



FILED

12 OCT 2025 PM 07:19

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

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

3. This Statement covers From: 11/23/2021 to 10/19/2025

1. Committee I.D. Number

139530

4. Candidate Last Name First Name M.I.

DUFFY DAVID D

2. Committee Name

CTE DAVID D. DUFFY

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

COUNCIL, NEW BALTIMORE

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

5. Committee's Mailing Address

**36167 SAINT CLAIR DRIVE
NEW BALTIMORE, MI 48047**

Area Code and Phone (586) 805-6990
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

**DENISE DUFFY
36167 SAINT CLAIR DRIVE
NEW BALTIMORE, MI 48047**

Area Code & Phone (586) 404-0804

7. Treasurer's Business Address

**36167 SAINT CLAIR DRIVE
NEW BALTIMORE, MI 48047**

Area Code and Phone (586) 404-0804

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

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

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement () Coverage Year

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

Date of Election, Convention or Caucus

11/04/2025

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

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

Effective date of dissolution

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

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

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/12/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/12/2025



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139530

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE DAVID D. DUFFY

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>6,365.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>6,365.00</u>	(18.) \$ <u>6,365.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>6,365.00</u>	(20.) \$ <u>6,365.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>196.63</u>	(21.) \$ <u>196.63</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>4,665.48</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>4,665.48</u>	(23.) \$ <u>4,665.48</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>60.37</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>6,365.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>6,425.37</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>4,665.48</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1,759.89</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139530
2. Committee Name CTE DAVID D. DUFFY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/17/2025</u>	
Name & Address: CHRISTOPHER PAGNES 3465 HAZELTON AVE ROCHESTER HILLS, MI 48307		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>HEALTH CARE SERVICES</u> Business Address <u>1630 STAR-BATT DR, ROCHESTER HILLS, MI 48309</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/17/2025</u>	
Name & Address: JOHN JOHNSON 48637 SHADY GLEN DR CHESTERFIELD, MI 48051		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHAMBER PRESIDENT</u> Employer <u>SOUTHEAST MICHIGAN CHAMBER OF COMMERCE</u> Business Address <u>59 N WALNUT ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/17/2025</u>	
Name & Address: DEWEY SANTORO 15232 HARPER AVE DETROIT, MI 48224		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SANTORO AUTO & TRUCK SERVICES</u> Business Address <u>15323 HARPER AVE, DETROIT, MI 48224</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/17/2025</u>	
Name & Address: ANTOINETTE DILORENZO 45343 MARKET ST SHELBY TWP, MI 48315		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>MARKET STREET DEVELOPMENT</u> Business Address <u>45343 MARKET ST, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,400.00**

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 139530
2. Committee Name CTE DAVID D. DUFFY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/17/2025</u>	
Name & Address: DAVID GASSEN 403 WILCOX ST ROCHESTER, MI 48307		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>PARTNERS IN ARCHITECTURE</u> Business Address <u>65 MARKET 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>04/17/2025</u>	
Name & Address: ANTHONY CROWLEY 21811 KELLY RD EASTPOINTE, MI 48021		\$ <u>350.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>DEDICATED SENIOR MEDICAL CARE</u> Business Address <u>21811 KELLY RD, EASTPOINTE, MI 48021</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/17/2025</u>	
Name & Address: ROBERT HUTH 19500 HALL RD CLINTON TWP, MI 48038		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>KIRK, HUTH, LANGE & BADALAMENTI</u> Business Address <u>19500 HALL 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>04/17/2025</u>	
Name & Address: PETER THOMAS 35943 GRATIOT AVE CLINTON TWP, MI 48035		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>CASH EXCHANGE</u> Business Address <u>35943 GRATIOT AVE, CLINTON TWP, MI 48035</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 950.00

Grand Total of All Schedules 1A
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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139530
2. Committee Name CTE DAVID D. DUFFY

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>05/23/2025</u>	
Name & Address: JOHN LONG 59 N MAIN ST STE 206 MT CLEMENS, MI 48043		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHAMBER BOARD</u> Employer <u>SOUTHEAST MICHIGAN CHAMBER OF COMMERCE</u> Business Address <u>59 N WALNUT ST, STE 206, 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>05/27/2025</u>	
Name & Address: CHRISTOPHER AIELLO 32411 MOUND RD WARREN, MI 48092		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>CHRISTOPHER P AIELLO LLC</u> Business Address <u>32411 MOUND RD, WARREN, MI 48092</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/17/2025</u>	
Name & Address: TIMOTHY TOMLINSON 22600 HALL RD 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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/17/2025</u>	
Name & Address: LINDA MCGRAIL 22600 HALL RD 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 1,200.00

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/21/2025</u> Name & Address: ROSE BARTKOWICZ 36489 HALEY NEW BALTIMORE, MI 48047		\$ <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>08/21/2025</u> Name & Address: TIM HIRST 38601 JONATHAN ST CLINTON TOWNSHIP, MI 48036		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/21/2025</u> Name & Address: DAVID TREADWELL 52552 LAUREL OAK LN NEW BALTIMORE, MI 48047		\$ <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>08/21/2025</u> Name & Address: JAY ADDY 31203 LIONS POINTE DR NEW BALTIMORE, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **195.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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1. Committee I.D. Number 139530
2. Committee Name CTE DAVID D. DUFFY

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/21/2025</u>	
Name & Address: DAVID MARKER 52627 FOREST HILL DR NEW BALTIMORE, MI 48047		\$ <u>75.00</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/21/2025</u>	
Name & Address: JEANETTE PAQUETTE 530 STATE STREET ALGONAC, MI 48001		\$ <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>08/21/2025</u>	
Name & Address: JOE CARDUCCI 58034 GREY FOX GLEN 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>08/21/2025</u>	
Name & Address: ROBERT VITALE 36124 ST CLAIR DR NEW BALTIMORE, MI 48047		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>VITALE & ASSOCIATES</u> Business Address <u>32901 23 MILE RD, NEW BALTIMORE, MI 48047</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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1. Committee I.D. Number 139530
2. Committee Name CTE DAVID D. DUFFY

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>08/21/2025</u> Name & Address: JOHN DUPRAY 37375 SIENNA OAKS DR NEW BALTIMORE, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/21/2025</u> Name & Address: RON EARL 50720 LENOX ST NEW BALTIMORE, MI 48047		\$ <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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/21/2025</u> Name & Address: ROBERT HANVEY 36604 ORCHARD LAKE DR NEW BALTIMORE, MI 48047		\$ <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>08/21/2025</u> Name & Address: DAVID SZCZEPANSKI 36538 BRENNAN NEW BALTIMORE, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 175.00

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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/21/2025</u> Name & Address: RYAN COVERT 37115 HIGHVIEW ST NEW BALTIMORE, MI 48047		\$ <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>08/21/2025</u> Name & Address: MEL EASON 37280 GREEN ST NEW BALTIMORE, MI 48047		\$ <u>30.00</u>	\$ <u>30.00</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>08/21/2025</u> Name & Address: MARYBETH JAMIESON 53870 BAKER RD NEW BALTIMORE, MI 48047		\$ <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>08/21/2025</u> Name & Address: CHARLES ROBINET 53870 BAKER RD NEW BALTIMORE, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 280.00

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

1. Committee I.D. Number 139530
2. Committee Name CTE DAVID D. DUFFY

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/21/2025</u> Name & Address: CONSTANCE HIPWELL-VLAHOULIS MARSTON ST CLINTON TWP, MI 48035		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/21/2025</u> Name & Address: JIM CARTER 36848 MAIN ST NEW BALTIMORE, MI 48047		\$ <u>75.00</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>08/21/2025</u> Name & Address: LONG REAL ESTATE SERVICES 59 N WALNUT ST STE 206 MT CLEMENS, MI 48043		\$ <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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/21/2025</u> Name & Address: DYTRI GINA 46050 EDGEWATER ST NEW BALTIMORE, MI 48047		\$ <u>75.00</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			

Page Subtotal 700.00

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1. Committee I.D. Number 139530
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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>08/28/2025</u>	
Name & Address: JOHN KAZMER 35690 ST CLAIR DR NEW BALTIMORE, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/04/2025</u>	
Name & Address: STEPHEN SAPH JR 44 MACOMB PL MT CLEMENS, MI 48043		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE AGENCY OWNER</u> Employer <u>NICKEL & SAPH INC</u> Business Address <u>44 MACOMB PL, MT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2025</u>	
Name & Address: JOSEPH BRENNEN 51525 INDUSTRIAL DR NEW BALTIMORE, MI 48047		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>TELEOLOGY LLC</u> Business Address <u>51525 INDUSTRIAL DR, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/07/2025</u>	
Name & Address: LEWICKI PAMELA 49877 MILLER CT CHESTERFIELD, MI 48047		\$ <u>200.00</u>	\$ <u>200.00</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

1,050.00

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

6,365.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number **139530**

2. Committee Name **CTE DAVID D. DUFFY**

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: CC'S DAIRY & EXPRESSO BAR 36355 FRONT ST NEW BALTIMORE, MI 48047 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business 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 FUNDRAISER 5. Date Of Receipt: 08/21/2025 6. Vendor Name & Address:	\$ 196.63	\$ 196.63
☐ Fund Raiser Contribution			
Contribution # 2 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:	\$ \$	\$
☐ Fund Raiser Contribution			
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:	\$ \$	\$
☐ Fund Raiser Contribution			

[Click Here for Memo Itemization](#)

[Click Here for Memo Itemization](#)

Page Subtotal

196.63

196.63

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

196.63

Enter this total
on line 6 of Summary
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139530
2. Committee Name CTE DAVID D. DUFFY

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ADVANCED SCREENPRINTING Address 35957 MOUND RD STERLING HEIGHTS, MI 48310 ☐ Fund Raiser	Purpose: <u>CTE SHIRTS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/20/2025</u> Date	\$ <u>320.00</u>
Expenditure #2 Name BJ'S WHOLESALE Address 45101 TOWN CENTER BLVD NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>SUPPLIES FOR CAMPAIGN</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/11/2025</u> Date	\$ <u>127.66</u>
Expenditure #3 Name ADVANCED SCREENPRINTING Address 35957 MOUND RD STERLING HEIGHTS, MI 48310 ☐ Fund Raiser	Purpose: <u>MARKETING - SHIRTS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/20/2025</u> Date	\$ <u>173.84</u>
Expenditure #4 Name ADVANCED SCREENPRINTING Address 35957 MOUND RD STERLING HEIGHTS, MI 48310 ☐ Fund Raiser	Purpose: <u>MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/25/2025</u> Date	\$ <u>10.00</u>
Expenditure #5 Name HARBOR FREIGHT Address 27953 23 MILE RD NEW BALTIMORE, MI 48051 ☐ Fund Raiser	Purpose: <u>MARKETING - SIGN SUPPLIES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/25/2025</u> Date	\$ <u>69.20</u>

Subtotal this page **700.70**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139530
2. Committee Name CTE DAVID D. DUFFY

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SCOREBOARD N MORE GROUP LLC Address 5309 PTE TREMBLE ALGONAC, MI 48001 ☐ Fund Raiser	Purpose: <u>MARKETING - SIGNS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/04/2025</u> Date	\$ <u>206.70</u>
Expenditure #2 Name AMERICAN GRAPHICS PRINTING CO Address 34895 GROESBECK HWY CLINTON TOWNSHIP, MI 48035 ☐ Fund Raiser	Purpose: <u>MARKETING - MAILERS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/05/2025</u> Date	\$ <u>1,756.12</u>
Expenditure #3 Name LUMBER JACK Address 35369 23 MILE RD NEW BALTIMORE, MI 48047 ☒ Fund Raiser	Purpose: <u>SUPPLIES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/06/2025</u> Date	\$ <u>46.36</u>
Expenditure #4 Name UNITED STATES POSTAL SERVICE Address 35339 23 MILE RD NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>MARKETING - POSTAGE FOR MAILERS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/22/2025</u> Date	\$ <u>78.00</u>
Expenditure #5 Name STAPLES Address 51382 GRATIOT AVE CHESTERFIELD, MI 48051 ☐ Fund Raiser	Purpose: <u>MARKETING - PRINTING SUPPLIES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/23/2025</u> Date	\$ <u>118.46</u>

Subtotal this page **2,205.64**

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

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139530
2. Committee Name CTE DAVID D. DUFFY

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name AMERICAN GRAPHICS Address 34895 GROESBECK HWY CLINTON TOWNSHIP, MI 48035 ☐ Fund Raiser	Purpose: <u>PRINTING - MAILERS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/30/2025</u> Date	\$ <u>1,759.14</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	1,759.14
Grand Total of all Schedules 1B (Complete on last page of Schedule)	4,665.48

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Summary Page