



FILED

20 OCT 2025 AM 10:16

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: 04/22/2025 to 10/19/2025

1. Committee I.D. Number

140572

4. Candidate Last Name First Name M.I.

DITTRICH JACOB M

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

TREASURER, NEW BALTIMORE

2. Committee Name

CTE JACOB DITTRICH FOR CITY OF NEW BALTIMORE TREASURER

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

5. Committee's Mailing Address

**53551 MEADOW CREEK DRIVE
NEW BALTIMORE, MI 48047**

6. Treasurer's Name & Residential Address

**JACOB M DITTRICH
53551 MEADOW CREEK DRIVE
NEW BALTIMORE, MI 48047**

Area Code and Phone (586) 823-0992
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

Area Code & Phone (586) 823-0992

7. Treasurer's Business Address

**53551 MEADOW CREEK DRIVE
NEW BALTIMORE, MI 48047**

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

**JACOB M DITTRICH
53551 MEADOW CREEK DRIVE
NEW BALTIMORE, MI 48047**

Area Code and Phone (586) 823-0992

Area Code and Phone (586) 823-0992

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

10/20/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/20/2025



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140572

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE JACOB DITTRICH FOR CITY OF NEW BALTIMORE TREASURER

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>4,215.81</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>4,215.81</u>	(18.) \$ <u>4,215.81</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>1,000.00</u>	(19.) \$ <u>1,000.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>5,215.81</u>	(20.) \$ <u>5,215.81</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>3,556.94</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>3,556.94</u>	(23.) \$ <u>3,556.94</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>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>5,215.81</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>5,215.81</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>3,556.94</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1,658.87</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 140572
2. Committee Name CTE JACOB DITTRICH FOR CITY OF NEW BALTIMORE TREASURER

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>09/08/2025</u>	
Name & Address: MICHAEL CALABRO 22434 GATEWAY DR MACOMB, MI 48044		\$ <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>09/09/2025</u>	
Name & Address: KEITH STONEHOUSE 26572 HARVEST DR CHESTERFIELD TWP, MI 48051		\$ <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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/09/2025</u>	
Name & Address: ERIC WOLSCHLEGER 36233 MONROE 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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/09/2025</u>	
Name & Address: JAMES LUNG 36844 MARQUARDT CT NEW BALTIMORE, MI 48047		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEERING CONSULTANT</u> Employer <u>CHARLTON GROUP</u> Business Address <u>24000 GREATER MACK AVE, ST CLAIR SHORES, MI 48080</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 425.00

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 140572
2. Committee Name CTE JACOB DITTRICH FOR CITY OF NEW BALTIMORE TREASURER

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>09/09/2025</u> Name & Address: LESLIE HOCKER 51536 MORNINGSIDE WAY 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>09/09/2025</u> Name & Address: PATRICK GREEN 52092 THOMAS LN 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/09/2025</u> Name & Address: MARYBETH JAMIESON 54898 DANIELLE 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/09/2025</u> Name & Address: KATHY TODD 26413 HARMON ST ST CLAIR SHORES, MI 48081	\$ <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 250.00

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

Enter this total on
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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 140572
2. Committee Name CTE JACOB DITTRICH FOR CITY OF NEW BALTIMORE TREASURER

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>09/09/2025</u>	
Name & Address: ROBERT PROZANDEK 35721 WINDRIDGE DR 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>09/09/2025</u>	
Name & Address: JOSEPH MONAHAN 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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/09/2025</u>	
Name & Address: CRAIG STUMP 33637 CLIPPER CT NEW BALTIMORE, MI 48047		\$ <u>210.00</u>	\$ <u>210.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MILTIARY</u> Employer <u>ARMY</u> Business Address <u>6501 E 11 MILE RD, WARREN, MI 48397</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/09/2025</u>	
Name & Address: BENJAMIN GALSTER 3132 BROOKLINE ST BERKLEY, MI 48072		\$ <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			

Page Subtotal 390.00

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 140572
2. Committee Name CTE JACOB DITTRICH FOR CITY OF NEW BALTIMORE TREASURER

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>09/09/2025</u> Name & Address: MARC PULK 52272 RIVARD RD 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/09/2025</u> Name & Address: STAN RUSSELL 35555 BROOKE CT 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>09/09/2025</u> Name & Address: ANTHONY GIULIANO 49562 REGATTA 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/09/2025</u> Name & Address: VINCENT NESTICO 51420 WASHINGTON ST NEW BALTIMORE, MI 48047		\$ <u>73.19</u>	\$ <u>73.19</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 233.19

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 140572
2. Committee Name CTE JACOB DITTRICH FOR CITY OF NEW BALTIMORE TREASURER

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/09/2025</u> Name & Address: CHRISTINA PITTINATIO 35590 BROOKE CT NEW BALTIMORE, MI 48047		\$ <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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/09/2025</u> Name & Address: ROBERT WIENS 36536 MARQUARDT CT NEW BALTIMORE, MI 48047		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>INSIGHTS ADVISORS, LLC</u> Business Address <u>36536 MARQUARDT CT, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/09/2025</u> Name & Address: JOHN DUPRAY 50880 ATWOOD 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/09/2025</u> Name & Address: SUZANNE VITALE 36124 ST CLAIR DR NEW BALTIMORE, MI 48047		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED - HOUSEWIFE</u> Employer <u>RETIRED</u> Business Address <u>36124 ST CLAIR DR, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **640.00**

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

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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 140572
2. Committee Name CTE JACOB DITTRICH FOR CITY OF NEW BALTIMORE TREASURER

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/09/2025</u>	
Name & Address: LAWRENCE GINGAS 50500 JEFFERSON AVE NEW BALTIMORE, MI 48047		\$ <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>09/09/2025</u>	
Name & Address: KEVIN WOEHLER 36984 HIGHVIEW ST NEW BALTIMORE, MI 48047		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL ADVISOR</u> Employer <u>WOEHLER FINANCIAL GROUP</u> Business Address <u>62 CHERRY ST., Mount 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>09/11/2025</u>	
Name & Address: MICHELLE DONOVAN WINDRIDGE DR NEW BALTIMORE, MI 48047		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ESPERANCE DONOVAN PLLC</u> Business Address <u>21 N MAIN ST, Mount 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>09/19/2025</u>	
Name & Address: AMANDA MELKERT 36880 MAIN ST NEW BALTIMORE, MI 48047		\$ <u>48.50</u>	\$ <u>48.50</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 **1,108.50**

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

Enter this total on
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 140572
2. Committee Name CTE JACOB DITTRICH FOR CITY OF NEW BALTIMORE TREASURER

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/25/2025</u> Name & Address: VICTOR WHANG 7235 MARSH RD MARINE CITY, MI 48039		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HEALTH INSURANCE SALES</u> Employer <u>INSURANCE WHAREHOUSE</u> Business Address <u>33970 23 MILE RD, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/06/2025</u> Name & Address: KEITH NELSON 52453 BATTANWOOD DR MACOMB, MI 48042		\$ <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>10/14/2025</u> Name & Address: DENNIS RICHARDS 9980 ARNOLD RD IRA TWP, MI 48023		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VP OF OPERATIONS</u> Employer <u>INCIDENTCLEAR LLC</u> Business Address <u>9980 ARNOLD RD, IRA TWP, MI 48023</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/14/2025</u> Name & Address: ALFRED BLOCK 54841 CHIPPEWA CT MI 48315		\$ <u>69.12</u>	\$ <u>69.12</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 669.12

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

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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 140572
2. Committee Name CTE JACOB DITTRICH FOR CITY OF NEW BALTIMORE TREASURER

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>10/15/2025</u>	
Name & Address: REALTORS POLITICAL ACTION COMMITTEE OF MICHIGAN 720 N WASHINGTON AVE LANSING, MI 48906		\$ <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 _____	
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 # 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)

4,215.81

Enter this total on
line 3a of Summary
Page.



**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1**

CANDIDATE COMMITTEE

1. Committee I.D. Number **140572**

2. Committee Name **CTE JACOB DITTRICH FOR CITY OF NEW BALTIMORE TREASURER**

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: CTE JACOB DITTRICH 53551 MEADOW CREEK DR NEW BALTIMORE, MI 48047	Date of Receipt 09/04/2025	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☒ Other (Specify) TRANSFERRED FROM COM	\$ 1,000.00
	☐ Fund Raiser		
Receipt #2 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	☐ Fund Raiser		
Receipt #3 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	☐ Fund Raiser		
Receipt #4 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	☐ Fund Raiser		
Receipt #5 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	☐ Fund Raiser		
Receipt #6 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	☐ Fund Raiser		
Receipt #7 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	☐ Fund Raiser		

Page Subtotal **1,000.00**

Grand Total of All Schedules 1A -1
(Complete on last page of Schedule) **1,000.00**

Enter this total on
line 4 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140572**
2. Committee Name **CTE JACOB DITTRICH FOR CITY OF NEW BALTIMORE TREASURER**

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 LLC Address 5309 POINTE TREMBLE RD PEARL BEACH, MI 48001 ☐ Fund Raiser	Purpose: YARD SIGNS AND STANDS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/04/2025 Date	\$ 689.00
Expenditure #2 Name FIN'S EATERY & SPIRITS Address 51006 WASHINGTON ST NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: FUNDRAISER EVENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/09/2025 Date	\$ 1,011.00
Expenditure #3 Name DOWNTOWN PIT STOP CAFE Address 51111 WASHINGTON ST NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: CAMPAIGN PLANNING MEETING WITH MARYBETH JAMIESON ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/18/2025 Date	\$ 26.46
Expenditure #4 Name SCOREBOARD N MORE LLC Address 5309 POINTE TREMBLE RD PEARL BEACH, MI 48001 ☐ Fund Raiser	Purpose: LARGE SIGN PRINTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/20/2025 Date	\$ 139.28
Expenditure #5 Name LUMBERJACK Address 35369 23 MILE RD NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: HARDWARE FOR SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/20/2025 Date	\$ 13.77

Subtotal this page

1,879.51

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 140572
2. Committee Name CTE JACOB DITTRICH FOR CITY OF NEW BALTIMORE TREASURER

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 LLC Address 5309 POINTE TREMBLE RD PEARL BEACH, MI 48001 ☐ Fund Raiser	Purpose: <u>LARGE SIGN PRINTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/27/2025</u> Date	\$ <u>139.28</u>
Expenditure #2 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: <u>MILERS AND DOOR KNOCKING MATERIALS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/30/2025</u> Date	\$ <u>1,097.09</u>
Expenditure #3 Name WIX.COM Address 100 GANSEVOORT ST NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: <u>WEBSITE CREATION THROUGH WIX</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/02/2025</u> Date	\$ <u>204.00</u>
Expenditure #4 Name WIX.COM Address 100 GANSEVOORT ST NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: <u>WEBSITE DOMAIN RIGHTS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/02/2025</u> Date	\$ <u>31.25</u>
Expenditure #5 Name MCDONALD'S Address 35899 GREEN ST NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>FOOD FOR VOLUNTEERS DOOR KNOCKING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/04/2025</u> Date	\$ <u>14.39</u>

Subtotal this page

1,486.01

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 140572
2. Committee Name CTE JACOB DITTRICH FOR CITY OF NEW BALTIMORE TREASURER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name DUNKIN'-BASKIN-ROBINS Address 37030 GREEN ST NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>BREAKFAST FOOD FOR DOOR KNOCKING VOLUNTEERS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/05/2025</u> Date	\$ <u>38.37</u>
Expenditure #2 Name LUMBERJACK Address 35369 23 MILE RD NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>SIGN HARDWARE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/15/2025</u> Date	\$ <u>13.77</u>
Expenditure #3 Name SCOREBOARD N MORE LLC Address 5309 POINTE TREMBLE RD PEARL BEACH, MI 48001 ☐ Fund Raiser	Purpose: <u>LARGE SIGNS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/15/2025</u> Date	\$ <u>139.28</u>
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____

Subtotal this page	191.42
Grand Total of all Schedules 1B (Complete on last page of Schedule)	3,556.94

Enter this total
on line 8a of
Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **140572**
2. Committee Name CTE JACOB DITTRICH FOR CITY OF NEW BALTIMORE TREASURER

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 09/09/2025	4. Number of Individuals Attending or Participating (whichever is greater) 25	5. Type of Fund Raising Activity MEET AND GREET	6. Address and Name (If any) of the place where the activity was held. FIN'S EATERY & SPIRITS 51006 WASHINGTON ST NEW BALTIMORE, MI 48047 ☐ Private Residence
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7. Total Contributions **2,796.69**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **2,796.69**
10. Total Cost of Event **1,011.00**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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