



FILED

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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: 10/20/2025 to 11/24/2025

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

11/25/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

11/25/2025



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>100.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>100.00</u>	(18.) \$ <u>4,315.81</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>1,000.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>100.00</u>	(20.) \$ <u>5,315.81</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>1,503.70</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>1,503.70</u>	(23.) \$ <u>5,060.64</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>1,658.87</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>100.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1,758.87</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1,503.70</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>255.17</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>11/03/2025</u> Name & Address: JONATHAN VANDENBOSSCHE 39400 W ARCHER DR MI 48045		\$ <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 _____ 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

100.00

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

100.00

Enter this total on
line 3a 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 MCDONALD'S Address 35899 GREEN ST NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>FOOD FOR DOOR KNOCKERS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/22/2025</u> Date	\$ <u>21.49</u>
Expenditure #2 Name ALAMMAR KABOB LLC Address 36399 26 MILE RD LENOX, MI 48048 ☐ Fund Raiser	Purpose: <u>FOOD FOR DOOR KNOCKERS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/27/2025</u> Date	\$ <u>60.54</u>
Expenditure #3 Name LUMBERJACK Address 35369 23 MILE RD NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>SIGN REPAIRS MATERIALS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/2025</u> Date	\$ <u>17.50</u>
Expenditure #4 Name KROGER Address 35000 23 MILE RD NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>CANDY FOR VOTERS AT POLLS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/01/2025</u> Date	\$ <u>29.14</u>
Expenditure #5 Name LOWE'S HOME CENTERS Address 27990 23 MILE RD CHESTERFIELD, MI 48051 ☐ Fund Raiser	Purpose: <u>MATERIALS FOR SIGN FRAMES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/01/2025</u> Date	\$ <u>72.60</u>

Subtotal this page

201.27

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 LUMBERJACK Address 35369 23 MILE RD NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>SIGN MATERIALS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/01/2025</u> Date	\$ <u>4.06</u>
Expenditure #2 Name DUNKIN'-BASKIN-ROBINS Address 37030 GREEN ST NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>BREAKFAST FOR VOLUNTEER DOOR KNOCKERS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/01/2025</u> Date	\$ <u>22.29</u>
Expenditure #3 Name MCDONALD'S Address 35899 GREEN ST NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>BREAKFAST FOR DOOR KNOCKERS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/02/2025</u> Date	\$ <u>12.06</u>
Expenditure #4 Name LUMBERJACK Address 35369 23 MILE RD NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>MATERIALS FOR SIGN REPAIR</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/03/2025</u> Date	\$ <u>3.17</u>
Expenditure #5 Name MCDONALD'S Address 35899 GREEN ST NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>BREAKFAST DOOR KNOCKER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/03/2025</u> Date	\$ <u>3.49</u>

Subtotal this page

45.07

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 DOM PRESS Address 45514 PRIVATE SHORE DR NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: T-SHIRTS FOR POLL WORKERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/03/2025 Date	\$ 25.35
Expenditure #2 Name JETS PIZZA Address 51058 D W SEATON DR NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: FOOD FOR POLL WORKERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/04/2025 Date	\$ 76.97
Expenditure #3 Name MCDONALD'S Address 35899 GREEN ST NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: BREAKFAST FOR POLL WORKERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/04/2025 Date	\$ 23.50
Expenditure #4 Name SCOREBOARD N MORE LLC Address 5309 POINTE TREMBLE RD PEARL BEACH, MI 48001 ☐ Fund Raiser	Purpose: 4'X18 SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/04/2025 Date	\$ 70.08
Expenditure #5 Name JIMMY JOHNS Address 35100 23 MILE RD NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: LUNCH FOR POLL WORKERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/04/2025 Date	\$ 104.49

Subtotal this page **300.39**

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 THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: MAILER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/05/2025</u> Date	\$ <u>956.97</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	956.97
Grand Total of all Schedules 1B (Complete on last page of Schedule)	1,503.70

Enter this total
on line 8a of
Summary Page