



FILED

23 OCT 2025 PM 07:50

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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**CANDIDATE COMMITTEE
COVER PAGE**

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

3. This Statement covers From: 07/21/2025 to 10/20/2025

1. Committee I.D. Number

139938

2. Committee Name

CTE ANTOINETTE WALLACE

4. Candidate Last Name

WALLACE

First Name

ANTOINETTE

M.I.

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

08 COUNTY COMMISSIONER, MACOMB COUNTY

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

5. Committee's Mailing Address

**124 BELLEVIEW ST
MT. CLEMENS, MI 48043**

Area Code and Phone (586) 722-8645
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

**BARBARA WINTER
23051 TAWAS AVENUE
HAZEL PARK, MI 48030**

Area Code & Phone (248) 544-1439

7. Treasurer's Business Address

**23051 TAWAS AVENUE
HAZEL PARK, MI 48030**

Area Code and Phone (248) 544-1439

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

**ANTOINETTE WALLACE
124 BELLEVIEW ST
MT. CLEMENS, MI 48043**

Area Code and Phone (586) 467-5908

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

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

Date of Election, Convention or Caucus

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

- ☐ July Quarterly
☒ October Quarterly

9c. ☐ Annual Statement (2025)
Coverage Year

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

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

10/23/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/23/2025



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139938

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE ANTOINETTE WALLACE

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>30.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>30.00</u>	(18.) \$ <u>110.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>30.00</u>	(20.) \$ <u>110.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
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>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>533.54</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>533.54</u>	(23.) \$ <u>811.34</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>1,033.04</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>30.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1,063.04</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>533.54</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>529.50</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139938
2. Committee Name CTE ANTOINETTE WALLACE

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: NANCY DUEMLING 20776 MOXON DR CLINTON TOWNSHIP, MI 48036		\$ <u>10.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</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>09/11/2025</u>	
Name & Address: NANCY DUEMLING 20776 MOXON DR CLINTON TOWNSHIP, MI 48036		\$ <u>10.00</u>	\$ <u>110.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</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>10/11/2025</u>	
Name & Address: NANCY DUEMLING 20776 MOXON DR CLINTON TOWNSHIP, MI 48036		\$ <u>10.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal

30.00

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

30.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **139938**
2. Committee Name **CTE ANTOINETTE WALLACE**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name BARBARA WINTER Address 23051 TAWAS AVE HAZEL PARK, MI 48030 ☐ Fund Raiser	Purpose: CAMPAIGN COMPLIANCE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/21/2025 Date	\$ 125.00
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/11/2025 Date	\$ 1.60
Expenditure #3 Name ZELLE Address 16552 N 90TH ST SCOTTSDALE, AZ 85260 ☐ Fund Raiser	Purpose: FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/15/2025 Date	\$ 1.00
Expenditure #4 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/11/2025 Date	\$ 1.60
Expenditure #5 Name ZELLE Address 16552 N 90TH ST SCOTTSDALE, AZ 85260 ☐ Fund Raiser	Purpose: FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/15/2025 Date	\$ 0.50

Subtotal this page

129.70

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 **139938**
2. Committee Name **CTE ANTOINETTE WALLACE**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name WALMART Address 45400 MARKETPLACE BLVD CHESTERFIELD, MI 48051 ☐ Fund Raiser	Purpose: HEALTH FAIR SUPPLY ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/24/2025 Date	\$ 56.34
Expenditure #2 Name SAM'S CLUB Address 31720 GRATIOT AVE ROSEVILLE, MI 48066 ☐ Fund Raiser	Purpose: HEALTH FAIR REFRESHMENTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/26/2025 Date	\$ 51.62
Expenditure #3 Name AMAZON Address P.O. BOX 81226 SEATTLE, WA 98108 ☐ Fund Raiser	Purpose: HEALTH FAIR SUPPLY ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/26/2025 Date	\$ 16.93
Expenditure #4 Name MOTOR CITY BOUNCE Address 37809 S GROESBECK HWY STE B CLINTON TOWNSHIP, MI 48036 ☐ Fund Raiser	Purpose: HEALTH FAIR ENTERTAINMENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/27/2025 Date	\$ 206.00
Expenditure #5 Name MEIJER Address 40445 S GROESBECK HWY CLINTON TOWNSHIP, MI 48036 ☐ Fund Raiser	Purpose: HEALTH FAIR REFRESHMENTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/29/2025 Date	\$ 25.89

Subtotal this page **356.78**

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 **139938**
2. Committee Name **CTE ANTOINETTE WALLACE**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/11/2025 Date	\$ 1.16
Expenditure #2 Name WALMART Address 45400 MARKETPLACE BLVD CHESTERFIELD, MI 48051 ☐ Fund Raiser	Purpose: CANDY FOR COMMUNITY EVENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/20/2025 Date	\$ 45.90
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **47.06**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **533.54**

Enter this total
on line 8a of
Summary Page