | <u>02/16/2025</u><br>Date | \$ <u>29.91</u>  |
| Expenditure #2<br>Name <b>LR EMBROIDERED CREATIONS</b><br><br>Address<br>36440 GREEN ST<br>NEW BALTIMORE, MI 48047<br><br><input type="checkbox"/> Fund Raiser   | Purpose: <u>EMBROIDERY SERVICES FOR SHIRTS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement   | <u>02/19/2025</u><br>Date | \$ <u>105.00</u> |
| Expenditure #3<br>Name <b>KNAPP'S CITY GARAGE</b><br><br>Address<br>36370 MAIN ST<br>NEW BALTIMORE, MI 48047<br><br><input type="checkbox"/> Fund Raiser         | Purpose: <u>MEALS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                            | <u>02/19/2025</u><br>Date | \$ <u>28.32</u>  |
| Expenditure #4<br>Name <b>DOM PRESS</b><br><br>Address<br>18195 7 MILE<br>DETROIT, MI 48219<br><br><input type="checkbox"/> Fund Raiser                          | Purpose: <u>T SHIRT PRINTING</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                 | <u>02/21/2025</u><br>Date | \$ <u>296.80</u> |
| Expenditure #5<br>Name <b>CLOTHING CLINIC CLEANERS</b><br><br>Address<br>35300 23 MILE RD<br>NEW BALTIMORE, MI 48047<br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>DRY CLEANING OF CAMPAIGN APPAREL</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>02/24/2025</u><br>Date | \$ <u>47.05</u>  |

Subtotal this page **507.08**

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

1. Committee I. D. Number 140543  
2. Committee Name CTE PATRICK GREEN

| 3. Name and address of person or vendor to whom paid                                                                                                   | 4. Purpose (Required Information)                                                                                                                                | 5. Date                   | 6. Amount       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------|
| Expenditure #1<br>Name <b>AMAZON</b><br><br>Address<br>410 TERRY AVE N<br>SEATTLE, WA 98109<br><br><input type="checkbox"/> Fund Raiser                | Purpose: <u>ZIP TIES FOR SIGNS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>02/25/2025</u><br>Date | \$ <u>40.26</u> |
| Expenditure #2<br>Name <b>PIT STOP DINER</b><br><br>Address<br>35470 23 MILE RD<br>NEW BALTIMORE, MI 48047<br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>MEALS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement              | <u>02/25/2025</u><br>Date | \$ <u>47.97</u> |
| Expenditure #3<br>Name <b>PIT STOP DINER</b><br><br>Address<br>35740 GREEN ST<br>NEW BALTIMORE, MI 48047<br><br><input type="checkbox"/> Fund Raiser   | Purpose: <u>MEALS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement              | <u>02/27/2025</u><br>Date | \$ <u>13.82</u> |
| Expenditure #4<br>Name <b>MENARDS</b><br><br>Address<br>45500 MARKETPLACE BLVD<br>NEW BALTIMORE, MI 48051<br><br><input type="checkbox"/> Fund Raiser  | Purpose: <u>SIGN HOLDER</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement        | <u>02/28/2025</u><br>Date | \$ <u>79.44</u> |
| Expenditure #5<br>Name <b>LUMBERJACK</b><br><br>Address<br>35369 23 MILE RD<br>NEW BALTIMORE, MI 48047<br><br><input type="checkbox"/> Fund Raiser     | Purpose: <u>HARDWARE FOR SIGN</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement  | <u>03/03/2025</u><br>Date | \$ <u>8.44</u>  |

Subtotal this page

**189.93**

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

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Summary Page



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

1. Committee I. D. Number 140543  
2. Committee Name CTE PATRICK GREEN

| 3. Name and address of person or vendor to whom paid                                                                                                               | 4. Purpose (Required Information)                                                                                                                                       | 5. Date                   | 6. Amount        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|
| Expenditure #1<br>Name <b>HARBOR FREIGHT</b><br><br>Address<br>27953 23 MILE RD<br>NEW BALTIMORE, MI 48051<br><br><input type="checkbox"/> Fund Raiser             | Purpose: <u>SIGN BUILDING PARTS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement       | <u>03/03/2025</u><br>Date | \$ <u>39.15</u>  |
| Expenditure #2<br>Name <b>KNAPPS CITY GARAGE</b><br><br>Address<br>36370 MAIN ST<br>NEW BALTIMORE, MI 48047<br><br><input checked="" type="checkbox"/> Fund Raiser | Purpose: <u>FUNDRAISER</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                | <u>03/03/2025</u><br>Date | \$ <u>650.00</u> |
| Expenditure #3<br>Name <b>ANCHOR BAY COMMUNITY GIVING TREE</b><br><br>Address<br>PO BOX 938<br>NEW BALTIMORE, MI 48047<br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>SPONSORSHIP</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement               | <u>03/27/2025</u><br>Date | \$ <u>150.00</u> |
| Expenditure #4<br>Name <b>MACOMB COUNTY CLERK</b><br><br>Address<br>120 N MAIN ST<br>MT CLEMENS, MI 48043<br><br><input type="checkbox"/> Fund Raiser              | Purpose: <u>MACOMB COUNTY VOTER LISTS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>04/23/2025</u><br>Date | \$ <u>10.00</u>  |
| Expenditure #5<br>Name <b>ORIGINAL PRINT SHOPPE</b><br><br>Address<br>270 TELEGRAPH RD<br>PONTIAC, MI 48328<br><br><input type="checkbox"/> Fund Raiser            | Purpose: <u>CAMPAIGN MAILERS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement          | <u>05/13/2025</u><br>Date | \$ <u>477.00</u> |

Subtotal this page

**1,326.15**

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

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Summary Page



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

1. Committee I. D. Number 140543  
2. Committee Name CTE PATRICK GREEN

| 3. Name and address of person or vendor to whom paid                                                                                                              | 4. Purpose (Required Information)                                                                                                                                              | 5. Date                   | 6. Amount        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|
| Expenditure #1<br>Name <b>SHIRT MAX</b><br><br>Address<br>PO BOX 675697<br>MARIETTA, GA 30006<br><br><input type="checkbox"/> Fund Raiser                         | Purpose: <b>SHIRTS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                           | <u>06/03/2025</u><br>Date | \$ <u>122.77</u> |
| Expenditure #2<br>Name <b>NEW BALTIMORE LIONS CLUB</b><br><br>Address<br>35011 23 MILE RD<br>NEW BALTIMORE, MI 48047<br><br><input type="checkbox"/> Fund Raiser  | Purpose: <b>LIONS CLUB</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                       | <u>06/05/2025</u><br>Date | \$ <u>535.60</u> |
| Expenditure #3<br>Name <b>LR EMBROIDERED CREATIONS</b><br><br>Address<br>36440 GREEN ST<br>NEW BALTIMORE, MI 48047<br><br><input type="checkbox"/> Fund Raiser    | Purpose: <b>EMBROIDERY ON CAMPAIGN MATERIALS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>06/13/2025</u><br>Date | \$ <u>40.00</u>  |
| Expenditure #4<br>Name <b>BJ'S WHOLESALE CLUB</b><br><br>Address<br>45101 TOWNE CENTER BLVD<br>CHESTERFIELD, MI 48047<br><br><input type="checkbox"/> Fund Raiser | Purpose: <b>PARADE AUDIO</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                     | <u>06/21/2025</u><br>Date | \$ <u>220.38</u> |
| Expenditure #5<br>Name <b>BAY RAMA FISHFLY FESTIVAL</b><br><br>Address<br>PO BOX 25<br>NEW BALTIMORE, MI 48047<br><br><input type="checkbox"/> Fund Raiser        | Purpose: <b>BAY RAMA PARADE ENTRY</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement            | <u>06/22/2025</u><br>Date | \$ <u>300.00</u> |

Subtotal this page **1,218.75**  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

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on line 8a of  
Summary Page



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

1. Committee I. D. Number 140543  
2. Committee Name CTE PATRICK GREEN

| 3. Name and address of person or vendor to whom paid                                                                                                                  | 4. Purpose (Required Information)                                                                                                                            | 5. Date                   | 6. Amount        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|
| Expenditure #1<br>Name <b>VISTA PRINT</b><br><br>Address<br><b>275 WYMAN ST</b><br><b>WALTHAM, MA 02451</b><br><br><input type="checkbox"/> Fund Raiser               | Purpose: <b>BUSINESS CARDS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>06/23/2025</u><br>Date | \$ <u>50.86</u>  |
| Expenditure #2<br>Name <b>SIGNS ON THE CHEAP</b><br><br>Address<br><b>11525 STONEHOLLOW DR</b><br><b>AUSTIN, TX 78758</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <b>SIGNS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement          | <u>06/23/2025</u><br>Date | \$ <u>386.31</u> |
| Expenditure #3<br>Name<br><br>Address<br><br><br><input type="checkbox"/> Fund Raiser                                                                                 | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                 | _____<br>Date             | \$ _____         |
| Click Here for Memo Itemization Type                                                                                                                                  |                                                                                                                                                              |                           |                  |
| Expenditure #4<br>Name<br><br>Address<br><br><br><input type="checkbox"/> Fund Raiser                                                                                 | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                 | _____<br>Date             | \$ _____         |
| Click Here for Memo Itemization Type                                                                                                                                  |                                                                                                                                                              |                           |                  |
| Expenditure #5<br>Name<br><br>Address<br><br><br><input type="checkbox"/> Fund Raiser                                                                                 | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                 | _____<br>Date             | \$ _____         |
| Click Here for Memo Itemization Type                                                                                                                                  |                                                                                                                                                              |                           |                  |

Subtotal this page **437.17**  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **5,134.51**

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**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 140543  
2. Committee Name CTE PATRICK GREEN

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.<br><br>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)<br>5. Indicate date debt was incurred<br>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? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>PATRICK GREEN</b><br><b>PO BOX 130</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                  | 4. Type: <u>LOAN TO CAMPAIGN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>02/01/2025</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 2,419.51</u> | <u>\$</u><br><u>\$</u><br><u>\$</u><br><u>\$</u><br><u>\$</u> | <u>\$ 0.00</u>                        | <u>\$ 2,419.51</u><br><input type="checkbox"/> FORGIVEN              |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>                                                                                                                                                                                              |                                                                                                                                                        |                                                               |                                       |                                                                      |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:                                                                                                                                                                                                                 | 4. Type: _____<br>5. <u>Date Debt Was Incurred:</u><br>_____<br>6. <u>Original Amount of Debt:</u><br>\$ _____                                         | <u>\$</u><br><u>\$</u><br><u>\$</u><br><u>\$</u><br><u>\$</u> | <u>\$</u>                             | <u>\$</u><br><input type="checkbox"/> FORGIVEN                       |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                        |                                                               |                                       |                                                                      |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:                                                                                                                                                                                                                 | 4. Type: _____<br>5. <u>Date Debt Was Incurred:</u><br>_____<br>6. <u>Original Amount of Debt:</u><br>\$ _____                                         | <u>\$</u><br><u>\$</u><br><u>\$</u><br><u>\$</u><br><u>\$</u> | <u>\$</u>                             | <u>\$</u><br><input type="checkbox"/> FORGIVEN                       |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                        |                                                               |                                       |                                                                      |

Page Subtotal (Outstanding debt)

**2,419.51**

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

**2,419.51**

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.**



**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number **140543**  
2. Committee Name **CTE PATRICK GREEN**

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

|                                                 |                                                                                             |                                                                   |                                                                                                                                                                                        |
|-------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. Date Event Was Held<br><br><b>03/03/2025</b> | 4. Number of Individuals Attending or Participating (whichever is greater)<br><br><b>65</b> | 5. Type of Fund Raising Activity<br><br>MEET AND GREET WITH PIZZA | 6. Address and Name (If any) of the place where the activity was held.<br>KNAPPS CITY GARAGE<br>36370 MAIN ST<br>NEW BALTIMORE, MI 48047<br><input type="checkbox"/> Private Residence |
|-------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

7. Total Contributions **2,715.00**  
8. Other Receipts **0.00**  
9. Gross Receipts (Add lines 7 and 8) **2,715.00**  
10. Total Cost of Event **1,050.00**  
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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