



FILED

24 JUL 2026 PM 12:00

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: 02/20/2026 to 07/19/2026

1. Committee I.D. Number

140594

4. Candidate Last Name First Name M.I.

BARTOLOTTA DANIEL D

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

01 COUNTY COMMISSIONER, MACOMB COUNTY

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

2. Committee Name

CTE DAN BARTOLOTTA

5. Committee's Mailing Address

**P.O. BOX 16
ARMADA, MI 48005**

Area Code and Phone (586) 453-3924
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

**SCOTT ARFT
53039 TUNDRA
SHELBY TOWNSHIP, MI 48316**

Area Code & Phone (248) 229-3319

7. Treasurer's Business Address

**53039 TUNDRA
SHELBY TOWNSHIP, MI 48316**

Area Code and Phone (248) 229-3319

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

**SCOTT ARFT
53039 TUNDRA
SHELBY TOWNSHIP, MI 48316**

Area Code and Phone (248) 229-3319

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

08/04/2026

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

07/24/2026

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/24/2026



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140594

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE DAN BARTOLOTTA

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>22,241.50</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>22,241.50</u>	(18.) \$ <u>22,241.50</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.13</u>	(19.) \$ <u>0.13</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>22,241.63</u>	(20.) \$ <u>22,241.63</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>21,203.71</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>21,203.71</u>	(23.) \$ <u>21,203.71</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>9,629.00</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>22,241.63</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>22,241.63</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>21,203.71</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1,037.92</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140594
2. Committee Name CTE DAN BARTOLOTTA

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>02/24/2026</u>	
Name & Address: DANIEL BARTOLOTTA 68529 MEADOWOOD DR WASHINGTON, MI 48095		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/11/2026</u>	
Name & Address: LOIS MALJAK 77940 MCFADDEN RD ARMADA, MI 48005		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/26/2026</u>	
Name & Address: STRUTHER WHITE 68529 MEADOWOOD CT WASHINGTON, MI 48095		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address <u>68529 MEADOWOOD DR, WASHINGTON, MI 48095</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/26/2026</u>	
Name & Address: EARLINA VELTING 6987 CAMPAU LAKE DR ALTO, MI 49302		\$ <u>100.00</u>	\$ <u>100.00</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 **1,525.00**

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 140594
2. Committee Name CTE DAN BARTOLOTTA

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>04/09/2026</u>	
Name & Address: MIKE PACITTI ORCHARDVIEW AVE WASHINGTON, MI 48095		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>SCHALLER GROUP</u> Business Address <u>49495 GRATIOT AVE, CHESTERFIELD, MI 48051</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/09/2026</u>	
Name & Address: TONIA REINHARD 68526 MEADOWOOD DR WASHINGTON, MI 48095		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>WAYNE STATE UNIVERSITY</u> Business Address <u>5045 CASS AVE, DETROIT, MI 48202</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/09/2026</u>	
Name & Address: PATRICK FALLE 4654 WOODLAND HILLS DR ROCHESTER, MI 48306		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/09/2026</u>	
Name & Address: ERIC GARCIA 1611 WITHERBEE DR TROY, MI 48084		\$ <u>250.00</u>	\$ <u>250.00</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 950.00

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 140594
2. Committee Name CTE DAN BARTOLOTTA

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>04/10/2026</u>	
Name & Address: LARRY KOWALSKI 52465 ROBINS NEST DR NEW BALTIMORE, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/10/2026</u>	
Name & Address: BRIAN DRZEWIECKI 78175 PEARL DR ROMEO, MI 48065		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TOOL MAKER</u> Employer <u>B-J INDUSTRIES</u> Business Address <u>14440 BARBER AVE, WARREN, MI 48088</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/15/2026</u>	
Name & Address: ROGER WALKER 4923 LAKESHORE RD LEXINGTON, MI 48450		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>SHARP</u> Business Address <u>70745 POWELL RD, ROMEO, MI 48065</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/19/2026</u>	
Name & Address: DAVID AGOSTINI 52207 CEDAR MILL DR MACOMB, MI 48042		\$ <u>130.00</u>	\$ <u>130.00</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 **1,280.00**

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 140594
2. Committee Name CTE DAN BARTOLOTTA

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>04/19/2026</u>	
Name & Address: DONNA BRANDENBURG 6842 BYRON SHORES CT SW BYRON CENTER, MI 49315		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>SELF EMPLOYED</u> Business Address <u>6842 BYRON SHORES CT SW, BYRON CENTER, MI 49315</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/19/2026</u>	
Name & Address: COURTNEY PELLERITO 27471 VAN HOWE ST ROSEVILLE, MI 48066		\$ <u>130.00</u>	\$ <u>130.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICAL THERAPIST</u> Employer <u>SELF EMPLOYED</u> Business Address <u>27471 VAN HOWE ST, ROSEVILLE, MI 48066</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/20/2026</u>	
Name & Address: SANDRA BOWER PO BOX 338 ROSEVILLE, MI 48066		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>EMPIRE PAYS</u> Business Address <u>PO BOX 338, Roseville, MI 48066</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/20/2026</u>	
Name & Address: SPENCER WELLS 225 S FRANKLIN ST TAMPA, FL 33602		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>SELF EMPLOYED</u> Business Address <u>225 S FRANKLIN ST, TAMPA, FL 33602</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 2,380.00

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 140594
2. Committee Name CTE DAN BARTOLOTTA

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>04/21/2026</u>	
Name & Address: KELLEY ROBERTS 29649 JENNIFER DR NEW BALTIMORE, MI 48051		\$ <u>130.00</u>	\$ <u>130.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PAYROLL AND BENEFITS ADMINISTRATOR</u> Employer <u>FIX NETWORK</u> Business Address <u>999 VANDERBILT BEACH RD, NAPLES, FL 34108</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/21/2026</u>	
Name & Address: LARRY KOWALSKI 52465 ROBINS NEST DR NEW BALTIMORE, MI 48047		\$ <u>130.00</u>	\$ <u>230.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/21/2026</u>	
Name & Address: ANDREW HEYKOOP 10255 BUS US-31 MONTAGUE, MI 49437		\$ <u>130.00</u>	\$ <u>130.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>A&M MANAGEMENT</u> Business Address <u>10255 US-31, MONTAGUE, MI 49437</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/21/2026</u>	
Name & Address: DANIEL BARTOLOTTA 68529 MEADOWOOD DR WASHINGTON, MI 48095		\$ <u>1,800.00</u>	\$ <u>1,900.00</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 2,190.00

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 140594
2. Committee Name CTE DAN BARTOLOTTA

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>04/22/2026</u> Name & Address: MARGARET OHRYN 5660 GLEN EAGLES DR WEST BLOOMFIELD, MI 48323		\$ <u>124.50</u>	\$ <u>124.50</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/22/2026</u> Name & Address: BEN WESTPHAL 15460 SHERWOOD LN FRASER, MI 48026		\$ <u>38.10</u>	\$ <u>38.10</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>DE LA SALLE COLLEGIATE</u> Business Address <u>14600 COMMON RD, WARREN, MI 48088</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/23/2026</u> Name & Address: MARK VELTING 6987 CAMPAU LAKE DR SE ALTO, MI 49302		\$ <u>70.00</u>	\$ <u>70.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/24/2026</u> Name & Address: MARK ROUSHIA 11150 JONATHAN LN BRUCE TOWNSHIP, MI 48065		\$ <u>130.00</u>	\$ <u>130.00</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 **362.60**

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 140594
2. Committee Name CTE DAN BARTOLOTTA

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>04/24/2026</u>	
Name & Address: MARK ROUSHIA 11150 JONATHAN LN BRUCE TOWNSHIP, MI 48065		\$ <u>75.00</u>	\$ <u>205.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/26/2026</u>	
Name & Address: JOYCE FAULMAN 12253 PARKSIDE CIR WASHINGTON, MI 48094		\$ <u>124.50</u>	\$ <u>124.50</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: DANIEL ACCIACCA 13665 BREEZY DR STERLING HEIGHTS, MI 48313		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/28/2026</u>	
Name & Address: KEITH GOODREAU 585 S CEDAR ST IMLAY CITY, MI 48444		\$ <u>130.00</u>	\$ <u>130.00</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 **369.50**

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 140594
2. Committee Name CTE DAN BARTOLOTTA

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>04/28/2026</u>	
Name & Address: JOHN VASOS 64600 NORWICH CIR WASHINGTON, MI 48095		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/29/2026</u>	
Name & Address: STEVEN ELLIOTT 6551 CHATHAM CIR ROCHESTER HILLS, MI 48306		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>ROCHESTER LASER CENTER</u> Business Address <u>6551 CHATHAM CIR, ROCHESTER HILLS, MI 48306</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/29/2026</u>	
Name & Address: JEAN ZOTT 55878 APPLE LN SHELBY TOWNSHIP, MI 48316		\$ <u>38.10</u>	\$ <u>38.10</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTANT</u> Employer <u>SELF EMPLOYED</u> Business Address <u>55878 APPLE LN, SHELBY TOWNSHIP, MI 48316</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/29/2026</u>	
Name & Address: SCOTT ARFT 53039 TUNDRA DR SHELBY TOWNSHIP, MI 48316		\$ <u>40.00</u>	\$ <u>40.00</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 **353.10**

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 140594
2. Committee Name CTE DAN BARTOLOTTA

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>04/29/2026</u>	
Name & Address: MARLENE JACOBSON 24474 26 MILE RD MACOMB, MI 48042		\$ <u>47.70</u>	\$ <u>47.70</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/30/2026</u>	
Name & Address: BRENT JEX PO BOX 271 WASHINGTON, MI 48094		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/30/2026</u>	
Name & Address: GARY RACE 18525 33 MILE RD ARMADA, MI 48005		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/30/2026</u>	
Name & Address: SAM STANZIONE 13232 TOWERING OAKS DR SHELBY TOWNSHIP, MI 48316		\$ <u>100.00</u>	\$ <u>100.00</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 522.70

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 140594
2. Committee Name CTE DAN BARTOLOTTA

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>04/30/2026</u>	
Name & Address: ANNA MEKOSKI 13232 TOWERING OAKS DR SHELBY TOWNSHIP, MI 48316		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/30/2026</u>	
Name & Address: LOIS MALJAK 77940 MCFADDEN RD ARMADA, MI 48005		\$ <u>75.00</u>	\$ <u>175.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/30/2026</u>	
Name & Address: CARL DIMAGIO 5784 CRYSTAL CREEK CT WASHINGTON, MI 48094		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/30/2026</u>	
Name & Address: CHRIS HURD 67895 CAMPGROUND RD WASHINGTON, MI 48095		\$ <u>300.00</u>	\$ <u>300.00</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 **575.00**

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 140594
2. Committee Name CTE DAN BARTOLOTTA

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>05/03/2026</u>	
Name & Address: TERRY DATSKO 38247 SANTA BARBARA ST CLINTON TOWNSHIP, MI 48036		\$ <u>70.00</u>	\$ <u>70.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>SELF-EMPLOYED</u> Business Address <u>38247 SANTA BARBARA ST, CLINTON TOWNSHIP, MI 48036</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/04/2026</u>	
Name & Address: SANDRA RAYMOND PO BOX 71 WASHINGTON, MI 48094		\$ <u>130.00</u>	\$ <u>130.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REMOTE WORKER</u> Employer <u>JOHNSON CONTROLS</u> Business Address <u>PO BOX 71, Washington, MI 48094</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/05/2026</u>	
Name & Address: TAMMI DRECHSEL 8320 HILLTOP CT WASHINGTON, MI 48095		\$ <u>130.00</u>	\$ <u>130.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RECEPTIONIST</u> Employer <u>PASLIN</u> Business Address <u>25303 RYAN RD, WARREN, MI 48091</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/06/2026</u>	
Name & Address: KENNETH SCHROER 9272 KELLY CIR DR WALLED LAKE, MI 48390		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 830.00

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 140594
2. Committee Name CTE DAN BARTOLOTTA

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>05/06/2026</u>	
Name & Address: JOSH AVERY 775 NELSON WILLIAM DR ORTONVILLE, MI 48462		\$ <u>70.00</u>	\$ <u>70.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROGRAM MANAGER</u> Employer <u>MAGNA INTERNATIONAL</u> Business Address <u>750 TOWER DR, TROY, MI 48098</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/06/2026</u>	
Name & Address: MARY LAVDAS 24005 KEYWAY DR MACOMB, MI 48042		\$ <u>124.50</u>	\$ <u>124.50</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/06/2026</u>	
Name & Address: NICOLA LICO 51824 BLUE SPRUCE DR MACOMB, MI 48042		\$ <u>124.50</u>	\$ <u>124.50</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>51824 BLUE SPRUCE DR, MACOMB, MI 48042</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/07/2026</u>	
Name & Address: MARK FORTON 48143 MALLARD DR NEW BALTIMORE, MI 48047		\$ <u>70.00</u>	\$ <u>70.00</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 **389.00**

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 140594
2. Committee Name CTE DAN BARTOLOTTA

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>05/07/2026</u>	
Name & Address: DANIEL ACCIACCA 13665 BREEZY DR STERLING HEIGHTS, MI 48313		\$ <u>130.00</u>	\$ <u>170.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/07/2026</u>	
Name & Address: WANDA FRY 30562 MANSE ST HARRISON TOWNSHIP, MI 48045		\$ <u>124.50</u>	\$ <u>124.50</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/07/2026</u>	
Name & Address: ANDREAS JANSSEN 836 SHORTRIDGE AVE ROCHESTER HILLS, MI 48307		\$ <u>66.90</u>	\$ <u>66.90</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/07/2026</u>	
Name & Address: JOSEPH PRANGER 5229 LORIN DR UTICA, MI 48316		\$ <u>66.90</u>	\$ <u>66.90</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 **388.30**

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 140594
2. Committee Name CTE DAN BARTOLOTTA

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>05/07/2026</u> Name & Address: SANDRA BOWER PO BOX 338 ROSEVILLE, MI 48066		\$ <u>66.90</u>	\$ <u>1,066.90</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>EMPIRE PAYS</u> Business Address <u>PO BOX 338, Roseville, MI 48066</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/07/2026</u> Name & Address: PATRICIA CAMMARATA 7304 ARBORVITAE CT SHELBY TOWNSHIP, MI 48316		\$ <u>66.90</u>	\$ <u>66.90</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/07/2026</u> Name & Address: MIRGREN DEDE 42503 KOLLMORGEN DR CLINTON TOWNSHIP, MI 48038		\$ <u>66.90</u>	\$ <u>66.90</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/07/2026</u> Name & Address: OLTION KADIU 37436 ALMONT DR E STERLING HEIGHTS, MI 48310		\$ <u>479.70</u>	\$ <u>479.70</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 **680.40**

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 140594
2. Committee Name CTE DAN BARTOLOTTA

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>05/07/2026</u> Name & Address: ARBEN TAHO 15912 NATHAN DR MACOMB, MI 48044		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/07/2026</u> Name & Address: BRENT JEX PO BOX 271 WASHINGTON, MI 48094		\$ <u>130.00</u>	\$ <u>205.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/07/2026</u> Name & Address: TROY KOSAL 5685 SEVEN LAKES DR S WASHINGTON, MI 48095		\$ <u>120.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>UTICA COMMUNITY SCHOOLS</u> Business Address <u>11303 GREENDALE DR, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/07/2026</u> Name & Address: ANNA MEKOSKI 13232 TOWERING OAKS DR SHELBY TOWNSHIP, MI 48316		\$ <u>250.00</u>	\$ <u>350.00</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 **600.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140594
2. Committee Name CTE DAN BARTOLOTTA

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>05/07/2026</u>	
Name & Address: ANTHONY BARTOLOTTA 2915 VOORHEIS RD WATERFORD, MI 48328		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/07/2026</u>	
Name & Address: LOIS MALJAK 77940 MCFADDEN RD ARMADA, MI 48005		\$ <u>130.00</u>	\$ <u>305.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/07/2026</u>	
Name & Address: PETER MANKIEWICZ 6630 ROSEBERRY DR SHELBY CHARTER TOWNSHIP, MI 48316		\$ <u>70.00</u>	\$ <u>70.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/07/2026</u>	
Name & Address: JERI BARTOLOTTA 6380 W NORMA LEE ST WEST BLOOMFIELD, MI 48322		\$ <u>250.00</u>	\$ <u>250.00</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 950.00

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 140594
2. Committee Name CTE DAN BARTOLOTTA

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>05/08/2026</u> Name & Address: JEAN ZOTT 55878 APPLE LN SHELBY TOWNSHIP, MI 48316		\$ <u>66.90</u>	\$ <u>105.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTANT</u> Employer <u>SELF EMPLOYED</u> Business Address <u>55878 APPLE LN, SHELBY TOWNSHIP, MI 48316</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/21/2026</u> Name & Address: CINDY GARCIA 11876 TWIN BROOK DR BRUCE TOWNSHIP, MI 48065		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/21/2026</u> Name & Address: DANIEL BARTOLOTTA 68529 MEADOWOOD DR WASHINGTON, MI 48095		\$ <u>1,800.00</u>	\$ <u>3,700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/16/2026</u> Name & Address: DANIEL BARTOLOTTA 68529 MEADOWOOD DR WASHINGTON, MI 48095		\$ <u>2,829.00</u>	\$ <u>6,529.00</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 4,795.90

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 140594
2. Committee Name CTE DAN BARTOLOTTA

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>06/22/2026</u> Name & Address: DANIEL BARTOLOTTA 68529 MEADOWOOD DR WASHINGTON, MI 48095		\$ <u>3,100.00</u>	\$ <u>9,629.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
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		Click Here for Memo Itemization	
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		Click Here for Memo Itemization	



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

CANDIDATE COMMITTEE

1. Committee I.D. Number **140594**

2. Committee Name **CTE DAN BARTOLOTTA**

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: GOOGLE 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043	Date of Receipt 03/27/2026	☐ Loan from a Lending Institution ☐ Interest ☒ Refund \Rebate ☐ Other (Specify) _____	\$ 0.13
☐ 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			0.13
Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			0.13

Enter this total on
line 4 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140594
2. Committee Name CTE DAN BARTOLOTTA

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name OUTFRONT MEDIA Address 2310 PARK AVE SUITE 600 DETROIT, MI 48201 ☐ Fund Raiser	Purpose: <u>CAMPAIGN ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/21/2026</u> Date	\$ <u>1,800.00</u>
Expenditure #2 Name JORDANO GRAPHICS Address 71300 VAN DYKE RD BRUCE TOWNSHIP, MI 48065 ☐ Fund Raiser	Purpose: <u>SIGNS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/22/2026</u> Date	\$ <u>88.00</u>
Expenditure #3 Name THE RECORD NEWSPAPER LLC Address PO BOX 708 WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: <u>NEWSPAPER CAMPAIGN ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/22/2026</u> Date	\$ <u>1,125.00</u>
Expenditure #4 Name KROGER Address 64660 VAN DYKE AVE WASHINGTON, MI 48094 ☒ Fund Raiser	Purpose: <u>CAMPAIGN KICK-OFF FUNDRAISER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/29/2026</u> Date	\$ <u>33.57</u>
Expenditure #5 Name KROGER Address 64660 VAN DYKE AVE WASHINGTON, MI 48094 ☒ Fund Raiser	Purpose: <u>CAMPAIGN KICK-OFF FUNDRAISER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/29/2026</u> Date	\$ <u>40.54</u>

Subtotal this page **3,087.11**

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 140594
2. Committee Name CTE DAN BARTOLOTTA

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name VINCE & JOES Address 55178 VAN DYKE AVE SHELBY CHARTER TOWNSHIP, MI 48316 ☒ Fund Raiser	Purpose: <u>CAMPAIGN KICK-OFF FUNDRAISER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/29/2026</u> Date	\$ <u>137.79</u>
Expenditure #2 Name TOMATO & BASIL Address 66605 VAN DYKE AVE WASHINGTON, MI 48095 ☒ Fund Raiser	Purpose: <u>CAMPAIGN KICK-OFF FUNDRAISER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/30/2026</u> Date	\$ <u>265.17</u>
Expenditure #3 Name DEBBY'S DOLLAR Address 58952 VAN DYKE AVE WASHINGTON, MI 48094 ☒ Fund Raiser	Purpose: <u>CAMPAIGN KICK-OFF FUNDRAISER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/30/2026</u> Date	\$ <u>27.14</u>
Expenditure #4 Name KROGER Address 64660 VAN DYKE AVE WASHINGTON, MI 48094 ☒ Fund Raiser	Purpose: <u>CAMPAIGN KICK-OFF FUNDRAISER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/04/2026</u> Date	\$ <u>8.79</u>
Expenditure #5 Name JORDANO GRAPHICS Address 71300 VAN DYKE RD BRUCE TOWNSHIP, MI 48065 ☐ Fund Raiser	Purpose: <u>SIGNS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/08/2026</u> Date	\$ <u>50.00</u>

Subtotal this page

488.89

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 140594
2. Committee Name CTE DAN BARTOLOTTA

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SOLUNA Address 36470 MORAVIAN DR CLINTON TOWNSHIP, MI 48035 ☒ Fund Raiser	Purpose: <u>CAMPAIGN FUNDRAISER DINNER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/11/2026</u> Date	\$ <u>600.01</u>
Expenditure #2 Name FIFTH THIRD BANK Address 67855 VAN DYKE RD WASHINGTON, MI 48095 ☐ Fund Raiser	Purpose: <u>BANK SERVICE CHARGE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/12/2026</u> Date	\$ <u>3.00</u>
Expenditure #3 Name THE RECORD NEWSPAPER LLC Address PO BOX 708 WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: <u>NEWSPAPER CAMPAIGN ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/12/2026</u> Date	\$ <u>568.75</u>
Expenditure #4 Name OUTFRONT MEDIA Address 2310 PARK AVE SUITE 600 DETROIT, MI 48201 ☐ Fund Raiser	Purpose: <u>CAMPAIGN ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/21/2026</u> Date	\$ <u>1,800.00</u>
Expenditure #5 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109 ☐ Fund Raiser	Purpose: <u>ELECTION SIGNS - POSTS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/26/2026</u> Date	\$ <u>28.61</u>

Subtotal this page **3,000.37**

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 140594
2. Committee Name CTE DAN BARTOLOTTA

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name JORDANO GRAPHICS Address 71300 VAN DYKE RD BRUCE TOWNSHIP, MI 48065 ☐ Fund Raiser	Purpose: T-SHIRTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/26/2026</u> Date	\$ <u>165.00</u>
Expenditure #2 Name UPS STORE Address 145 S LIVERNOIS RD ROCHESTER HILLS, MI 48307 ☐ Fund Raiser	Purpose: FLYERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/11/2026</u> Date	\$ <u>7.31</u>
Expenditure #3 Name THE RECORD NEWSPAPER LLC Address PO BOX 708 WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: NEWSPAPER AD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/16/2026</u> Date	\$ <u>1,875.00</u>
Expenditure #4 Name OUTFRONT MEDIA Address 2310 PARK AVE SUITE 600 DETROIT, MI 48201 ☐ Fund Raiser	Purpose: CAMPAIGN ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/16/2026</u> Date	\$ <u>2,829.00</u>
Expenditure #5 Name KROGER Address 64660 VAN DYKE AVE WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: MEET & GREET ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/18/2026</u> Date	\$ <u>15.93</u>

Subtotal this page **4,892.24**
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 140594
2. Committee Name CTE DAN BARTOLOTTA

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SAM'S CLUB Address 4778 WALTON BLVD. AUBURN HILLS, MI 48326 ☐ Fund Raiser	Purpose: <u>MEET & GREET</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/18/2026</u> Date	\$ <u>23.64</u>
Expenditure #2 Name TOMATO & BASIL Address 66605 VAN DYKE AVE WASHINGTON, MI 48095 ☐ Fund Raiser	Purpose: <u>MEET & GREET</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/19/2026</u> Date	\$ <u>52.00</u>
Expenditure #3 Name RIGHT STRATEGIES LLC Address 2153 WEALTHY ST SE EAST GRAND RAPIDS, MI 49506 ☐ Fund Raiser	Purpose: <u>MAILERS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/22/2026</u> Date	\$ <u>2,800.90</u>
Expenditure #4 Name TEXTING FOR LESS Address 354 STATE ST STE 104 HACKENSACK, NJ 07601 ☐ Fund Raiser	Purpose: <u>CAMPAIGN TEXTS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/22/2026</u> Date	\$ <u>251.79</u>
Expenditure #5 Name GOOGLE WORKSPACE D Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: <u>E-MAIL ACCOUNT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/22/2026</u> Date	\$ <u>14.00</u>

Subtotal this page **3,142.33**

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 140594
2. Committee Name CTE DAN BARTOLOTTA

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name RIGHT STRATEGIES LLC Address 2153 WEALTHY ST SE EAST GRAND RAPIDS, MI 49506 ☐ Fund Raiser	Purpose: MAILERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2026 Date	\$ <u>3,392.25</u>
Expenditure #2 Name GOOGLE WORKSPACE D Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: E-MAIL ACCOUNT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/02/2026 Date	\$ <u>2.80</u>
Expenditure #3 Name HOME DEPOT Address 8760 26 MILE RD SHELBY TOWNSHIP, MI 48316 ☐ Fund Raiser	Purpose: SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/10/2026 Date	\$ <u>45.94</u>
Expenditure #4 Name LA TRIBUNA DEL POPOLO Address PO BOX 380407 CLINTON TOWNSHIP, MI 48038 ☐ Fund Raiser	Purpose: NEWSPAPER ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/10/2026 Date	\$ <u>277.00</u>
Expenditure #5 Name FAMILY FARM & HOME Address 66030 VAN DYKE AVE WASHINGTON, MI 48095 ☐ Fund Raiser	Purpose: SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/15/2026 Date	\$ <u>11.11</u>

Subtotal this page **3,729.10**

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 140594
2. Committee Name CTE DAN BARTOLOTTA

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name DOUGHOUSE TAVERN Address 80874 MAIN ST MEMPHIS, MI 48041 ☐ Fund Raiser	Purpose: <u>MEET & GREET EVENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/16/2026</u> Date	\$ <u>97.50</u>
Expenditure #2 Name RIGHT STRATEGIES LLC Address 2153 WEALTHY ST SE EAST GRAND RAPIDS, MI 49506 ☐ Fund Raiser	Purpose: <u>MAILERS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/17/2026</u> Date	\$ <u>2,481.79</u>
Expenditure #3 Name TEXTING FOR LESS Address 354 STATE ST STE 104 HACKENSACK, NJ 07601 ☐ Fund Raiser	Purpose: <u>CAMPAIGN TEXTS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/17/2026</u> Date	\$ <u>284.38</u>
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page	2,863.67
Grand Total of all Schedules 1B (Complete on last page of Schedule)	21,203.71

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140594
2. Committee Name CTE DAN BARTOLOTTA

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: DANIEL BARTOLOTTA 68529 MEADOWOOD DR WASHINGTON, MI 48095	4. Type: <u>LOAN TO THE COMMITTEE</u> 5. <u>Date Debt Was Incurred:</u> <u>02/24/2026</u> 6. <u>Original Amount of Debt:</u> <u>\$ 100.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>100.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? ☐ Yes Owed to or by: DANIEL BARTOLOTTA 68529 MEADOWOOD DR WASHINGTON, MI 48095	4. Type: <u>LOAN TO COMMITTEE</u> 5. <u>Date Debt Was Incurred:</u> <u>04/21/2026</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,800.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>1,800.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: DANIEL BARTOLOTTA 68529 MEADOWOOD DR WASHINGTON, MI 48095	4. Type: <u>LOAN TO COMMITTEE</u> 5. <u>Date Debt Was Incurred:</u> <u>05/21/2026</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,800.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>1,800.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				

Page Subtotal (Outstanding debt)

3,700.00

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140594
2. Committee Name CTE DAN BARTOLOTTA

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: DANIEL BARTOLOTTA 68529 MEADOWOOD DR WASHINGTON, MI 48095	4. Type: <u>LOAN TO COMMITTEE</u> 5. <u>Date Debt Was Incurred:</u> <u>06/16/2026</u> 6. <u>Original Amount of Debt:</u> <u>\$ 2,829.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 2,829.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? ☐ Yes Owed to or by: DANIEL BARTOLOTTA 68529 MEADOWOOD DR WASHINGTON, MI 48095	4. Type: <u>LOAN TO COMMITTEE</u> 5. <u>Date Debt Was Incurred:</u> <u>06/22/2026</u> 6. <u>Original Amount of Debt:</u> <u>\$ 3,100.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 3,100.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

5,929.00

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

9,629.00

Enter this total
on line 12a "owed
by" or line 12b
"owed to" of the
Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.