



FILED

14 OCT 2025 PM 01:03

MACOMB COUNTY CLERK
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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

140435

2. Committee Name

FRIENDS FOR BRUCE WADE

5. Committee's Mailing Address

**43438 WELLAND
CLINTON TOWNSHIP, MI 48038**

Area Code and Phone (586) 612-9640
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.

4. Candidate Last Name First Name M.I.

WADE BRUCE

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

TRUSTEE, CLINTON TWP

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

6. Treasurer's Name & Residential Address

**BRUCE WADE
43438 WELLAND
CLINTON TOWNSHIP, MI 48038**

Area Code & Phone (586) 612-9640

7. Treasurer's Business Address

**43438 WELLAND
CLINTON TOWNSHIP, MI 48038**

Area Code and Phone (586) 612-9640

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

**BRUCE WADE
43438 WELLAND
CLINTON TOWNSHIP, MI 48038**

Area Code and Phone (586) 612-9640

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

10/14/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/14/2025



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140435

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name FRIENDS FOR BRUCE WADE

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>7,355.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>7,355.00</u>	(18.) \$ <u>7,355.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>654.34</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>7,355.00</u>	(20.) \$ <u>8,009.34</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>1,947.39</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>1,947.39</u>	(23.) \$ <u>2,072.39</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>3,117.92</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>7,355.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>10,472.92</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1,947.39</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>8,525.53</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140435
2. Committee Name FRIENDS FOR BRUCE WADE

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>08/19/2025</u> Name & Address: MICHAEL VASIVLOSKI 18840 MILLAR RD CLINTON TOWNSHIP, MI 48036		\$ <u>65.00</u>	\$ <u>65.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address <u>Clinton Township, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/19/2025</u> Name & Address: SCOTT LOCKWOOD 950 LOCKWOOD BLOOMFIELD HILLS, MI 48304		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>ANDERSON ECKSTEIN & WESTRICK</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TOWNSHIP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/19/2025</u> Name & Address: JASON ARLOW 5709 ARNOLD RD TOWNSHIP OF COTTRELLVILLE, MI 48039		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>ANDERSON ECKSTEIN & WESTRICK</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TOWNSHIP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/19/2025</u> Name & Address: STEPHEN PANGORI 8106 ROSEBUD LN CLARKSTON VLG, MI 48348		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>ANDERSON ECKSTEIN & WESTRICK</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TOWNSHIP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 565.00

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 140435
2. Committee Name FRIENDS FOR BRUCE WADE

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>08/19/2025</u> Name & Address: MARK SYLVESTER 17731 KOOGLER ST CLINTON TOWNSHIP, MI 48038		\$ <u>65.00</u>	\$ <u>65.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address <u>Clinton Township, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/19/2025</u> Name & Address: VINCE MANZELLA 18751 WIGEON DR CLINTON TWP, MI 48038		\$ <u>200.00</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>39999 GARFIELD RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/19/2025</u> Name & Address: TOM WADE 1167 BUSH ST SF, CA 94109		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/19/2025</u> Name & Address: RALPH GUTIERREZ 18466 PIERRE DR CLINTON TOWNSHIP, MI 48038		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address <u>Clinton Township, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **415.00**

Grand Total of All Schedules 1A
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Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140435
2. Committee Name FRIENDS FOR BRUCE WADE

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>08/19/2025</u> Name & Address: SANDIE CHARRON 971 GREAT OAKS BLVD ROCHESTER HILLS, MI 48307		\$ <u>130.00</u>	\$ <u>130.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>08/19/2025</u> Name & Address: JIM GEORGE 19634 WESTCHESTER DR CLINTON TWP, MI 48038		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER SELF EMPLOYED</u> Employer <u>SELF</u> Business Address <u>45511 MARKET ST, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/19/2025</u> Name & Address: ESTER SOWERS 13816 MCKINLEY AVE WARREN, MI 48089		\$ <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>08/19/2025</u> Name & Address: CAROL SCHIFF 142 COOLSPRING CT DANVILLE, CA 94506		\$ <u>65.00</u>	\$ <u>65.00</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 745.00

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

1. Committee I.D. Number 140435
2. Committee Name FRIENDS FOR BRUCE WADE

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/19/2025</u>	
Name & Address: AMY SAWYER 46081 BUTTE DR MACOMB, MI 48044		\$ <u>65.00</u>	\$ <u>65.00</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>08/19/2025</u>	
Name & Address: SCOTT BUDNICK 19736 EDINBERG DR MACOMB, MI 48044		\$ <u>65.00</u>	\$ <u>65.00</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>08/19/2025</u>	
Name & Address: CHRISTINA REARDON 15886 TOURAINE CT CLINTON TWP, MI 48038		\$ <u>65.00</u>	\$ <u>65.00</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>08/19/2025</u>	
Name & Address: DAVID STEINER 1971 KINGSTON ST WHITE LAKE, MI 48386		\$ <u>65.00</u>	\$ <u>65.00</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 260.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/19/2025</u> Name & Address: MICHAEL PACINI 43596 WELLAND DR CLINTON TWP, MI 48038		\$ <u>65.00</u>	\$ <u>65.00</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>08/19/2025</u> Name & Address: BRIANNA PACINI 43596 WELLAND DR CLINTON TOWNSHIP, MI 48038		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address <u>Clinton Township, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/19/2025</u> Name & Address: RONALD FRANZ 930 JOANWOOD DR MARYSVILLE, MI 48040		\$ <u>65.00</u>	\$ <u>65.00</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>08/19/2025</u> Name & Address: HANI MANSOUR 330 HAMILTON ROW BIRMINGHAM, MI 48009		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROP MGR</u> Employer <u>SELF EMPLOYED</u> Business Address <u>330 HAMILTON ROW, BIRMINGHAM, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 420.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/19/2025</u>	
Name & Address: JANICE GUTIERREZ 12245 PRAIRIE DR STERLING HEIGHTS, MI 48312		\$ <u>65.00</u>	\$ <u>65.00</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>08/19/2025</u>	
Name & Address: CARROLL ADAMS 45400 INVERNESS CIR MACOMB, MI 48044		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>08/19/2025</u>	
Name & Address: LUCIDO FOR A BRIGHTER TOMORROW 6303 26 MILE RD WASHINGTON, MI 48094		\$ <u>100.00</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>08/19/2025</u>	
Name & Address: ARGYO KARAS 18244 NARDY ST CLINTON TOWNSHIP, MI 48036		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address <u>Clinton Township, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **365.00**

Grand Total of All Schedules 1A
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/19/2025</u> Name & Address: JOE ARAGONA FOR MAJORITY PAC 42033 COULON DR CLINTON TOWNSHIP, MI 48038		\$ <u>250.00</u>	\$ <u>250.00</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>08/19/2025</u> Name & Address: MARK KRUTELL 21634 ERBEN 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 POLICE OFFICER</u> Employer <u>CLINTON TWP PD</u> Business Address <u>37985 S GROESBECK HWY, CLINTON TWP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/19/2025</u> Name & Address: JOHN DOLAN 22600 HALL RD CLINTON TWP, MI 48036		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>DOLAN & TOMLINSON PC</u> Business Address <u>22600 HALL RD, CLINTON TOWNSHIP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/19/2025</u> Name & Address: CHARLES TOWNER 39757 BRYLOR CT CLINTON TOWNSHIP, MI 48038		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TOWNER & TOWNER</u> Business Address <u>38770 GARFIELD RD, CLINTON TOWNSHIP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 800.00

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

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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>08/19/2025</u> Name & Address: KHODER ABDALLAH 38229 PINEBROOK DR STERLING HEIGHTS, MI 48310		\$ <u>100.00</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>08/19/2025</u> Name & Address: RICHARD MAIERLE 16974 MARY WOOD DR MACOMB, MI 48042		\$ <u>65.00</u>	\$ <u>65.00</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>08/19/2025</u> Name & Address: GARY STEINER 40753 IRVAL DR STERLING HEIGHTS, MI 48313		\$ <u>65.00</u>	\$ <u>65.00</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>08/19/2025</u> Name & Address: JILLIAN CHERGET 51425 FOX HILL TRAIL CHESTERFIELD, MI 48047		\$ <u>130.00</u>	\$ <u>130.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **360.00**

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

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Page.



**ITEMIZED CONTRIBUTIONS
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1. Committee I.D. Number 140435
2. Committee Name FRIENDS FOR BRUCE WADE

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>08/19/2025</u> Name & Address: DAWN PRATT 19905 GREAT OAKS CIR S CLINTON TWP, MI 48036		\$ <u>65.00</u>	\$ <u>65.00</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>08/19/2025</u> Name & Address: KAREN DOSTIE 47355 STEPHANIE DR MACOMB, MI 48044		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SECURITY</u> Employer <u>DELASALLE HIGH SCHOOL</u> Business Address <u>14600 COMMON RD, WARREN, MI 48088</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/19/2025</u> Name & Address: SALVATORE QUASARANO 31332 HAYES RD FRASER, MI 48026		\$ <u>65.00</u>	\$ <u>65.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED SHERIFF</u> Employer <u>MACOMB COUNTY SHERIFF DEPT.</u> Business Address <u>43565 ELIZABETH RD, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/19/2025</u> Name & Address: SALVATORE VENDITTO 41712 STONEHENGE MANOR DR CLINTON TWP, MI 48038		\$ <u>130.00</u>	\$ <u>130.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED LOTTERY WORKER</u> Employer <u>MICHIGAN LOTTERY</u> Business Address <u>101 E HILLSDALE ST, LANSING, MI 48933</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **360.00**

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 140435
2. Committee Name FRIENDS FOR BRUCE WADE

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>08/19/2025</u>	
Name & Address: BOBBY STEINER 13306 FOX RIDGE CT GRAND HAVEN, MI 49417		\$ <u>65.00</u>	\$ <u>65.00</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>08/19/2025</u>	
Name & Address: PETER MURPHY 15347 CORNELL DR CLINTON TWP, MI 48038		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HUMAN RESOURCE DIRECTOR</u> Employer <u>HICKS PLASTICS</u> Business Address <u>51308 INDUSTRIAL DR, MACOMB, MI 48042</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/19/2025</u>	
Name & Address: CRAIG STRAMER 20801 ROCKHILL DR MACOMB, MI 48044		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED AUTO WORKER</u> Employer <u>CHRYSLER</u> Business Address <u>1000 CHRYSLER DR, AUBURN HILLS, MI 48326</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/19/2025</u>	
Name & Address: KENNETH PEARL 38316 SANTA BARBARA ST CLINTON TWP, MI 48036		\$ <u>65.00</u>	\$ <u>65.00</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 **430.00**

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 140435
2. Committee Name FRIENDS FOR BRUCE WADE

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>08/19/2025</u> Name & Address: AL ERNST 22317 HARRIS CT MACOMB, MI 48044		\$ <u>65.00</u>	\$ <u>65.00</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>08/19/2025</u> Name & Address: ANTHONY CONA 42558 COLORADO DR CLINTON TWP, MI 48036		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SECURITY</u> Employer <u>DELASALLE HIGH SCHOOL</u> Business Address <u>14600 COMMON RD, WARREN, MI 48088</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/19/2025</u> Name & Address: VITO STROLIS 205 NORTHBOUND GRATIOT AVE MT CLEMENS, MI 48043		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TOWING COMPANY OWNER</u> Employer <u>SELF</u> Business Address <u>205 NORTHBOUND GRATIOT AVE, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/19/2025</u> Name & Address: COMMITTEE TO ELECT ROBERT CANNON 17217 CANVASBACK DR CLINTON TOWNSHIP, MI 48038		\$ <u>130.00</u>	\$ <u>130.00</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 **645.00**

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 140435
2. Committee Name FRIENDS FOR BRUCE WADE

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>08/19/2025</u> Name & Address: JOE GOMEZ 28649 BARKMAN ST ROSEVILLE, MI 48066		\$ <u>130.00</u>	\$ <u>130.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED AUTO WORKER</u> Employer <u>FORD</u> Business Address <u>400 N GROESBECK HWY, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/19/2025</u> Name & Address: JEFF BROWN 19838 WOODVIEW DR CLINTON TOWNSHIP, MI 48038		\$ <u>65.00</u>	\$ <u>65.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address <u>MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/19/2025</u> Name & Address: RICHARD ADLEN 20470 COLMAN ST CLINTON TWP, MI 48035		\$ <u>55.00</u>	\$ <u>55.00</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>08/19/2025</u> Name & Address: AKSHAT JAIN 87 TIMBERVIEW DR ROCHESTER HILLS, MI 48307		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICAL THERAPIST</u> Employer <u>ADVANCES HOME CARE</u> Business Address <u>43184 DEQUINDRE RD, STERLING HEIGHTS, MI 48314</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 400.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140435
2. Committee Name FRIENDS FOR BRUCE WADE

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>08/19/2025</u> Name & Address: JOHN PROCTOR 21230 32 MILE RD RAY, MI 48096		\$ <u>60.00</u>	\$ <u>60.00</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>08/19/2025</u> Name & Address: PAUL SZYMANSKI 28705 BARKMAN ST ROSEVILLE, MI 48066		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COURT OFFICER</u> Employer <u>OAKLAND COUNTY COURT</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/19/2025</u> Name & Address: JEFF NORMAN 16933 CANAL RD CLINTON TWP, MI 48038		\$ <u>130.00</u>	\$ <u>130.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>AUTO REPAIR SHOP OWNER</u> Employer <u>GARFIELD AND CANAL SERVICE</u> Business Address <u>16933 CANAL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/19/2025</u> Name & Address: RONALD PAPA 50759 RUSSELL DR MACOMB, MI 48044		\$ <u>65.00</u>	\$ <u>65.00</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 755.00

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 140435
2. Committee Name FRIENDS FOR BRUCE WADE

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>08/19/2025</u> Name & Address: SUSAN STEINER 40753 IRVAL DR STERLING HEIGHTS, MI 48313		\$ <u>65.00</u>	\$ <u>65.00</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>08/19/2025</u> Name & Address: NANCY TISEO 16155 VISTA WOODS CT CLINTON TOWNSHIP, MI 48038		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address <u>Clinton Township, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/19/2025</u> Name & Address: JAMES HERTEL 21280 ASCOT DR MACOMB, MI 48044		\$ <u>65.00</u>	\$ <u>65.00</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>08/19/2025</u> Name & Address: ERIC REINCKE 403 LINKSIDE CT ST CLAIR, MI 48079		\$ <u>130.00</u>	\$ <u>130.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED POLICE OFFICER</u> Employer <u>CLINTON TWP PD</u> Business Address <u>37985 S GROESBECK HWY, CLINTON TWP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **335.00**

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 140435
2. Committee Name FRIENDS FOR BRUCE WADE

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>08/19/2025</u>	
Name & Address: PETER ARREDONDO 13673 VILLA POINTE DR WARREN, MI 48088		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMINISTRATIVE ASSISTANT</u> Employer <u>ADVANCED FINANCIAL</u> Business Address <u>200 E BIG BEAVER RD, TROY, MI 48083</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/19/2025</u>	
Name & Address: KAREN ERMANNI 17308 LORRAINE DR MACOMB, MI 48044		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOUSEWIFE</u> Employer <u>SELF</u> Business Address <u>17308 LORRAINE DR, MACOMB, MI 48044</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	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			
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 **500.00**

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

7,355.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140435**
2. Committee Name **FRIENDS FOR BRUCE WADE**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name AURELIO ITALIAN GRILL Address 43080 GARFIELD RD CLINTON TOWNSHIP, MI 48038 ☒ Fund Raiser	Purpose: <u>EXPENSE AT RESTAURANT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/19/2025</u> Date	\$ <u>1,947.39</u>
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Click Here for Memo Itemization Type			
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Click Here for Memo Itemization Type			
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Click Here for Memo Itemization Type			
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Click Here for Memo Itemization Type			

Subtotal this page	1,947.39
Grand Total of all Schedules 1B (Complete on last page of Schedule)	1,947.39

Enter this total
on line 8a of
Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **140435**
2. Committee Name **FRIENDS FOR BRUCE WADE**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 08/19/2025	4. Number of Individuals Attending or Participating (whichever is greater) 70	5. Type of Fund Raising Activity DINNER	6. Address and Name (If any) of the place where the activity was held. AURELIO'S RESTAURANT 43080 GARFIELD RD CLINTON TOWNSHIP, MI 48038 ☐ Private Residence
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7. Total Contributions **7,355.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **7,355.00**
10. Total Cost of Event **1,947.39**
(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.