



FILED

26 OCT 2025 PM 11:25

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

140444

4. Candidate Last Name First Name M.I.

GIELEGHEM PAUL

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

SUPERVISOR, CLINTON TWP

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

2. Committee Name

PAUL GIELEGHEM FOR SUPERVISOR

5. Committee's Mailing Address

**37905 E HORSESHOE DRIVE
CLINTON TOWNSHIP, MI 48036**

Area Code and Phone (586) 221-3449
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

**GERALD INNES
14128 BILLETTE
STERLING HEIGHTS, MI 48313**

Area Code & Phone (586) 707-4007

7. Treasurer's Business Address

**14128 BILLETTE
STERLING HEIGHTS, MI 48313**

Area Code and Phone (586) 707-4007

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

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

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

10/26/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/26/2025



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140444

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name PAUL GIELEGHEM FOR SUPERVISOR

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>9,190.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>9,190.00</u>	(18.) \$ <u>23,745.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>87.69</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>9,190.00</u>	(20.) \$ <u>23,832.69</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>1,612.28</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>3,319.07</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>3,319.07</u>	(23.) \$ <u>15,136.79</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>17,519.08</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>9,190.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>26,709.08</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>3,319.07</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>23,390.01</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140444
2. Committee Name PAUL GIELEGHEM FOR SUPERVISOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/21/2025</u>	
Name & Address: JILLIAN CHERGET 51425 FOX HILL TRAIL CHESTERFIELD, MI 48047		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OFFICE MANAGER</u> Employer <u>GARFIELD CANAL SERVICES</u> Business Address <u>16933 CANAL RD, 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>07/21/2025</u>	
Name & Address: JIM KOPAS 126 NEW ST MT CLEMENS, MI 48043		\$ <u>50.00</u>	\$ <u>150.00</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>07/22/2025</u>	
Name & Address: MICHAEL DEVAULT 7910 WALTERS RD LAINGSBURG, MI 48848		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SUPERINTENDANT</u> Employer <u>MISD</u> Business Address <u>44001 GARFIELD RD, CLINTON TOWNSHIP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/23/2025</u>	
Name & Address: PAULA RZEMPALA 18813 GAMMA CT CLINTON TOWNSHIP, MI 48036		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SURGICAL TECHNICIAN</u> Employer <u>MCCLAREN HOSPITAL</u> Business Address <u>1000 HARRINGTON ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 600.00

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 140444
2. Committee Name PAUL GIELEGHEM FOR SUPERVISOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/23/2025</u>	
Name & Address: PATRICIA HORNING 17568 CRILLON DR CLINTON TWP, MI 48038		\$ <u>60.00</u>	\$ <u>60.00</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>07/23/2025</u>	
Name & Address: DENISE MENTZER 1399 KINGSLEY ST MT CLEMENS, MI 48043		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STATE REPRESENTATIVE</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>P.O. BOX 30014, Lansing, MI 48909</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/23/2025</u>	
Name & Address: KEN PEARL 38316 SANTA BARBARA ST CLINTON TOWNSHIP, MI 48036		\$ <u>60.00</u>	\$ <u>110.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROPERTY MANAGER</u> Employer <u>SLATKIN CORPORATION</u> Business Address <u>4111 ANDOVER RD, BLOOMFIELD TWP, MI 48302</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/23/2025</u>	
Name & Address: MICHAEL TORRES 5865 JACKELYN CT WASHINGTON, MI 48094		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>TORCH HOLDINGS</u> Business Address <u>43900 GARFIELD RD, SUITE 205, CLINTON TOWNSHIP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 470.00

Grand Total of All Schedules 1A
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 140444
2. Committee Name PAUL GIELEGHEM FOR SUPERVISOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/23/2025</u>	
Name & Address: LUIGI LAVINIO 17188 SUFFIELD DR CLINTON TOWNSHIP, MI 48038		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>MARIO'S BODY SHOP</u> Business Address <u>34607 SOUTHBOUND GRATIOT AVENUE, Clinton Township, MI 48035</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/23/2025</u>	
Name & Address: JUSTIN MICHALAK 1466 HAMPTON RD GROSSE POINTE WOODS, MI 48236		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT SUPERINTENDENT</u> Employer <u>MISD</u> Business Address <u>44001 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>07/23/2025</u>	
Name & Address: MICHAEL WARD 15977 WHITE WATER DR MACOMB, MI 48042		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/23/2025</u>	
Name & Address: ROBERT MIJAC 43710 VIA ANTONIO DR STERLING HEIGHTS, MI 48314		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MASS MAILING LLC</u> Business Address <u>35468 MOUND RD, STERLING HEIGHTS, MI 48310</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/23/2025</u>	
Name & Address: AIMEE JOHNSON 38423 JOHN P ST CLINTON TOWNSHIP, MI 48036		\$ <u>80.00</u>	\$ <u>80.00</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>07/23/2025</u>	
Name & Address: MELISSA BOLTON 18689 N NUNNELEY RD CLINTON TOWNSHIP, MI 48036		\$ <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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/23/2025</u>	
Name & Address: RONALD SYME 38690 LONG ST HARRISON TWP, MI 48045		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/25/2025</u>	
Name & Address: SHANNON KING 41328 RUGOSA DR CLINTON TWP, MI 48038		\$ <u>100.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TALENT MANAGER</u> Employer <u>ATI</u> Business Address <u>2021 MCKINNEY AVE, DALLAS, TX 75201</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 300.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/31/2025</u>	
Name & Address: DOMINIC DILIBERTI 41202 WORTHINGTON CLINTON TOWNSHIP, MI 48038		\$ <u>50.00</u>	\$ <u>450.00</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>08/04/2025</u>	
Name & Address: JACK DOLAN 22600 HALL RD SUITE205 CLINTON TWP, MI 48036		\$ <u>150.00</u>	\$ <u>150.00</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, SUITE 205, CLINTON TOWNSHIP, MI 48036</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/05/2025</u>	
Name & Address: PETER THOMAS 5018 SEVEN LAKES DR S WASHINGTON, MI 48095		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER OWNER</u> Employer <u>CASH EXCHANGE</u> Business Address <u>38943 SOUTHBOUND GRATIOT AVE, CLINTON TWP, MI 48036</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/05/2025</u>	
Name & Address: KAREN ALLMACHER 38787 BYRIVER ST CLINTON TWP, MI 48036		\$ <u>100.00</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			

Page Subtotal 800.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/05/2025</u>	
Name & Address: LINDA MCGRAIL 22600 HALL RD SUITE205 CLINTON TWP, MI 48036		\$ <u>150.00</u>	\$ <u>150.00</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, SUITE 205, CLINTON TOWNSHIP, MI 48036</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/07/2025</u>	
Name & Address: DANIEL O'LEARY 4254 WASHINGTON CRESCENT DR TROY, MI 48085		\$ <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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/23/2025</u>	
Name & Address: KEN DEBEAUSAERT 39856 BRYLOR CLINTON TOWNSHIP, MI 48038		\$ <u>50.00</u>	\$ <u>50.00</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 <u>08/31/2025</u>	
Name & Address: DOMINIC DILIBERTI 41202 WORTHINGTON CLINTON TOWNSHIP, MI 48038		\$ <u>50.00</u>	\$ <u>500.00</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 350.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/01/2025</u>	
Name & Address: LINDA JACOBS 39 BRIARWOOD PL GROSSE POINTE FARMS, MI 48236		\$ <u>100.00</u>	\$ <u>300.00</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>09/01/2025</u>	
Name & Address: NANCY DUEMLING 20776 MOXON DR CLINTON TWP, MI 48036		\$ <u>100.00</u>	\$ <u>380.00</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>09/01/2025</u>	
Name & Address: SHERMAN COTTINGHAM 17488 CANVASBACK DR CLINTON TWP, MI 48038		\$ <u>40.00</u>	\$ <u>40.00</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 <u>09/01/2025</u>	
Name & Address: JUDY PRITCHETT 62823 TOURNAMENT DR WASHINGTON, MI 48094		\$ <u>40.00</u>	\$ <u>140.00</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			

Page Subtotal 280.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/02/2025</u>	
Name & Address: THERESA LOWE 36659 EATON DR CLINTON TWP, MI 48035		\$ <u>100.00</u>	\$ <u>160.00</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>09/02/2025</u>	
Name & Address: NANCY VENTIMIGLIA 20141 WOODWARD ST CLINTON TWP, MI 48035		\$ <u>40.00</u>	\$ <u>40.00</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>09/02/2025</u>	
Name & Address: FRED MILLER 51 GROSSE PINES DR ROCHESTER HILLS, MI 48309		\$ <u>40.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY CLERK</u> Employer <u>OAKLAND COUNTY</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/05/2025</u>	
Name & Address: JIM KOPAS 126 NEW ST MT CLEMENS, MI 48043		\$ <u>100.00</u>	\$ <u>250.00</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			

Page Subtotal 280.00

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

1. Committee I.D. Number 140444
2. Committee Name PAUL GIELEGHEM FOR SUPERVISOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/05/2025</u>	
Name & Address: PAUL ILLICH 34285 GROESBECK HWY CLINTON TWP, MI 48035		\$ <u>100.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>CLINTON PARTS, LLC</u> Business Address <u>34285 GROESBECK HWY, CLINTON TWP, MI 48035</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/05/2025</u>	
Name & Address: RICK FLYNN 43225 CHARDONNAY DR STERLING HEIGHTS, MI 48314		\$ <u>100.00</u>	\$ <u>350.00</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>09/05/2025</u>	
Name & Address: RALPH CONSIGLIO 15984 CHELMSFORD ST CLINTON TWP, MI 48038		\$ <u>100.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/05/2025</u>	
Name & Address: JON PETTYES 23646 KING DR CLINTON TWP, MI 48035		\$ <u>100.00</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			

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 140444
2. Committee Name PAUL GIELEGHEM FOR SUPERVISOR

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/05/2025</u>	
Name & Address: CAROL BANNISTER 18877 S HIGHLITE DR CLINTON TWP, MI 48035		\$ <u>100.00</u>	\$ <u>260.00</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>09/05/2025</u>	
Name & Address: DIANA WEIR 36232 SUFFOLK ST CLINTON TWP, MI 48035		\$ <u>75.00</u>	\$ <u>75.00</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>09/05/2025</u>	
Name & Address: DEB DOROSH 44188 RINA LN CLINTON TWP, MI 48038		\$ <u>40.00</u>	\$ <u>90.00</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 <u>09/05/2025</u>	
Name & Address: ANGELO SMITH 38562 PALM MEADOW DR CLINTON TWP, MI 48036		\$ <u>25.00</u>	\$ <u>95.00</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			

Page Subtotal 240.00

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

1. Committee I.D. Number 140444
2. Committee Name PAUL GIELEGHEM FOR SUPERVISOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/05/2025</u>	
Name & Address: THOMAS KALKOFEN 12402 FRANK DR ROMEO, MI 48065		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/05/2025</u>	
Name & Address: ROSEANN WOHI FIEL 22849 E SCHAFER ST CLINTON TWP, MI 48035		\$ <u>15.00</u>	\$ <u>45.00</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>09/05/2025</u>	
Name & Address: DARLENE KALTZ JEFFERSON CT APT. 210 ST CLAIR SHORES, MI 48081		\$ <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>09/05/2025</u>	
Name & Address: JUDY HARTWELL 25921 MARITIME CIR S HARRISON TWP, MI 48045		\$ <u>100.00</u>	\$ <u>300.00</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			

Page Subtotal 240.00

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

1. Committee I.D. Number 140444
2. Committee Name PAUL GIELEGHEM FOR SUPERVISOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☒ YES	4. Date of Receipt <u>09/10/2025</u>	
Name & Address: PIPEFITTERS LOCAL 636 PAC 700 TOWER DR SUITE 300 TROY, MI 48098		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/10/2025</u>	
Name & Address: TONY GALLO 6303 26 MILE RD WASHINGTON, MI 48094		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GALLO PROPERTIES</u> Business Address <u>6303 26 MILE RD, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/10/2025</u>	
Name & Address: SHEET METAL WORKERS LOCAL 80 PAC 17100 W 12 MILE RD SOUTHFIELD, MI 48076		\$ <u>580.00</u>	\$ <u>860.00</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>09/10/2025</u>	
Name & Address: PATRICIA HILL 17200 DOVE ST UNIT 212 CLINTON TWP, MI 48038		\$ <u>75.00</u>	\$ <u>125.00</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 **1,655.00**

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

1. Committee I.D. Number 140444
2. Committee Name PAUL GIELEGHEM FOR SUPERVISOR

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/10/2025</u>	
Name & Address: PEGGY KENNARD 32745 S RIVER RD HARRISON TWP, MI 48045		\$ <u>40.00</u>	\$ <u>40.00</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>09/10/2025</u>	
Name & Address: BRENDA SLABBINCK 7012 AMBERWICK WAY CITRUS HEIGHTS, CA 95621		\$ <u>40.00</u>	\$ <u>150.00</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>09/10/2025</u>	
Name & Address: CAROL SCHEFFELS 20110 BRIAN CT CLINTON TWP, MI 48035		\$ <u>40.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/10/2025</u>	
Name & Address: FREYA WEBERMAN 10144 LUDLOW AVE HUNTINGTON WOODS, MI 48070		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UNISERV DIRECTOR</u> Employer <u>MEA - LOCAL 1</u> Business Address <u>39090 GARFIELD RD, SUITE 101, CLINTON TWP, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **145.00**

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

1. Committee I.D. Number 140444
2. Committee Name PAUL GIELEGHEM FOR SUPERVISOR

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/12/2025</u>	
Name & Address: JOE ORAM PO BOX 252755 WEST BLOOMFIELD, MI 48325		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROPERTY DEVELOPER</u> Employer <u>VIP COMPANY</u> Business Address <u>PO BOX 252755, WEST BLOOMFIELD, MI 48325</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/12/2025</u>	
Name & Address: EDLIRA SAKO 17054 KINGSBROOKE DR CLINTON TWP, MI 48038		\$ <u>25.00</u>	\$ <u>75.00</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>09/14/2025</u>	
Name & Address: LAURA BOWERS 43712 SCAUP LN CLINTON TWP, MI 48038		\$ <u>75.00</u>	\$ <u>75.00</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 <u>09/15/2025</u>	
Name & Address: DAVID MORELLI 22756 MACOMB INDUSTRIAL DR CLINTON TOWNSHIP, MI 48036		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **450.00**

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

1. Committee I.D. Number 140444
2. Committee Name PAUL GIELEGHEM FOR SUPERVISOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/15/2025</u>	
Name & Address: HANI MANSOUR 330 HAMILTON ROW SUITE 300 BIRMINGHAM, MI 48009		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>MANSOUR COMPANIES</u> Business Address <u>330 HAMILTON ROW, SUITE 300, BIRMINGHAM, MI 48009</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/15/2025</u>	
Name & Address: GARY POWELL 45612 HEATHERWOODE LN MACOMB, MI 48044		\$ <u>50.00</u>	\$ <u>50.00</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>09/15/2025</u>	
Name & Address: CHERYL KRYSIAK 65 KENDRICK ST MT CLEMENS, MI 48043		\$ <u>15.00</u>	\$ <u>30.00</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 <u>09/15/2025</u>	
Name & Address: SARAH STOVALL 23628 MARLBOROUGH DR CLINTON TWP, MI 48036		\$ <u>40.00</u>	\$ <u>140.00</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			

Page Subtotal 605.00

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

1. Committee I.D. Number 140444
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/15/2025</u>	
Name & Address: VICKI WHITSETT 22615 THOMSON ST CLINTON TWP, MI 48035		\$ <u>100.00</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>09/17/2025</u>	
Name & Address: JANET JOHN 37268 TALL OAK DR CLINTON TOWNSHIP, MI 48036		\$ <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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/18/2025</u>	
Name & Address: KENNETH DANIELS 14470 EASTBURN ST DETROIT, MI 48205		\$ <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>09/18/2025</u>	
Name & Address: JULIE MATUZAK 38250 FAIRWAY CT CLINTON TWP, MI 48038		\$ <u>40.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TRUSTEE</u> Employer <u>CLINTON TOWNSHIP</u> Business Address <u>40700 ROMEO PLANK RD, CLINTON TOWNSHIP, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **340.00**

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

1. Committee I.D. Number 140444
2. Committee Name PAUL GIELEGHEM FOR SUPERVISOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/18/2025</u>	
Name & Address: EDLIRA SAKO 17054 KINGSBROOKE DR CLINTON TWP, MI 48038		\$ <u>25.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/19/2025</u>	
Name & Address: EDLIRA SAKO 17054 KINGSBROOKE DR CLINTON TWP, MI 48038		\$ <u>25.00</u>	\$ <u>125.00</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>09/20/2025</u>	
Name & Address: DONNA OAKLEY 19802 WESTCHESTER DR CLINTON TWP, MI 48038		\$ <u>250.00</u>	\$ <u>450.00</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 <u>09/20/2025</u>	
Name & Address: JAMES CARLONE 37247 MORAVIAN DR CLINTON TOWNSHIP, MI 48036		\$ <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			

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 140444
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2025</u>	
Name & Address: PAULA RZEMPALA 18813 GAMMA CT CLINTON TOWNSHIP, MI 48036		\$ <u>75.00</u>	\$ <u>275.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SURGICAL TECHNICIAN</u> Employer <u>MCCLAREN HOSPITAL</u> Business Address <u>1000 HARRINGTON ST, 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>09/20/2025</u>	
Name & Address: JOSEPH SYRKOWSKI 40756 CASCADE DR STERLING HEIGHTS, MI 48313		\$ <u>40.00</u>	\$ <u>40.00</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>09/20/2025</u>	
Name & Address: ROBERT KIRK 19500 HALL RD SUITE 100 CLINTON TWP, MI 48038		\$ <u>100.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>CENTRE COURT PROPERTIES LLC</u> Business Address <u>19500 HALL RD, SUITE 100, 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>09/20/2025</u>	
Name & Address: ROBERT HUTH 19500 HALL RD CLINTON TWP, MI 48038		\$ <u>100.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>CENTRE COURT PROPERTIES LLC</u> Business Address <u>19500 HALL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **315.00**

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 140444
2. Committee Name PAUL GIELEGHEM FOR SUPERVISOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2025</u>	
Name & Address: EDWARDS BRULEY 38157 RADDE ST CLINTON TOWNSHIP, MI 48036		\$ <u>100.00</u>	\$ <u>300.00</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>09/20/2025</u>	
Name & Address: MARGARET KAMON 38211 SARNETTE ST CLINTON TOWNSHIP, MI 48036		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2025</u>	
Name & Address: WILLIAM PUTNEY PO BOX 62 HIGGINS LAKE, MI 48627		\$ <u>40.00</u>	\$ <u>140.00</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 <u>09/20/2025</u>	
Name & Address: JOHN JOHNSON 48637 SHADY GLEN DR NEW BALTIMORE, MI 48051		\$ <u>250.00</u>	\$ <u>1,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>SE MICHIGAN CHAMBER OF COMMERCE</u> Business Address <u>22600 HALL RD, SUITE 200, CLINTON TOWNSHIP, MI 48036</u> 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 140444
2. Committee Name PAUL GIELEGHEM FOR SUPERVISOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2025</u>	
Name & Address: CAROL DIEHL 17584 KOOGLER ST CLINTON TOWNSHIP, MI 48038		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2025</u>	
Name & Address: KEN PEARL 38316 SANTA BARBARA ST CLINTON TOWNSHIP, MI 48036		\$ <u>40.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMINISTRATOR</u> Employer <u>SLATKIN CORPORATION</u> Business Address <u>4111 ANDOVER RD, BLOOMFIELD TWP, MI 48302</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/21/2025</u>	
Name & Address: JAN HELLER 24082 MEADOWBRIDGE DR CLINTON TWP, MI 48035		\$ <u>80.00</u>	\$ <u>80.00</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 <u>09/22/2025</u>	
Name & Address: ROBERT HINDMAN 49522 KEYCOVE ST NEW BALTIMORE, MI 48047		\$ <u>100.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>AMERICAN GRAPHICS PRINTING CO.</u> Business Address <u>34895 GROESBECK HWY, CLINTON TOWNSHIP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 270.00

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 140444
2. Committee Name PAUL GIELEGHEM FOR SUPERVISOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/29/2025</u>	
Name & Address: DOMINIC DILIBERTI 41202 WORTHINGTON CLINTON TOWNSHIP, MI 48038		\$ <u>50.00</u>	\$ <u>550.00</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>10/15/2025</u>	
Name & Address: HANS 5 KRONSEIN 5454 CANYON RIVER DR NE ADA, MI 49301		\$ <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 # 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 **150.00**

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

9,190.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **140444**

CANDIDATE COMMITTEE

2. Committee Name **PAUL GIELEGHEM FOR SUPERVISOR**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: SARA GIELEGHEM 37905 E HORSESHOE DR CLINTON TOWNSHIP, MI 48036 If over \$100.00 cumulative, please provide: Occupation: TEACHER Employer Name & Business Address: CHIPPEWA VALLEY SCHOOL DISTRICT 19120 CASS AVE, Clinton Township, MI 48035 ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description POSTAGE 5. Date Of Receipt: 06/19/2025 6. Vendor Name & Address: OFFICE DEPOT 33840 GRATIOT AVE, CLINTON TOWNSHIP, MI 48035 (Memo Itemization)	\$ (784.14)	\$ 0.00
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: SARA GIELEGHEM 37905 E HORSESHOE DR CLINTON TOWNSHIP, MI 48036 If over \$100.00 cumulative, please provide: Occupation: TEACHER Employer Name & Address: CHIPPEWA VALLEY SCHOOL DISTRICT 19120 CASS AVE, Clinton Township, MI 48035 ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description VOLUNTEER FOOD 5. Date Of Receipt: 07/08/2025 6. Vendor Name & Address: TROPICAL SMOOTHIE 40027 S GROESBECK HWY, CLINTON TOWNSHIP, MI 48036 (Memo Itemization)	\$ (89.43)	\$ 0.00
Contribution #3 PAC Receipt? ☐ Yes Name & Address: SARA GIELEGHEM 37905 E HORSESHOE DR CLINTON TOWNSHIP, MI 48036 If over \$100.00 cumulative, please provide: Occupation: TEACHER Employer Name & Address: CHIPPEWA VALLEY SCHOOL DISTRICT 19120 CASS AVE, CLINTON TOWNSHIP, MI 48038 ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description ICE 5. Date Of Receipt: 08/24/2025 6. Vendor Name & Address: EXXON MOBIL 36887 GROESBECK HWY, CLINTON TOWNSHIP, MI 48035 (Memo Itemization)	\$ (34.95)	\$ 0.00
Page Subtotal		0.00	0.00
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)			

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **140444**

CANDIDATE COMMITTEE

2. Committee Name **PAUL GIELEGHEM FOR SUPERVISOR**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: SARA GIELEGHEM 37905 E HORSESHOE DR CLINTON TOWNSHIP, MI 48036 If over \$100.00 cumulative, please provide: Occupation: TEACHER Employer Name & Business Address: CHIPPEWA VALLEY SCHOOL DISTRICT 19120 CASS AVE, Clinton Township, MI 48035 ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description POSTAGE 5. Date Of Receipt: 08/23/2025 6. Vendor Name & Address: POSTMASTER 155 S MAIN ST, MT CLEMENS, MI 48043 (Memo Itemization)	\$ (390.00)	\$ 0.00
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: SARA GIELEGHEM 37905 E HORSESHOE DR CLINTON TOWNSHIP, MI 48036 If over \$100.00 cumulative, please provide: Occupation: TEACHER Employer Name & Address: CHIPPEWA VALLEY SCHOOL DISTRICT 19120 CASS AVE, Clinton Township, MI 48035 ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description FUNDRAISER FOOD 5. Date Of Receipt: 09/18/2025 6. Vendor Name & Address: GORDON FOOD SERVICE 34300 GRATIOT AVE, CLINTON TOWNSHIP, MI 48035 (Memo Itemization)	\$ (190.98)	\$ 0.00
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address: Click Here for Memo Itemization	\$	\$
☐ Fund Raiser Contribution			

Page Subtotal

0.00

0.00

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

0.00

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140444**
2. Committee Name **PAUL GIELEGHEM FOR SUPERVISOR**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CLINTONDALE C CLUB Address PO BOX 380602 CLINTON TOWNSHIP, MI 48038 ☐ Fund Raiser	Purpose: EVENT SPONSORSHIP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/21/2025 Date	\$ 300.00
Expenditure #2 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109 ☐ Fund Raiser	Purpose: SOUND SYSTEM ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/22/2025 Date	\$ 59.26
Expenditure #3 Name CVS Address 36540 GARFIELD RD CLINTON TOWNSHIP, MI 48035 ☐ Fund Raiser	Purpose: GIFT CARD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/23/2025 Date	\$ 50.00
Expenditure #4 Name CANTEEN GOLF AND BILLIARD'S Address 41701 GARFIELD RD CLINTON TOWNSHIP, MI 48038 ☒ Fund Raiser	Purpose: FUNDRAISER FOOD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/23/2025 Date	\$ 592.64
Expenditure #5 Name POPPY DESIGNS Address 23225 OAKWOOD EASTPOINTE, MI 48021 ☐ Fund Raiser	Purpose: WEBSITE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/01/2025 Date	\$ 240.00

Subtotal this page

1,241.90

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 **140444**
2. Committee Name **PAUL GIELEGHEM FOR SUPERVISOR**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CLINTON TOWNSHIP FIREFIGHTERS PAC Address ☐ Fund Raiser	Purpose: EVENT SPONSORSHIP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/06/2025 Date	\$ 150.00
Expenditure #2 Name EPIC ENTERTAINMENT Address 18301 E 9 MILE RD EASTPOINTE, MI 48021 ☐ Fund Raiser	Purpose: EVENT SPONSORSHIP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/08/2025 Date	\$ 187.50
Expenditure #3 Name SARA GIELEGHEM Address 37905 E HORSESHOE DR CLINTON TOWNSHIP, MI 48036 ☐ Fund Raiser	Purpose: REIMBURSEMENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Memo Itemization Below	08/12/2025 Date	\$ 873.57
Expenditure #4 Name OFFICE DEPOT Address 44835 SCHOENHERR RD STERLING HEIGHTS, MI 48313 ☒ Fund Raiser	Purpose: OFFICE SUPPLIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/21/2025 Date	\$ 200.17
Expenditure #5 Name SARA GIELEGHEM Address 37905 E HORSESHOE DR CLINTON TOWNSHIP, MI 48036 ☐ Fund Raiser	Purpose: REIMBURSEMENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Memo Itemization Below	08/30/2025 Date	\$ 615.93

Subtotal this page **2,027.17**

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 140444
2. Committee Name PAUL GIELEGHEM FOR SUPERVISOR

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name NATIONAL COUNCIL OF NEGRO WOMEN Address PO BOX 463066 MOUNT CLEMENS, MI 48046 ☐ Fund Raiser	Purpose: <u>TICKET</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/15/2025</u> Date	\$ <u>50.00</u>
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
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 **50.00**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **3,319.07**

Enter this total
on line 8a of
Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **140444**
2. Committee Name **PAUL GIELEGHEM FOR SUPERVISOR**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 07/23/2025	4. Number of Individuals Attending or Participating (whichever is greater) 55	5. Type of Fund Raising Activity FUNDRAISER EVENT	6. Address and Name (If any) of the place where the activity was held. CANTEEN GOLF AND BILLIARDS 41701 GARFIELD RD CLINTON TOWNSHIP, MI 48038 ☐ Private Residence
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7. Total Contributions **8,425.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **8,425.00**
10. Total Cost of Event **1,626.78**
(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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **140444**
2. Committee Name **PAUL GIELEGHEM FOR SUPERVISOR**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 09/20/2025	4. Number of Individuals Attending or Participating (whichever is greater) 45	5. Type of Fund Raising Activity BREAKFAST FUNDRAISER	6. Address and Name (If any) of the place where the activity was held. GIELEGHEM HOUSE 37905 E HORSESHOE DR CLINTON TOWNSHIP, MI 48036 ☒ Private Residence
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7. Total Contributions **6,200.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **6,200.00**
10. Total Cost of Event **385.98**
(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.