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24 OCT 2025 PM 12:15

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: 02/13/2025 to 10/19/2025

1. Committee I.D. Number

140555

4. Candidate Last Name First Name M.I.

DEBUCCE JR RALPH T

2. Committee Name

RALPH T DEBUCCE JR FOR NEW BALTIMORE CITY COUNCIL

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

COUNCIL, NEW BALTIMORE

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

5. Committee's Mailing Address

**37177 BRETT DRIVE
NEW BALTIMORE, MI 48047**

Area Code and Phone (586) 524-2480

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

**LORI DOLMAN
37177 BRETT
NEW BALTIMORE, MI 48047**

Area Code & Phone (586) 206-4721

7. Treasurer's Business Address

**37177 BRETT
NEW BALTIMORE, MI 48047**

Area Code and Phone (586) 206-4721

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

10/24/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/24/2025



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140555

2. Committee Name RALPH T DEBUCCE JR FOR NEW BALTIMORE CITY COUNCIL

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>3,501.37</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>3,501.37</u>	(18.) \$ <u>3,501.37</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>3,501.37</u>	(20.) \$ <u>3,501.37</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>2,919.59</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>2,919.59</u>	(23.) \$ <u>2,919.59</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>3,501.37</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>3,501.37</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>2,919.59</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>581.78</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 140555
2. Committee Name RALPH T DEBUCCE JR FOR NEW BALTIMORE CITY COUNCIL

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>04/10/2025</u>	
Name & Address: FRANK KRAUSE 35066 NEWPORT CT NEW BALTIMORE, MI 48047		\$ <u>105.71</u>	\$ <u>105.71</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/15/2025</u>	
Name & Address: STAVROS TOMA 48760 POINT LAKEVIEW ST CHESTERFIELD, MI 48047		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>IIG HOLDINGS</u> Business Address <u>40 W 57TH ST, NEW YORK, NY 10019</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/19/2025</u>	
Name & Address: MICHAEL KAHAEAL 54988 CONGAREE DR MACOMB, MI 48042		\$ <u>105.75</u>	\$ <u>105.75</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>JIM RIEHL FRIENDLY AUTO CORP</u> Business Address <u>18900 HALL 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>08/21/2025</u>	
Name & Address: SCOTT EMMONS 2265 GARDNER AVE BERKLEY, MI 48072		\$ <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 **811.46**

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 140555
2. Committee Name RALPH T DEBUCCE JR FOR NEW BALTIMORE CITY COUNCIL

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>08/22/2025</u> Name & Address: LAURA PANGORI 8106 ROSEBUD LN CLARKSTON VLG, MI 48348		\$ <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>08/22/2025</u> Name & Address: ALBERT LORENZO 37281 WOODSIDE LN CLINTON TWP, 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>08/26/2025</u> Name & Address: STEPHEN PANGORI 8106 ROSEBUD LN CLARKSTON VLG, MI 48348		\$ <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>08/26/2025</u> Name & Address: MICHAEL VIGNERON 8797 IRA RD FAIR HAVEN, MI 48023		\$ <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
(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 140555
2. Committee Name RALPH T DEBUCCE JR FOR NEW BALTIMORE CITY COUNCIL

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>08/26/2025</u>	
Name & Address: ANNA VIGNERON 8797 IRA RD FAIR HAVEN, MI 48023		\$ <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>08/26/2025</u>	
Name & Address: SHIVAJI SENGUPTA 49617 NAUTICAL DR CHESTERFIED, 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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/26/2025</u>	
Name & Address: JAMES PERNA 38180 SADDLE LN 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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/26/2025</u>	
Name & Address: RANDALL KUCHENMEISTER 10043 DIXIE HWY FAIRHAVEN, MI 48023		\$ <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
(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 140555
2. Committee Name RALPH T DEBUCCE JR FOR NEW BALTIMORE CITY COUNCIL

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>08/26/2025</u>	
Name & Address: SUSAN KUCHENMEISTER 10043 DIXIE HWY FAIR HAVEN, MI 48023		\$ <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>08/26/2025</u>	
Name & Address: JOHN SEMAAN 52910 BASE ST 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>08/26/2025</u>	
Name & Address: LAWRENCE CAMPBELL 6690 VERNMOOR TROY, MI 48098		\$ <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>08/26/2025</u>	
Name & Address: LAURA CAMPBELL 6690 VERNMOOR DR TROY, MI 48098		\$ <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 350.00

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

CANDIDATE COMMITTEE

1. Committee I.D. Number 140555
2. Committee Name RALPH T DEBUCCE JR FOR NEW BALTIMORE CITY COUNCIL

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>08/26/2025</u>	
Name & Address: THOMAS SEMAAN 52723 COULTER CT NEW BALTIMORE, MI 48047		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MAYOR</u> Employer <u>NEW BALTIMORE</u> Business Address <u>36535 GREEN ST, 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>08/26/2025</u>	
Name & Address: MARIA POLSINELLI 21478 MARINA CIR MACOMB, MI 48044		\$ <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>08/26/2025</u>	
Name & Address: ELEANOR KNAPP 34051 LOTTIES DR CHESTERFIELD, 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>08/26/2025</u>	
Name & Address: SAM KNAPP 34051 LOTTIES DR CHESTERFIELD, 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			

Page Subtotal 400.00

Grand Total of All Schedules 1A
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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 140555
2. Committee Name RALPH T DEBUCCE JR FOR NEW BALTIMORE CITY COUNCIL

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>08/26/2025</u> Name & Address: JOSEPH DROMPP 36481 FRONT 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>08/26/2025</u> Name & Address: JASON HARVEY 36676 POPLAR DR NEW BALTIMORE, MI 48047		\$ <u>53.04</u>	\$ <u>53.04</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>08/26/2025</u> Name & Address: RICHARD CERVENAK 42870 LITTLE RD CLINTON TWP, MI 48036		\$ <u>105.75</u>	\$ <u>105.75</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>CERVENAK LAW LLC</u> Business Address <u>10 N MAIN ST, 403, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/26/2025</u> Name & Address: ROBERT JUSZKOWSKI 50751 MILLSTONE DR CHESTERFIELD, MI 48047		\$ <u>105.72</u>	\$ <u>105.72</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>GM</u> Business Address <u>300 RENAISSANCE CTR, DETROIT, MI 48243</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **364.51**

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 140555
2. Committee Name RALPH T DEBUCCE JR FOR NEW BALTIMORE CITY COUNCIL

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>08/26/2025</u> Name & Address: GARY LANDLESS 36531 MAIN ST NEW BALTIMORE, MI 48047		\$ <u>105.75</u>	\$ <u>105.75</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR OF SALES</u> Employer <u>MAVEN IT</u> Business Address <u>31201 CHICAGO RD S, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/26/2025</u> Name & Address: SHANE GIANINO 38340 TRILLIUM PL HARRISON TWP, MI 48045		\$ <u>53.04</u>	\$ <u>53.04</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>08/26/2025</u> Name & Address: RICHARD CERVENAK 42870 LITTLE RD CLINTON TWP, MI 48036		\$ <u>316.61</u>	\$ <u>422.36</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>CERVENAK LAW LLC</u> Business Address <u>10 N MAIN ST, 403, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/29/2025</u> Name & Address: JOE ORAM PO BOX 252755 WEST BLOOMFIELD, MI 48325		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>5 STAR OUTDOOR</u> Business Address <u>2187 ORCHARD LAKE RD, KEEGO HARBOR, MI 48320</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 775.40

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

3,501.37

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140555**
2. Committee Name **RALPH T DEBUCCE JR FOR NEW BALTIMORE CITY COUNCIL**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name NEW BALTIMORE PARKS AND RECREATION Address 36535 GREEN ST NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: SPONSORSHIP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/21/2025 Date	\$ 400.00
Expenditure #2 Name NEW BALTIMORE PARKS AND RECREATION Address 36535 GREEN ST NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: SPONSORSHIP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/25/2025 Date	\$ 500.53
Expenditure #3 Name VISTA PRINT Address 275 WYMAN ST WALTHAM, MA 02451 ☐ Fund Raiser	Purpose: CAMPAIGN BUSINESS CARDS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/29/2025 Date	\$ 98.93
Expenditure #4 Name SCOREBOARD N MORE GROUP LLC Address 5309 PTE TREMBLE CLAY, MI 48001 ☐ Fund Raiser	Purpose: BANNERS AND NAME BADGE STICKERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/11/2025 Date	\$ 95.40
Expenditure #5 Name BAY-RAMA FISH FLY FESTIVAL Address 50935 ATWOOD ST NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: PARADE ENTRY FEE, GIFTS FOR JUDGES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/30/2025 Date	\$ 383.87

Subtotal this page

1,478.73

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 **140555**
2. Committee Name **RALPH T DEBUCCE JR FOR NEW BALTIMORE CITY COUNCIL**

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 CLAY, MI 48001 ☐ Fund Raiser	Purpose: LAWN SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/13/2025 Date	\$ 765.10
Expenditure #2 Name NEW BALTIMORE PARKS AND RECREATION Address 36535 GREEN ST NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: SPONSORSHIP FOR TRICK OR TREAT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/09/2025 Date	\$ 387.88
Expenditure #3 Name NEW BALTIMORE PARKS AND RECREATION Address 36535 GREEN ST NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: SPONSORSHIP CANDY TO GIVE AWAY ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/22/2025 Date	\$ 287.88
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	1,440.86
Grand Total of all Schedules 1B (Complete on last page of Schedule)	2,919.59

Enter this total
on line 8a of
Summary Page