



FILED

22 JUL 2026 PM 12:12

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: 01/01/2026 to 07/20/2026

1. Committee I.D. Number

**139757**

4. Candidate Last Name First Name M.I.

**MOORE MELINDA S**

2. Committee Name

**CTE MINDY MOORE**

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

**COUNCIL DISTRICT 3, WARREN**

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

5. Committee's Mailing Address

**11530 SHORT  
WARREN, MI 48093**

6. Treasurer's Name & Residential Address

**FRANK SANTORO  
11530 SHORT  
WARREN, MI 48093**

Area Code and Phone (586) 977-3272  
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) 977-3272

7. Treasurer's Business Address

**11530 SHORT  
WARREN, MI 48093**

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

**FRANK SANTORO  
11530 SHORT  
WARREN, MI 48093**

Area Code and Phone (586) 977-3272

Area Code and Phone (586) 977-3272

**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 (2026 )  
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  
\_\_\_\_\_

**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 lates 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

**07/22/2026**

Candidate \_\_\_\_\_  
Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

**07/22/2026**



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 139757

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name CTE MINDY MOORE

| RECEIPTS                                                                                        | Column I<br>This Period        | Column II<br>Cumulative this election cycle |
|-------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------|
| 3. Contributions                                                                                |                                |                                             |
| a. Itemized (Schedule 1A - Column 6)                                                            | (3a.) \$ <u>36,965.00</u>      |                                             |
| b. Unitemized (less than \$20.01 each - no Schedule)                                            | (3b.) \$ <u>NOT APPLICABLE</u> |                                             |
| c. Subtotal of "Contributions"                                                                  | (3c.) \$ <u>36,965.00</u>      | (18.) \$ <u>36,965.00</u>                   |
| 4. Other Receipts (Schedule 1A -1, Column 6)                                                    | (4.) \$ <u>0.00</u>            | (19.) \$ <u>0.00</u>                        |
| <b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b><br>(Add Line 3c + Line 4)                      | (5.) \$ <u>36,965.00</u>       | (20.) \$ <u>36,965.00</u>                   |
| <b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>                                                 |                                |                                             |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7)                                              | (6.) \$ <u>1,678.03</u>        | (21.) \$ <u>1,969.53</u>                    |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6)                                              | (7.) \$ <u>0.00</u>            | (22.) \$ <u>0.00</u>                        |
| <b>EXPENDITURES</b>                                                                             |                                |                                             |
| 8. Expenditures                                                                                 |                                |                                             |
| a. Itemized (Schedule 1B, Column 6)                                                             | (8a.) \$ <u>4,039.86</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>           |                                             |
| <b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)                                  | (9.) \$ <u>4,039.86</u>        | (23.) \$ <u>19,391.86</u>                   |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(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>          |                                             |
| <b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Add Line 10a + Line 10b)                  | (11.) \$ <u>0.00</u>           | (24.) \$ <u>0.00</u>                        |
| <b>DEBTS AND OBLIGATIONS</b>                                                                    |                                |                                             |
| 12. Debts and Obligations                                                                       |                                |                                             |
| a. Owed <b>by</b> the Committee (Schedule 1E)                                                   | (12a.) \$ <u>23,092.21</u>     |                                             |
| b. Owed <b>to</b> the Committee (Schedule 1E)                                                   | (12b.) \$ <u>0.00</u>          |                                             |
| <b>BALANCE STATEMENT</b>                                                                        |                                |                                             |
| 13. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.) | (13.) \$ <u>3,272.42</u>       |                                             |
| 14. Amount received during reporting period<br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ <u>36,965.00</u>    |                                             |
| 15. SUBTOTAL Add lines 13 and 14                                                                | (15.) = \$ <u>40,237.42</u>    |                                             |
| 16. Amount expended during reporting period<br>(Add lines 9 and 11)                             | (16.) - \$ <u>4,039.86</u>     |                                             |
| 17. ENDING BALANCE<br>(Subtract line 16 from line 15)                                           | (17.) \$ <u>36,197.56</u> *    |                                             |



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139757  
2. Committee Name CTE MINDY MOORE

| 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) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|---------------------------------------------------------------------------------|
| <p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>04/10/2026</u></p> <p>Name &amp; Address:<br/><b>JON WRIGHT</b><br/><b>112 DUNSMUIR WAY</b><br/><b>MENLO PARK, CA 94025</b></p> <p>5. If over \$100.00 cumulative, please provide:<br/>Occupation <u>REAL ESTATE</u>      Employer <u>SPEAR PARTNERS</u><br/>Business Address <u>21242 GRATIOT AVE, EASTPOINTE, MI 48021</u><br/>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>    |  | \$ <u>1,000.00</u> | \$ <u>1,000.00</u>                                                              |
| <p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>04/11/2026</u></p> <p>Name &amp; Address:<br/><b>BUZZ THOMAS</b><br/><b>18051 HAMILTON RD</b><br/><b>DETROIT, MI 48203</b></p> <p>5. If over \$100.00 cumulative, please provide:<br/>Occupation <u>CONSULTANT</u>      Employer <u>ACTIVATE DETROIT</u><br/>Business Address <u>18051 HAMILTON RD, DETROIT, MI 48203</u><br/>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>        |  | \$ <u>500.00</u>   | \$ <u>500.00</u>                                                                |
| <p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>04/15/2026</u></p> <p>Name &amp; Address:<br/><b>CHARLES MANCINI</b><br/><b>28225 MOUND RD</b><br/><b>WARREN, MI 48092</b></p> <p>5. If over \$100.00 cumulative, please provide:<br/>Occupation <u>ATTORNEY</u>      Employer <u>MANCINI, SCHREUDER, KLINE PC</u><br/>Business Address <u>28225 MOUND RD, WARREN, MI 48092</u><br/>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p> |  | \$ <u>300.00</u>   | \$ <u>300.00</u>                                                                |
| <p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>04/16/2026</u></p> <p>Name &amp; Address:<br/><b>ELLEN SCHREUDER</b><br/><b>5290 GRAYTON ST</b><br/><b>DETROIT, MI 48224</b></p> <p>5. If over \$100.00 cumulative, please provide:<br/>Occupation <u>ATTORNEY</u>      Employer <u>MANCINI SCHREUDER KLINE PC</u><br/>Business Address <u>28225 MOUND RD, WARREN, MI 48092</u><br/>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p> |  | \$ <u>350.00</u>   | \$ <u>350.00</u>                                                                |

Page Subtotal 2,150.00

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 139757  
2. Committee Name CTE MINDY MOORE

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>04/16/2026</u><br>Name & Address:<br><b>DREW SLAGER</b><br><b>28225 MOUND RD</b><br><b>WARREN, MI 48092</b>                                                                                                                                                             |  | \$ <u>350.00</u>   | \$ <u>350.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>MANCINI, SCHREUDER, KLINE PC</u><br>Business Address <u>28225 MOUND RD, WARREN, MI 48092</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                           |  |                    |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>04/19/2026</u><br>Name & Address:<br><b>GEORGE DIMAS</b><br><b>11166 OLIVE ST</b><br><b>WARREN, MI 48093</b>                                                                                                                                                             |  | \$ <u>1,000.00</u> | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>SUBSTITUTE TEACHER</u> Employer <u>EDUSTAFF</u><br>Business Address <u>4120 BROCKTON DR SE, GRAND RAPIDS, MI 49512</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                          |  |                    |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>04/20/2026</u><br>Name & Address:<br><b>PHILIP SAKALIAN</b><br><b>1600 LAKEVIEW AVE</b><br><b>SYLVAN LAKE, MI 48320</b>                                                                                                                                                 |  | \$ <u>500.00</u>   | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ROAD CONTRACTOR - OWNER</u> Employer <u>GREAT LAKES CONTRACTING SOLUTIONS</u><br>Business Address <u>2300 EDINBURGH ST, WATERFORD, MI 48328</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |  |                    |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>04/20/2026</u><br>Name & Address:<br><b>HOWARD SHIFMAN</b><br><b>31600 TELEGRAPH RD</b><br><b>BINGHAM FARMS, MI 48025</b>                                                                                                                                               |  | \$ <u>500.00</u>   | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>SHIFMAN FOURNIER</u><br>Business Address <u>31600 TELEGRAPH RD, BINGHAM FARMS, MI 48025</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                            |  |                    |                                                                                 |

Page Subtotal 2,350.00

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



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139757  
2. Committee Name CTE MINDY MOORE

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>04/20/2026</u> |                                                                                 |
| Name & Address:<br><b>BRANDON FOURNIER</b><br><b>28311 OAKMONTE CIR W</b><br><b>NEW HUDSON, MI 48165</b>                                                                                                                                                                                                                                     |                                           | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>SHIFMAN FOURNIER</u><br>Business Address <u>31600 TELEGRAPH RD, BINGHAM FARMS, MI 48025</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                           | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>04/22/2026</u> |                                                                                 |
| Name & Address:<br><b>RAY SHIELDS</b><br><b>8629 CHICAGO RD</b><br><b>WARREN, MI 48093</b>                                                                                                                                                                                                                                                   |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                   |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                          | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>04/23/2026</u> |                                                                                 |
| Name & Address:<br><b>NICHOLAS BACHAND</b><br><b>1565 FAIRHOLME RD</b><br><b>GROSSE POINTE WOODS, MI 48236</b>                                                                                                                                                                                                                               |                                           | \$ <u>1,000.00</u>                   | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u><br>Business Address <u>1565 FAIRHOLME RD, GROSSE POINTE WOODS, MI 48236</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                          | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>04/25/2026</u> |                                                                                 |
| Name & Address:<br><b>TOM KALAS</b><br><b>15 PINE GATE DR</b><br><b>BLOOMFIELD HILLS, MI 48304</b>                                                                                                                                                                                                                                           |                                           | \$ <u>300.00</u>                     | \$ <u>300.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>KALAS KADIAN PLC</u><br>Business Address <u>15 PINE GATE DR, BLOOMFIELD HILLS, MI 48304</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |                                           |                                      |                                                                                 |

Page Subtotal **1,900.00**

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

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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139757  
2. Committee Name CTE MINDY MOORE

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>04/29/2026</u><br>Name & Address:<br><b>CHRISTOPHER AIELLO</b><br><b>32411 MOUND RD</b><br><b>WARREN, MI 48092</b>                                                                                                                           |  | \$ <u>250.00</u> | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>AIELLO AND ASSOCIATES</u><br>Business Address <u>32411 MOUND RD, WARREN, MI 48092</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser       |  |                  |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/04/2026</u><br>Name & Address:<br><b>CELESTE DUNN</b><br><b>798 EMERSON WAY CT</b><br><b>BLOOMFIELD HILLS, MI 48304</b>                                                                                                                    |  | \$ <u>150.00</u> | \$ <u>150.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>CELESTE M. DUNN PLC</u><br>Business Address <u>PO BOX 1536, BIRMINGHAM, MI 48012</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser        |  |                  |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/05/2026</u><br>Name & Address:<br><b>FRED BEGHDADI</b><br><b>20751 ELROY AVE</b><br><b>WARREN, MI 48089</b>                                                                                                                               |  | \$ <u>200.00</u> | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>SELF EMPLOYED</u> Employer <u>FREDS FURNITURE</u><br>Business Address <u>14091 E EIGHT MILE RD, WARREN, MI 48089</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |  |                  |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/05/2026</u><br>Name & Address:<br><b>ROGER G ROY</b><br><b>221 FAUST DR</b><br><b>ORTONVILLE, MI 48462</b>                                                                                                                                |  | \$ <u>250.00</u> | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>SYSTEMS ENGINEER</u> Employer <u>FORD MOTOR CREDIT</u><br>Business Address <u>1 AMERICAN RD, DEARBORN, MI 48126</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser  |  |                  |                                                                                 |

Page Subtotal **850.00**

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

1. Committee I.D. Number 139757  
2. Committee Name CTE MINDY MOORE

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/05/2026</u> |                                                                                 |
| Name & Address:<br><b>HENRY P BRASZA</b><br><b>28361 NEWLAND DR</b><br><b>WARREN, MI 48093</b>                                                                                                                                                                                                                                   |                                           | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                       |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                               | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/05/2026</u> |                                                                                 |
| Name & Address:<br><b>KEITH J SADOWSKI</b><br><b>29069 ALINE DR</b><br><b>WARREN, MI 48093</b>                                                                                                                                                                                                                                   |                                           | \$ <u>200.00</u>                     | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>SALES REP</u> Employer <u>MSI</u><br>Business Address <u>30150 WIXOM RD, WIXOM, MI 48393</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser               |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                              | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/05/2026</u> |                                                                                 |
| Name & Address:<br><b>SUMON KOBIR</b><br><b>4036 GARBOR DR</b><br><b>WARREN, MI 48092</b>                                                                                                                                                                                                                                        |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                              | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/05/2026</u> |                                                                                 |
| Name & Address:<br><b>MICHAEL MUELLER</b><br><b>1250 S OXFORD RD</b><br><b>GROSSE POINTE WOODS, MI 48236</b>                                                                                                                                                                                                                     |                                           | \$ <u>250.00</u>                     | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>AGENT</u> Employer <u>TMI &amp; ASSOCIATES</u><br>Business Address <u>601 ABBOTT ST, DETROIT, MI 48226</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |

Page Subtotal **1,050.00**

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 139757  
2. Committee Name CTE MINDY MOORE

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/05/2026</u> |                                                                                 |
| Name & Address:<br><b>KEVIN D MOORE</b><br><b>601 ABBOTT ST</b><br><b>DETROIT, MI 48226</b>                                                                                                                                                                                                                                      |                                           | \$ <u>250.00</u>                     | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>AGENT</u> Employer <u>TMI &amp; ASSOCIATES</u><br>Business Address <u>601 ABBOTT ST, DETROIT, MI 48226</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                               | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/05/2026</u> |                                                                                 |
| Name & Address:<br><b>MARK MUELLER</b><br><b>29350 JEFFERSON AVE</b><br><b>ST CLAIR SHORES, MI 48081</b>                                                                                                                                                                                                                         |                                           | \$ <u>125.00</u>                     | \$ <u>125.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>AGENT</u> Employer <u>TMI &amp; ASSOCIATES</u><br>Business Address <u>601 ABBOTT ST, DETROIT, MI 48226</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                              | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/05/2026</u> |                                                                                 |
| Name & Address:<br><b>ANDREW FOUNTAIN</b><br><b>5938 OAKLAND VALLEY DRIVE</b><br><b>ROCHESTER, MI 48306</b>                                                                                                                                                                                                                      |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                              | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/05/2026</u> |                                                                                 |
| Name & Address:<br><b>JEFFERY M SANGSTER</b><br><b>34060 JEFFERSON AVE</b><br><b>ST CLAIR SHORES, MI 48082</b>                                                                                                                                                                                                                   |                                           | \$ <u>1,000.00</u>                   | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>SELF EMPLOYED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                 |                                           |                                      |                                                                                 |

Page Subtotal **1,475.00**

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 139757  
2. Committee Name CTE MINDY MOORE

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>05/05/2026</u><br>Name & Address:<br><b>MARILYN LANE</b><br><b>16558 WOODLANE</b><br><b>FRASER, MI 48026</b>                                                                                                                                   |  | \$ <u>100.00</u>   | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>GOV RELATIONS</u> Employer <u>MACOMB COUNTY</u><br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                              |  |                    |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/05/2026</u><br>Name & Address:<br><b>DALE WALKER</b><br><b>8281 CADILLAC AVE</b><br><b>WARREN, MI 48089</b>                                                                                                                                  |  | \$ <u>100.00</u>   | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____      Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                       |  |                    |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/05/2026</u><br>Name & Address:<br><b>ANGELO LANNI</b><br><b>7040 VALLEY GREEN</b><br><b>WASHINGTON, MI 48094</b>                                                                                                                            |  | \$ <u>250.00</u>   | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ADMIN</u> Employer <u>FLORENCE CEMENT CO</u><br>Business Address <u>51515 CORRIDOR, SHELBY TOWNSHIP, MI 48315</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser      |  |                    |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/05/2026</u><br>Name & Address:<br><b>JEFFREY SCHRODER</b><br><b>1592 E LINCOLN ST</b><br><b>BIRMINGHAM, MI 48009</b>                                                                                                                        |  | \$ <u>1,000.00</u> | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>PLUNKETT COONEY</u><br>Business Address <u>38505 WOODWARD AVE, BLOOMFIELD HILLS, MI 48304</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |  |                    |                                                                                 |

Page Subtotal **1,450.00**

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 139757  
2. Committee Name CTE MINDY MOORE

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>05/05/2026</u><br>Name & Address:<br><b>TERRY L WISNIEWSKI</b><br><b>21725 PANAMA AVE</b><br><b>WARREN, MI 48091</b>                                                                                                                                       |  | \$ <u>150.00</u> | \$ <u>150.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                               |  |                  |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/05/2026</u><br>Name & Address:<br><b>PLUNKETT COONEY EMPLOYEES POLITICAL PAC</b><br><b>38505 WOODWARD AVE</b><br><b>BLOOMFIELD HILLS, MI 48304</b>                                                                                                       |  | \$ <u>500.00</u> | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____      Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                                   |  |                  |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/05/2026</u><br>Name & Address:<br><b>ROBERT W KIRK</b><br><b>4933 TAMIAMI TRL N</b><br><b>NAPLES, FL 34103</b>                                                                                                                                          |  | \$ <u>500.00</u> | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>PARTNER</u> Employer <u>KIRK HUTH LANGE &amp; BADALAMENTI</u><br>Business Address <u>19500 HALL RD, CLINTON TOWNSHIP, MI 48038</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |  |                  |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/05/2026</u><br>Name & Address:<br><b>RAECHEL M BADALAMENTI</b><br><b>19500 HALL RD</b><br><b>CLINTON TOWNSHIP, MI 48038</b>                                                                                                                             |  | \$ <u>500.00</u> | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>PARTNER</u> Employer <u>KIRK HUTH LANGE &amp; BADALAMENTI</u><br>Business Address <u>19500 HALL RD, CLINTON TOWNSHIP, MI 48038</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |  |                  |                                                                                 |

Page Subtotal **1,650.00**

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 139757  
2. Committee Name CTE MINDY MOORE

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/05/2026</u> |                                                                                 |
| Name & Address:<br><b>ROBERT S HUTH, JR.</b><br><b>19500 HALL RD</b><br><b>CLINTON TOWNSHIP, MI 48038</b>                                                                                                                                                                                                                                                |                                           | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>PARTNER</u> Employer <u>KIRK HUTH LANGE &amp; BADALAMENTI</u><br>Business Address <u>19500 HALL RD, CLINTON TOWNSHIP, MI 48038</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                       | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/05/2026</u> |                                                                                 |
| Name & Address:<br><b>MILLER CANFIELD PAC</b><br><b>150 W JEFFERSON AVE</b><br><b>DETROIT, MI 48226</b>                                                                                                                                                                                                                                                  |                                           | \$ <u>250.00</u>                     | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                                        |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                                      | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/05/2026</u> |                                                                                 |
| Name & Address:<br><b>MARK KNAPP</b><br><b>21763 CURIE ST</b><br><b>WARREN, MI 48091</b>                                                                                                                                                                                                                                                                 |                                           | \$ <u>250.00</u>                     | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ACCOUNTANT</u> Employer <u>CITY OF WARREN</u><br>Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                           |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                                      | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/05/2026</u> |                                                                                 |
| Name & Address:<br><b>DAVID MCCLAIN</b><br><b>31650 BRETZ DR</b><br><b>WARREN, MI 48093</b>                                                                                                                                                                                                                                                              |                                           | \$ <u>250.00</u>                     | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>FIRE FIGHTER</u> Employer <u>CITY OF WARREN</u><br>Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                         |                                           |                                      |                                                                                 |

Page Subtotal **1,250.00**

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 139757  
2. Committee Name CTE MINDY MOORE

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>05/05/2026</u><br>Name & Address:<br><b>RICHARD FOX</b><br><b>4882 ROCHESTER RD</b><br><b>DRYDEN, MI 48428</b>                                                                                                                           |  | \$ <u>250.00</u> | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>CONTROLLER</u> Employer <u>CITY OF WARREN</u><br>Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser         |  |                  |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/05/2026</u><br>Name & Address:<br><b>LINDA SYKES</b><br><b>11542 SHORT DR</b><br><b>WARREN, MI 48093</b>                                                                                                                               |  | \$ <u>500.00</u> | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>NOT EMPLOYED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                        |  |                  |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/05/2026</u><br>Name & Address:<br><b>MICHAEL GREINER</b><br><b>47584 FONTANA DR</b><br><b>SHELBY TOWNSHIP, MI 48317</b>                                                                                                               |  | \$ <u>250.00</u> | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>PROFESSOR</u> Employer <u>OAKLAND UNIVERSITY</u><br>Business Address <u>311 ELLIOT HALL, ROCHESTER, MI 48309</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |  |                  |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/05/2026</u><br>Name & Address:<br><b>MARY MICHAELS</b><br><b>17020 MAUMEE AVE</b><br><b>GROSSE POINTE, MI 48230</b>                                                                                                                   |  | \$ <u>400.00</u> | \$ <u>400.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>CITY OF WARREN</u><br>Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser           |  |                  |                                                                                 |

Page Subtotal **1,400.00**

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139757  
2. Committee Name CTE MINDY MOORE

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/05/2026</u> |                                                                                 |
| Name & Address:<br><b>DIANE YOUNG</b><br><b>13250 IRVINGTON DR</b><br><b>WARREN, MI 48088</b>                                                                                                                                                                                                                                                             |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>FINANCIAL PLANNER</u> Employer <u>ARROWROOT FAMILY OFFICE</u><br>Business Address <u>725 BARCLAY CIR, ROCHESTER HILLS, MI 48307</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                        | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/05/2026</u> |                                                                                 |
| Name & Address:<br><b>ANNETTE GATTARI-ROSS</b><br><b>3421 SHAMPO DR</b><br><b>WARREN, MI 48092</b>                                                                                                                                                                                                                                                        |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ADMIN</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                                  |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                                       | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/05/2026</u> |                                                                                 |
| Name & Address:<br><b>WILLIAM BARNWELL</b><br><b>5182 CUTTY LN</b><br><b>WARREN, MI 48092</b>                                                                                                                                                                                                                                                             |                                           | \$ <u>200.00</u>                     | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>LAWYER</u> Employer <u>SELF</u><br>Business Address <u>5182 CUTTY LN, WARREN, MI 48092</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                          |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                                       | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/05/2026</u> |                                                                                 |
| Name & Address:<br><b>JAMES HARTLEY</b><br><b>1085 W LANTZ ST</b><br><b>HIGHLAND PARK, MI 48203</b>                                                                                                                                                                                                                                                       |                                           | \$ <u>250.00</u>                     | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>OWNER</u> Employer <u>DETROIT INDUSTRIAL</u><br>Business Address <u>17432 WOODWARD AVE, DETROIT, MI 48203</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                       |                                           |                                      |                                                                                 |

Page Subtotal **650.00**

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

Enter this total on  
line 3a of Summary  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139757  
2. Committee Name CTE MINDY MOORE

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>05/05/2026</u><br>Name & Address:<br><b>NANCY GREEN</b><br><b>30044 COUSINO DR</b><br><b>WARREN, MI 48092</b>                                                                                                                         |  | \$ <u>500.00</u> | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>SECREST WARDLE</u><br>Business Address <u>2600 TROY CENTER DR, TROY, MI 48084</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser    |  |                  |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/05/2026</u><br>Name & Address:<br><b>JAMES SULLIVAN</b><br><b>18720 MACK AVE</b><br><b>GROSSE POINTE, MI 48236</b>                                                                                                                  |  | \$ <u>200.00</u> | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u><br>Business Address <u>18720 MACK AVE, GROSSE POINTE, MI 48236</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |  |                  |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/05/2026</u><br>Name & Address:<br><b>DOROTHY BAKER</b><br><b>LYONS CIRCLE LANE</b><br><b>WARREN, MI 48092</b>                                                                                                                      |  | \$ <u>200.00</u> | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                          |  |                  |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/05/2026</u><br>Name & Address:<br><b>EUGENIA PALMER</b><br><b>11295 TARA DR</b><br><b>WARREN, MI 48093</b>                                                                                                                         |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____      Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                              |  |                  |                                                                                 |

Page Subtotal **1,000.00**

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 139757  
2. Committee Name CTE MINDY MOORE

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/05/2026</u> |                                                                                 |
| Name & Address:<br><b>TODD FENTON</b><br>1765 BELLWOOD CT<br>BLOOMFIELD HILLS, MI 48302                                                                                                                                                                                                                                                           |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>VICE PRESIDENT</u> Employer <u>PLANTE MORAN</u><br>Business Address <u>3000 TOWN CENTER, SOUTHFIELD, MI 48075</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser           |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/05/2026</u> |                                                                                 |
| Name & Address:<br><b>TURKIA MULLIN</b><br>2216 NORTHLAWN BLVD<br>BIRMINGHAM, MI 48009                                                                                                                                                                                                                                                            |                                           | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>STEVENSON &amp; BULLOCK PLC</u><br>Business Address <u>26100 AMERICAN DR, SOUTHFIELD, MI 48034</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                               | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/05/2026</u> |                                                                                 |
| Name & Address:<br><b>MARVIN KASSAB</b><br>1059 BLOOMVIEW CIR<br>ROCHESTER, MI 48307                                                                                                                                                                                                                                                              |                                           | \$ <u>1,225.00</u>                   | \$ <u>1,225.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>AGENT</u> Employer <u>LMK CAPITAL, LLC</u><br>Business Address <u>24102 WAHL ST, WARREN, MI 48089</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                       |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                               | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/05/2026</u> |                                                                                 |
| Name & Address:<br><b>MARK KIEZI</b><br>52199 CHICKADEE LN<br>SHELBY TWP, MI 48315                                                                                                                                                                                                                                                                |                                           | \$ <u>1,225.00</u>                   | \$ <u>1,225.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>AGENT</u> Employer <u>LMK CAPITAL, LLC</u><br>Business Address <u>24102 WAHL ST, WARREN, MI 48089</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                       |                                           |                                      |                                                                                 |

Page Subtotal **3,050.00**

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

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

1. Committee I.D. Number 139757  
2. Committee Name CTE MINDY MOORE

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>05/05/2026</u><br>Name & Address:<br><b>MICHAEL STEFANI</b><br><b>4256 BIEBER DR</b><br><b>STERLING HEIGHTS, MI 48310</b>                                                                                                           |  | \$ <u>1,000.00</u> | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>AGENT</u> Employer <u>CITY FARM WARREN LLC</u><br>Business Address <u>14401 FRAZHO RD, WARREN, MI 48089</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |  |                    |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/06/2026</u><br>Name & Address:<br><b>DENNIS HERTZ</b><br><b>4782 BROCKHAM WY</b><br><b>STERLING HEIGHTS, MI 48310</b>                                                                                                             |  | \$ <u>250.00</u>   | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>OWNER</u> Employer <u>SERVICE TOWING</u><br>Business Address <u>6006 RINKE AVE, WARREN, MI 48091</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser        |  |                    |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/07/2026</u><br>Name & Address:<br><b>NANCY GAARENSTROOM</b><br><b>11319 VENTURA DR</b><br><b>WARREN, MI 48093</b>                                                                                                                |  | \$ <u>250.00</u>   | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                        |  |                    |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/07/2026</u><br>Name & Address:<br><b>STEPHEN GAARENSTROOM</b><br><b>11319 VENTURA DR</b><br><b>WARREN, MI 48093</b>                                                                                                              |  | \$ <u>250.00</u>   | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                        |  |                    |                                                                                 |

Page Subtotal **1,750.00**

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

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

1. Committee I.D. Number 139757  
2. Committee Name CTE MINDY MOORE

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>05/12/2026</u><br>Name & Address:<br><b>NICOLE GATTO-ROSS</b><br><b>8012 MIDDLE CHANNEL DR</b><br><b>HARSENS ISLAND, MI 48028</b>                                                                                                                             |  | \$ <u>1,000.00</u> | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>REAL ESTATE AGENT</u> Employer <u>SELF EMPLOYED</u><br>Business Address <u>21242 GRATIOT AVE, EASTPOINTE, MI 48021</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                |  |                    |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/12/2026</u><br>Name & Address:<br><b>LORENZO CAVALIERE</b><br><b>30078 SCHOENHERR RD</b><br><b>WARREN, MI 48088</b>                                                                                                                                         |  | \$ <u>1,000.00</u> | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>REAL ESTATE DEVELOPER</u> Employer <u>CAVALIERE COMPANIES</u><br>Business Address <u>30078 SCHOENHERR RD, WARREN, MI 48088</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser        |  |                    |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/12/2026</u><br>Name & Address:<br><b>JAMES ROSS</b><br><b>8012 MIDDLE CHANNEL DR</b><br><b>HARSENS ISLAND, MI 48028</b>                                                                                                                                    |  | \$ <u>1,000.00</u> | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>REAL ESTATE BROKER</u> Employer <u>PACE ASSET MANAGEMENT GROUP</u><br>Business Address <u>21242 GRATIOT AVE, EASTPOINTE, MI 48021</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |  |                    |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/12/2026</u><br>Name & Address:<br><b>JOYCE RUSSELL</b><br><b>24274 HILL AVE</b><br><b>WARREN, MI 48091</b>                                                                                                                                                 |  | \$ <u>150.00</u>   | \$ <u>150.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>LEADERSHIP</u> Employer <u>WSO</u><br>Business Address <u>29601 HOOVER RD, WARREN, MI 48093</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                       |  |                    |                                                                                 |

Page Subtotal **3,150.00**

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

Enter this total on  
line 3a of Summary  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139757  
2. Committee Name CTE MINDY MOORE

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>05/12/2026</u><br>Name & Address:<br><b>TOMAS ZUNIGA</b><br><b>8220 RATHBONE ST</b><br><b>DETROIT, MI 48209</b>                                                                                                                                              |  | \$ <u>500.00</u>   | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>CONSTRUCTION</u> Employer <u>ZUNIGA CEMENT CONSTRUCTION</u><br>Business Address <u>22500 RYAN RD, WARREN, MI 48091</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser               |  |                    |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/12/2026</u><br>Name & Address:<br><b>DONNY BASHI</b><br><b>21378 SUMMERFIELD DR</b><br><b>MACOMB, MI 48044</b>                                                                                                                                             |  | \$ <u>1,000.00</u> | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>OWNER</u> Employer <u>LOUD! CANNABIS</u><br>Business Address <u>32900 DEQUINDRE RD, WARREN, MI 48092</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                             |  |                    |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/12/2026</u><br>Name & Address:<br><b>ANGELO JADAN</b><br><b>1971 RAVENHILL DR</b><br><b>STERLING HEIGHTS, MI 48314</b>                                                                                                                                    |  | \$ <u>1,000.00</u> | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>BUSINESS OWNER</u> Employer <u>NOMAN INVESTMENTS II LLC</u><br>Business Address <u>1971 RAVENHILL DR, STERLING HEIGHTS, MI 48314</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |  |                    |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/12/2026</u><br>Name & Address:<br><b>NIKOLAOS MOSCHOURIS</b><br><b>876 HORACE BROWN DR</b><br><b>MADISON HEIGHTS, MI 48071</b>                                                                                                                            |  | \$ <u>1,225.00</u> | \$ <u>1,225.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>SELF EMPLOYED</u> Employer <u>N/A</u><br>Business Address <u>37500 ALPINIA LN, CLINTON TOWNSHIP, MI 48036</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                        |  |                    |                                                                                 |

Page Subtotal **3,725.00**

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

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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139757  
2. Committee Name CTE MINDY MOORE

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>05/12/2026</u><br>Name & Address:<br><b>DANIEL ROHN</b><br><b>14600 COMMON ROAD</b><br><b>WARREN, MI 48088</b>                                                                                                                               |  | \$ <u>250.00</u> | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>PRESIDENT</u> Employer <u>DE LA SALLE COLLEGIATE</u><br>Business Address <u>14600 COMMON RD, WARREN, MI 48088</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser    |  |                  |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/12/2026</u><br>Name & Address:<br><b>BENJAMIN ALOIA</b><br><b>54439 WHITE SPRUCE LN</b><br><b>SHELBY TOWNSHIP, MI 48315</b>                                                                                                                |  | \$ <u>500.00</u> | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>ALOIA LAW</u><br>Business Address <u>54439 WHITE SPRUCE LN, SHELBY TOWNSHIP, MI 48315</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |  |                  |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/12/2026</u><br>Name & Address:<br><b>MICHAEL BATTLE</b><br><b>32630 BRUGGEMAN DR</b><br><b>WARREN, MI 48088</b>                                                                                                                           |  | \$ <u>200.00</u> | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>DESIGNER</u> Employer <u>DOMINION TECHNOLOGIES</u><br>Business Address <u>15736 STURGEON ST, ROSEVILLE, MI 48066</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |  |                  |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/12/2026</u><br>Name & Address:<br><b>TINA GAPSHES</b><br><b>14677 26 MILE RD</b><br><b>WASHINGTON, MI 48094</b>                                                                                                                           |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ENGINEER</u> Employer <u>CITY OF WARREN</u><br>Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser               |  |                  |                                                                                 |

Page Subtotal **1,050.00**

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 139757  
2. Committee Name CTE MINDY MOORE

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>05/12/2026</u><br>Name & Address:<br><b>ADAM MITCHELL</b><br><b>21242 GRATIOT AVE</b><br><b>EASTPOINTE, MI 48021</b>                                                                                                                             |  | \$ <u>250.00</u>   | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>CARPENTER</u> Employer <u>ROMULUS INC</u><br>Business Address <u>21242 GRATIOT AVE, EASTPOINTE, MI 48021</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser             |  |                    |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/12/2026</u><br>Name & Address:<br><b>FRANK BAHOURA</b><br><b>54261 DEADWOOD LN</b><br><b>SHELBY TOWNSHIP, MI 48316</b>                                                                                                                         |  | \$ <u>1,000.00</u> | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETAIL BUSINESS OWNER</u> Employer <u>FRANK BAHOURA</u><br>Business Address <u>8679 26 MILE RD, WASHINGTON, MI 48094</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |  |                    |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/12/2026</u><br>Name & Address:<br><b>KATHERINE LAHEY</b><br><b>34177 PIONEER RD</b><br><b>FRASER, MI 48026</b>                                                                                                                                |  | \$ <u>25.00</u>    | \$ <u>25.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ACCOUNTANT</u> Employer <u>CITY OF WARREN</u><br>Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                 |  |                    |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/12/2026</u><br>Name & Address:<br><b>MELANIE HALLECK</b><br><b>6901 OLIVER RD</b><br><b>FOSTORIA, MI 48435</b>                                                                                                                                |  | \$ <u>250.00</u>   | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>TEACHER</u> Employer <u>NORTH BRANCH AREA SCHOOLS</u><br>Business Address <u>6901 OLIVER RD, FOSTORIA, MI 48435</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser      |  |                    |                                                                                 |

Page Subtotal **1,525.00**

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

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

1. Committee I.D. Number 139757  
2. Committee Name CTE MINDY MOORE

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>05/12/2026</u><br>Name & Address:<br><b>DAVID MUZZARELLI</b><br><b>13311 TEAK CT</b><br><b>STERLING HEIGHTS, MI 48312</b>                                                                                                                              |  | \$ <u>250.00</u> | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>PUBLIC SERVICE DIRECTOR</u> Employer <u>CITY OF WARREN</u><br>Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |  |                  |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/12/2026</u><br>Name & Address:<br><b>SHANNON PRICE</b><br><b>9613 TENNYSON DR</b><br><b>PLYMOUTH, MI 48170</b>                                                                                                                                       |  | \$ <u>500.00</u> | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>CONSULTANT</u> Employer <u>CAPITOL RELATIONS LLC</u><br>Business Address <u>28470 W 13 MILE RD, FARMINGTON HILLS, MI 48334</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |  |                  |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/12/2026</u><br>Name & Address:<br><b>DIANA SULTINI</b><br><b>13679 MELVA DR</b><br><b>WARREN, MI 48088</b>                                                                                                                                          |  | \$ <u>200.00</u> | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>NOT EMPLOYED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                      |  |                  |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/12/2026</u><br>Name & Address:<br><b>JARED GAJOS</b><br><b>306 W ROBERT AVE</b><br><b>HAZEL PARK, MI 48030</b>                                                                                                                                      |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>HR DIRECTOR</u> Employer <u>CITY OF WARREN</u><br>Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                      |  |                  |                                                                                 |

Page Subtotal **1,050.00**

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 139757  
2. Committee Name CTE MINDY MOORE

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/12/2026</u> |                                                                                 |
| Name & Address:<br><b>MARK MANQUEN</b><br><b>50 W BIG BEAVER RD</b><br><b>TROY, MI 48084</b>                                                                                                                                                                                                                                           |                                           | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>CPA</u> Employer <u>MANQUEN VANCE LLC</u><br>Business Address <u>50 W BIG BEAVER RD, TROY, MI 48084</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                     | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/12/2026</u> |                                                                                 |
| Name & Address:<br><b>PATRICK GREEN</b><br><b>3929 MARLENE DR</b><br><b>WARREN, MI 48092</b>                                                                                                                                                                                                                                           |                                           | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>INSURANCE AGENT</u> Employer <u>CORE INSURANCE GROUP</u><br>Business Address <u>CORPORATE DR, TROY, MI 48098</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/12/2026</u> |                                                                                 |
| Name & Address:<br><b>SHUMON HAKIM</b><br><b>30315 GRUENBURG DR</b><br><b>WARREN, MI 48092</b>                                                                                                                                                                                                                                         |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>IS MANAGER</u> Employer <u>CITY OF WARREN</u><br>Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser         |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/12/2026</u> |                                                                                 |
| Name & Address:<br><b>BARBARA TRIGGER</b><br><b>12972 CREEKVIEW DR E</b><br><b>SHELBY TOWNSHIP, MI 48315</b>                                                                                                                                                                                                                           |                                           | \$ <u>200.00</u>                     | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>NOT EMPLOYED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                        |                                           |                                      |                                                                                 |

Page Subtotal **1,300.00**

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 139757  
2. Committee Name CTE MINDY MOORE

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>05/12/2026</u><br>Name & Address:<br><b>RENI GEORGE</b><br><b>1616 CRANBROOK DR</b><br><b>TROY, MI 48084</b>                                                                                                                                             |  | \$ <u>1,000.00</u> | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>VICE PRESIDENT</u> Employer <u>TCC WIRELESS</u><br>Business Address <u>925 E MAPLE RD, TROY, MI 48083</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                        |  |                    |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/12/2026</u><br>Name & Address:<br><b>LORI HARRIS</b><br><b>4047 HILLCREST AVE</b><br><b>WARREN, MI 48092</b>                                                                                                                                           |  | \$ <u>40.00</u>    | \$ <u>40.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>NOT EMPLOYED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                        |  |                    |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/12/2026</u><br>Name & Address:<br><b>CRAIG TREPPA</b><br><b>27609 RIAN</b><br><b>WARREN, MI 48093</b>                                                                                                                                                 |  | \$ <u>100.00</u>   | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>AGENT</u> Employer <u>CITY OF WARREN</u><br>Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                              |  |                    |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/12/2026</u><br>Name & Address:<br><b>MICHAEL SAUGER</b><br><b>11304 E 14 MILE RD</b><br><b>WARREN, MI 48093</b>                                                                                                                                       |  | \$ <u>250.00</u>   | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>PRESIDENT</u> Employer <u>WARREN POLICE OFFICERS ASSOCIATION</u><br>Business Address <u>11304 E 14 MILE RD, WARREN, MI 48093</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |  |                    |                                                                                 |

Page Subtotal **1,390.00**

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 139757  
2. Committee Name CTE MINDY MOORE

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>05/12/2026</u><br>Name & Address:<br><b>RENATA MILLER</b><br><b>1823 BURNS AVE</b><br><b>DETROIT, MI 48214</b>                                                                                                                                         |  | \$ <u>100.00</u>   | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>NOT EMPLOYED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                      |  |                    |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/12/2026</u><br>Name & Address:<br><b>RENATA MILLER</b><br><b>1823 BURNS AVE</b><br><b>DETROIT, MI 48214</b>                                                                                                                                          |  | \$ <u>100.00</u>   | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>NOT EMPLOYED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                      |  |                    |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/12/2026</u><br>Name & Address:<br><b>MIKE GARAVAGLIA</b><br><b>18958 ASPEN DRIVE</b><br><b>LIVONIA, MI 48152</b>                                                                                                                                    |  | \$ <u>1,000.00</u> | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>CONSULTANT</u> Employer <u>CAPITOL RELATIONS LLC</u><br>Business Address <u>28470 W 13 MILE RD, FARMINGTON HILLS, MI 48334</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |  |                    |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/12/2026</u><br>Name & Address:<br><b>DEREK MILLER</b><br><b>4350 CREEKWOOD CT</b><br><b>ROCHESTER, MI 48306</b>                                                                                                                                     |  | \$ <u>100.00</u>   | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>CANDIDATE</u> Employer <u>CTE DEREK MILLER</u><br>Business Address <u>4350 CREEKWOOD CT, ROCHESTER, MI 48306</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser               |  |                    |                                                                                 |

Page Subtotal **1,300.00**

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 139757  
2. Committee Name CTE MINDY MOORE

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/12/2026</u> |                                                                                 |
| Name & Address:<br><b>DAVID KOSS</b><br><b>19739 YVONNE DR</b><br><b>MACOMB, MI 48044</b>                                                                                                                                                                                                                        |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>SELF</u> Employer <u>KOSS</u><br>Business Address <u>19739 YVONNE DR, MACOMB, MI 48044</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                               | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/14/2026</u> |                                                                                 |
| Name & Address:<br><b>ANDREY DUZYJ</b><br><b>26657 HAVERHILL DR</b><br><b>WARREN, MI 48091</b>                                                                                                                                                                                                                   |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                       |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                              | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/22/2026</u> |                                                                                 |
| Name & Address:<br><b>THOMAS MONCHAK</b><br><b>PO BOX 510683</b><br><b>LIVONIA, MI 48151</b>                                                                                                                                                                                                                     |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ASSESSOR</u> Employer <u>ASSESSMENT ADMIN SERVICES</u><br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser           |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                              | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/22/2026</u> |                                                                                 |
| Name & Address:<br><b>JAMES ELROD</b><br><b>9348 BUTWELL ST</b><br><b>LIVONIA, MI 48150</b>                                                                                                                                                                                                                      |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ASSESSOR</u> Employer <u>ASSESSMENT ADMIN SERVICES</u><br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> 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 139757  
2. Committee Name CTE MINDY MOORE

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/08/2026</u> |                                                                                 |
| Name & Address:<br><b>JENNIFER PIERCE</b><br><b>423 ROLAND RD</b><br><b>GROSSE POINTE FARMS, MI 48236</b>                                                                                                                                                                             |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:                                                                                                                                                                                                                                       |                                           |                                      |                                                                                 |
| Occupation <u>ATTORNEY</u> Employer <u>CITY OF WARREN</u>                                                                                                                                                                                                                             |                                           |                                      |                                                                                 |
| Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u>                                                                                                                                                                                                                               |                                           |                                      |                                                                                 |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                                                                                     |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt _____             |                                                                                 |
| Name & Address _____                                                                                                                                                                                                                                                                  |                                           | \$ _____                             | \$ _____                                                                        |
| 5. If over \$100.00 cumulative, please provide:                                                                                                                                                                                                                                       |                                           |                                      |                                                                                 |
| Occupation _____ Employer _____                                                                                                                                                                                                                                                       |                                           |                                      |                                                                                 |
| Business Address _____                                                                                                                                                                                                                                                                |                                           |                                      |                                                                                 |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                                                                |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt _____             |                                                                                 |
| Name & Address _____                                                                                                                                                                                                                                                                  |                                           | \$ _____                             | \$ _____                                                                        |
| 5. If over \$100.00 cumulative, please provide:                                                                                                                                                                                                                                       |                                           |                                      |                                                                                 |
| Occupation _____ Employer _____                                                                                                                                                                                                                                                       |                                           |                                      |                                                                                 |
| Business Address _____                                                                                                                                                                                                                                                                |                                           |                                      |                                                                                 |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                                                                |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt _____             |                                                                                 |
| Name & Address _____                                                                                                                                                                                                                                                                  |                                           | \$ _____                             | \$ _____                                                                        |
| 5. If over \$100.00 cumulative, please provide:                                                                                                                                                                                                                                       |                                           |                                      |                                                                                 |
| Occupation _____ Employer _____                                                                                                                                                                                                                                                       |                                           |                                      |                                                                                 |
| Business Address _____                                                                                                                                                                                                                                                                |                                           |                                      |                                                                                 |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                                                                |                                           |                                      |                                                                                 |

Page Subtotal

**100.00**

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

**36,965.00**

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Page.



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

### CANDIDATE COMMITTEE

1. Committee I. D. Number 139757  
2. Committee Name CTE MINDY MOORE

| 3. Name and Address from whom received<br>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).<br>Report <u>all</u> in-kind contributions.                                                                                                                                                                                     | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>6. Name & Address of Vendor from whom goods or services were purchased                                                                                                                                                                                                                                                                                                                                                                                                    | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------|
| Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>MELINDA MOORE</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b><br><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>CANDIDATE / COURT REPORTER</b><br><br>Employer Name & Business Address:<br><b>FREELANCE REPORTERS, INC</b><br><b>11530 SHORT DR,</b><br><b>WARREN, MI 48093</b><br><br><input checked="" type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>HALL DEPOSIT</b><br>5. Date Of Receipt: <b>02/27/2026</b><br>6. Vendor Name & Address:<br><b>ANDIAMO'S BANQUET CENTER</b><br><b>7096 E 14 MILE RD,</b><br><b>WARREN, MI 48092</b> | \$ <b>500.00</b>               | \$ <b>791.50</b>                                          |
| Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>MELINDA MOORE</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b><br><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>CANDIDATE / COURT REPORTER</b><br><br>Employer Name & Address:<br><b>FREELANCE REPORTERS, INC</b><br><b>11530 SHORT DR,</b><br><b>WARREN, MI 48093</b><br><br><input type="checkbox"/> Fund Raiser Contribution                     | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>OFFICE SUPPLIES</b><br>5. Date Of Receipt: <b>03/27/2026</b><br>6. Vendor Name & Address:<br><b>AMAZON</b><br><b>33600 MOUND RD,</b><br><b>STERLING HEIGHTS, MI 48310</b>         | \$ <b>14.79</b>                | \$ <b>14.79</b>                                           |
| Contribution #3      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>MELINDA MOORE</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b><br><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>CANDIDATE / COURT REPORTER</b><br><br>Employer Name & Address:<br><b>FREELANCE REPORTERS, INC</b><br><b>11530 SHORT DR,</b><br><b>WARREN, MI 48093</b><br><br><input checked="" type="checkbox"/> Fund Raiser Contribution           | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>MAILING LABELS</b><br>5. Date Of Receipt: <b>04/11/2026</b><br>6. Vendor Name & Address:<br><b>AMAZON</b><br><b>33600 MOUND RD,</b><br><b>STERLING HEIGHTS, MI 48310</b>          | \$ <b>15.89</b>                | \$ <b>30.68</b>                                           |

Page Subtotal **530.68** **791.50**

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

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number **139757**

## CANDIDATE COMMITTEE

2. Committee Name **CTE MINDY MOORE**

| 3. Name and Address from whom received<br>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).<br>Report <u>all</u> in-kind contributions.                                                                                                   | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>6. Name & Address of Vendor from whom goods or services were purchased                                                                                                                                                                                                                                                                                                                                                                                            | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------|
| Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>FRANK SANTORO</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b><br><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>RETIRED</b><br>Employer Name & Business Address:                                                                                                  | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>OFFICE SUPPLIES</b><br>5. Date Of Receipt: <b>04/13/2026</b><br>6. Vendor Name & Address:<br><b>STAPLES</b><br><b>1129 W 14 MILE RD,</b><br><b>CLAWSON, MI 48017</b>      | \$ <b>83.72</b>                | \$ <b>83.72</b>                                           |
| <input checked="" type="checkbox"/> Fund Raiser Contribution                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                                           |
| Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>FRANK SANTORO</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b><br><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>RETIRED</b><br>Employer Name & Address:                                                                                                           | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>POSTAGE</b><br>5. Date Of Receipt: <b>04/13/2026</b><br>6. Vendor Name & Address:<br><b>USPS</b><br><b>16925 MASONIC,</b><br><b>FRASER, MI 48026</b>                      | \$ <b>156.00</b>               | \$ <b>156.00</b>                                          |
| <input checked="" type="checkbox"/> Fund Raiser Contribution                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                                           |
| Contribution #3      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>MELINDA MOORE</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b><br><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>CANDIDATE / COURT REPORTER</b><br>Employer Name & Address:<br><b>FREELANCE REPORTERS, INC</b><br><b>11530 SHORT DR,</b><br><b>WARREN, MI 48093</b> | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>OFFICE SUPPLIES</b><br>5. Date Of Receipt: <b>04/30/2026</b><br>6. Vendor Name & Address:<br><b>AMAZON</b><br><b>33600 MOUND RD,</b><br><b>STERLING HEIGHTS, MI 48310</b> | \$ <b>39.47</b>                | \$ <b>70.15</b>                                           |
| <input checked="" type="checkbox"/> Fund Raiser Contribution                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                                           |

Page Subtotal

**279.19**

**239.72**

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

Enter this total  
on line 6 of Summary  
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# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number **139757**

## CANDIDATE COMMITTEE

2. Committee Name **CTE MINDY MOORE**

| 3. Name and Address from whom received<br>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.                                                                                                                                                                                        | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>6. Name & Address of Vendor from whom goods or services were purchased                                                                                                                                                                                                                                                                                                                                                                                                | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------|
| Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>MELINDA MOORE</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b><br><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>CANDIDATE / COURT REPORTER</b><br><br>Employer Name & Business Address:<br><b>FREELANCE REPORTERS, INC</b><br><b>11530 SHORT DR,</b><br><b>WARREN, MI 48093</b><br><br><input checked="" type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>GUEST FAVOR</b><br>5. Date Of Receipt: <b>05/04/2026</b><br>6. Vendor Name & Address:<br><b>TOTAL WINE</b><br><b>13801 LAKESIDE CIR,</b><br><b>STERLING HEIGHTS, MI 48313</b> | \$ <b>409.65</b>               | \$ <b>409.65</b>                                          |
| Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>MELINDA MOORE</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b><br><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>CANDIDATE / COURT REPORTER</b><br><br>Employer Name & Address:<br><b>FREELANCE REPORTERS, INC</b><br><b>11530 SHORT DR,</b><br><b>WARREN, MI 48093</b><br><br><input checked="" type="checkbox"/> Fund Raiser Contribution          | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>GUEST FAVOR</b><br>5. Date Of Receipt: <b>05/04/2026</b><br>6. Vendor Name & Address:<br><b>BB'S</b><br><b>13595 21 MILE RD,</b><br><b>SHELBY TOWNSHIP, MI 48315</b>          | \$ <b>76.19</b>                | \$ <b>146.34</b>                                          |
| Contribution #3      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>MELINDA MOORE</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b><br><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>CANDIDATE / COURT REPORTER</b><br><br>Employer Name & Address:<br><b>FREELANCE REPORTERS, INC</b><br><b>11530 SHORT DR,</b><br><b>WARREN, MI 48093</b><br><br><input checked="" type="checkbox"/> Fund Raiser Contribution           | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>DECORATIONS</b><br>5. Date Of Receipt: <b>05/04/2026</b><br>6. Vendor Name & Address:<br><b>AMAZON</b><br><b>33600 MOUND RD,</b><br><b>STERLING HEIGHTS, MI 48310</b>         | \$ <b>25.42</b>                | \$ <b>25.42</b>                                           |

Page Subtotal **511.26** **25.42**

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

Enter this total  
on line 6 of Summary  
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# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number **139757**

## CANDIDATE COMMITTEE

2. Committee Name **CTE MINDY MOORE**

| 3. Name and Address from whom received<br>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).<br>Report <u>all</u> in-kind contributions.                                                                                                                                                           | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>6. Name & Address of Vendor from whom goods or services were purchased                                                                                                                                                                                                                                                                                                                                                                                                         | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------|
| Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>MELINDA MOORE</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b><br><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>COURT REPORTER</b><br>Employer Name & Business Address:<br><b>FREELANCE REPORTERS, INC</b><br><b>11530 SHORT DR,</b><br><b>WARREN, MI 48093</b><br><br><input type="checkbox"/> Fund Raiser Contribution  | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>DECORATIONS</b><br>5. Date Of Receipt: <b>05/04/2026</b><br>6. Vendor Name & Address:<br><b>MICHAELS</b><br><b>13821 HALL RD,</b><br><b>SHELBY TWP, MI 48315</b>                       | \$ <b>32.00</b>                | \$ <b>178.34</b>                                          |
| Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>MELINDA MOORE</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b><br><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>COURT REPORTER</b><br>Employer Name & Address:<br><b>FREELANCE REPORTERS, INC</b><br><b>11530 SHORT DR,</b><br><b>WARREN, MI 48093</b><br><br><input type="checkbox"/> Fund Raiser Contribution           | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>VOTER LIST</b><br>5. Date Of Receipt: <b>06/01/2026</b><br>6. Vendor Name & Address:<br><b>MICHIGAN DEMOCRATIC PARTY</b><br><b>606 TOWNSEND ST,</b><br><b>LANSING, MI 48933</b>                   | \$ <b>150.00</b>               | \$ <b>559.65</b>                                          |
| Contribution #3      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>MELINDA MOORE</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b><br><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>COURT REPORTER</b><br>Employer Name & Address:<br><b>FREELANCE REPORTERS, INC</b><br><b>11530 SHORT DR,</b><br><b>WARREN, MI 48093</b><br><br><input checked="" type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>FUNDRAISER TICKET DESIGN</b><br>5. Date Of Receipt: <b>06/15/2026</b><br>6. Vendor Name & Address:<br><b>BLUE FISH CREATIVE</b><br><b>32350 PARKER CIR,</b><br><b>WARREN, MI 48088</b> | \$ <b>132.50</b>               | \$ <b>310.84</b>                                          |

Page Subtotal

**314.50**

**559.65**

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

Enter this total  
on line 6 of Summary  
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# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number **139757**

## CANDIDATE COMMITTEE

2. Committee Name **CTE MINDY MOORE**

| 3. Name and Address from whom received<br>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).<br>Report <u>all</u> in-kind contributions.                                                                                                                                                          | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>6. Name & Address of Vendor from whom goods or services were purchased                                                                                                                                                                                                                                                                                                                                                                                                          | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------|
| Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>MELINDA MOORE</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b><br><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>COURT REPORTER</b><br>Employer Name & Business Address:<br><b>FREELANCE REPORTERS, INC</b><br><b>11530 SHORT DR,</b><br><b>WARREN, MI 48093</b><br><br><input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>POWER POINT ADVERTISEMENT</b><br>5. Date Of Receipt: <b>06/15/2026</b><br>6. Vendor Name & Address:<br><b>BLUE FISH CREATIVE</b><br><b>32350 PARKER CIR,</b><br><b>WARREN, MI 48088</b> | \$ <b>42.40</b>                | \$ <b>353.24</b>                                          |
| Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><br><br><br>If over \$100.00 cumulative, please provide:<br>Occupation:<br>Employer Name & Address:<br><br><br><input type="checkbox"/> Fund Raiser Contribution                                                                                                                                                                                        | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description<br>5. Date Of Receipt:<br>6. Vendor Name & Address:<br><br><br><a href="#">Click Here for Memo Itemization</a>                                                                                        | \$                             | \$                                                        |
| Contribution #3      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><br><br><br>If over \$100.00 cumulative, please provide:<br>Occupation:<br>Employer Name & Address:<br><br><br><input type="checkbox"/> Fund Raiser Contribution                                                                                                                                                                                         | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description<br>5. Date Of Receipt:<br>6. Vendor Name & Address:<br><br><br><a href="#">Click Here for Memo Itemization</a>                                                                                        | \$                             | \$                                                        |

Page Subtotal

**42.40**

**353.24**

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

**1,678.03**

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

1. Committee I. D. Number 139757  
2. Committee Name CTE MINDY MOORE

| 3. Name and address of person or vendor to whom paid                                                                                                                       | 4. Purpose (Required Information)                                                                                                                                    | 5. Date                   | 6. Amount        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|
| Expenditure #1<br>Name <b>COMERICA BANK</b><br><br>Address<br>11441 TWELVE MILE RD<br>WARREN, MI 48093<br><br><input type="checkbox"/> Fund Raiser                         | Purpose: <u>BANK SERVICE CHARGE</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement    | <u>01/14/2026</u><br>Date | \$ <u>16.00</u>  |
| Expenditure #2<br>Name <b>COMERICA BANK</b><br><br>Address<br>11441 TWELVE MILE RD<br>WARREN, MI 48093<br><br><input type="checkbox"/> Fund Raiser                         | Purpose: <u>BANK SERVICE CHARGE</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement    | <u>02/12/2026</u><br>Date | \$ <u>16.00</u>  |
| Expenditure #3<br>Name <b>COMERICA BANK</b><br><br>Address<br>11441 TWELVE MILE RD<br>WARREN, MI 48093<br><br><input type="checkbox"/> Fund Raiser                         | Purpose: <u>BANK SERVICE CHARGE</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement    | <u>03/12/2026</u><br>Date | \$ <u>16.00</u>  |
| Expenditure #4<br>Name <b>AMERICAN GRAPHICS</b><br><br>Address<br>34895 GROESBECK HWY<br>CLINTON TOWNSHIP, MI 48035<br><br><input checked="" type="checkbox"/> Fund Raiser | Purpose: <u>FUNDRAISER INVITATIONS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>04/10/2026</u><br>Date | \$ <u>111.30</u> |
| Expenditure #5<br>Name <b>COMERICA BANK</b><br><br>Address<br>11441 TWELVE MILE RD<br>WARREN, MI 48093<br><br><input type="checkbox"/> Fund Raiser                         | Purpose: <u>BANK SERVICE CHARGE</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement    | <u>04/13/2026</u><br>Date | \$ <u>16.00</u>  |

Subtotal this page

**175.30**

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

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on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number 139757  
2. Committee Name CTE MINDY MOORE

| 3. Name and address of person or vendor to whom paid                                                                                                                | 4. Purpose (Required Information)                                                                                                                                                                        | 5. Date                   | 6. Amount          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------|
| Expenditure #1<br>Name <b>ACT BLUE</b><br><br>Address<br>PO BOX 962017<br>BOSTON, MA 02196<br><br><input checked="" type="checkbox"/> Fund Raiser                   | Purpose: <u>ACT BLUE SERVICE FEES</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                                      | <u>04/30/2026</u><br>Date | \$ <u>139.88</u>   |
| Expenditure #2<br>Name <b>ANDIAMO BANQUET CENTER</b><br><br>Address<br>7096 E 14 MILE RD<br>WARREN, MI 48092<br><br><input checked="" type="checkbox"/> Fund Raiser | Purpose: <u>FUNDRAISER BUFFET</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                                          | <u>05/05/2026</u><br>Date | \$ <u>3,623.20</u> |
| Expenditure #3<br>Name <b>ACT BLUE</b><br><br>Address<br>PO BOX 962017<br>BOSTON, MA 02196<br><br><input checked="" type="checkbox"/> Fund Raiser                   | Purpose: <u>ACT BLUE SERVICE FEE</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                                       | <u>05/16/2026</u><br>Date | \$ <u>101.48</u>   |
| Expenditure #4<br>Name<br><br>Address<br><br><br><input type="checkbox"/> Fund Raiser                                                                               | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement<br><br><a href="#">Click Here for Memo Itemization Type</a> | _____<br>Date             | \$ _____           |
| Expenditure #5<br>Name<br><br>Address<br><br><br><input type="checkbox"/> Fund Raiser                                                                               | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement<br><br><a href="#">Click Here for Memo Itemization Type</a> | _____<br>Date             | \$ _____           |

Subtotal this page **3,864.56**  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **4,039.86**

Enter this total  
on line 8a of  
Summary Page



**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 139757  
2. Committee Name CTE MINDY MOORE

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.<br><br>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any. | 4. Type of Obligation (Description)<br>5. Indicate date debt was incurred<br>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? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>MINDY MOORE</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b>                                                                                                                                       | 4. Type: <u>LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>05/06/2019</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 5,000.00</u>       | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>5,000.00</u><br><input type="checkbox"/> FORGIVEN              |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                  |                                    |                                       |                                                                      |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>FRANK SANTORO</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b>                                                                                                                                     | 4. Type: <u>LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>06/08/2019</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 600.00</u>         | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>600.00</u><br><input type="checkbox"/> FORGIVEN                |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                  |                                    |                                       |                                                                      |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>FRANK SANTORO</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b>                                                                                                                                     | 4. Type: <u>IN-KIND LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>08/01/2019</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 296.04</u> | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>296.04</u><br><input type="checkbox"/> FORGIVEN                |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>                                                                                                                                                                                              |                                                                                                                                                  |                                    |                                       |                                                                      |

Page Subtotal (Outstanding debt)

**5,896.04**

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

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.

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



**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 139757  
2. Committee Name CTE MINDY MOORE

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.<br><br>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any. | 4. Type of Obligation (Description)<br>5. Indicate date debt was incurred<br>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? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>MINDY MOORE</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b>                                                                                                                                       | 4. Type: <u>IN-KIND LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>08/01/2019</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>2,956.92</u> | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>2,956.92</u><br><input type="checkbox"/> FORGIVEN              |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                    |                                    |                                       |                                                                      |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>MINDY MOORE</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b>                                                                                                                                       | 4. Type: <u>IN-KIND LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>08/26/2019</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>348.06</u>   | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>348.06</u><br><input type="checkbox"/> FORGIVEN                |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                    |                                    |                                       |                                                                      |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>MINDY MOORE</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b>                                                                                                                                       | 4. Type: <u>IN-KIND LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>10/20/2019</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>3,034.88</u> | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>3,034.88</u><br><input type="checkbox"/> FORGIVEN              |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                    |                                    |                                       |                                                                      |

Page Subtotal (Outstanding debt)

**6,339.86**

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

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.

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



**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 139757  
2. Committee Name CTE MINDY MOORE

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.<br><br>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any. | 4. Type of Obligation (Description)<br>5. Indicate date debt was incurred<br>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? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>MINDY MOORE</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b>                                                                                                                                       | 4. Type: <u>IN-KIND LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>12/10/2019</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>438.58</u>   | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>438.58</u><br><input type="checkbox"/> FORGIVEN                |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                    |                                    |                                       |                                                                      |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>MINDY MOORE</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b>                                                                                                                                       | 4. Type: <u>IN-KIND LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>07/23/2023</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>5,934.34</u> | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>5,934.34</u><br><input type="checkbox"/> FORGIVEN              |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                    |                                    |                                       |                                                                      |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>FRANK SANTORO</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b>                                                                                                                                     | 4. Type: <u>IN-KIND LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>08/28/2023</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>46.27</u>    | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>46.27</u><br><input type="checkbox"/> FORGIVEN                 |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                    |                                    |                                       |                                                                      |

Page Subtotal (Outstanding debt)

**6,419.19**

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 139757  
2. Committee Name CTE MINDY MOORE

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.<br><br>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any. | 4. Type of Obligation (Description)<br>5. Indicate date debt was incurred<br>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? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>MINDY MOORE</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b>                                                                                                                                       | 4. Type: <u>IN-KIND LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>08/28/2023</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>479.04</u> | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>479.04</u><br><input type="checkbox"/> FORGIVEN                |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                  |                                    |                                       |                                                                      |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>FRANK SANTORO</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b>                                                                                                                                     | 4. Type: <u>IN-KIND LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>09/06/2023</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>40.98</u>  | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>40.98</u><br><input type="checkbox"/> FORGIVEN                 |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>                                                                                                                                                                                              |                                                                                                                                                  |                                    |                                       |                                                                      |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>MINDY MOORE</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b>                                                                                                                                       | 4. Type: <u>IN-KIND LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>09/15/2023</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>238.01</u> | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>238.01</u><br><input type="checkbox"/> FORGIVEN                |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>                                                                                                                                                                                              |                                                                                                                                                  |                                    |                                       |                                                                      |

Page Subtotal (Outstanding debt)

**758.03**

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

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**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 139757  
2. Committee Name CTE MINDY MOORE

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.)

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------|----------------------------------------------------------------------|
| Debt #1 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>MINDY MOORE</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b>                                                                                                                                       | 4. Type: <u>IN-KIND LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>10/23/2023</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>403.22</u> | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>403.22</u><br><input type="checkbox"/> FORGIVEN                |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                  |                                    |                                       |                                                                      |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>MINDY MOORE</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b>                                                                                                                                       | 4. Type: <u>INOKIND LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>10/23/2023</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>364.19</u> | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>364.19</u><br><input type="checkbox"/> FORGIVEN                |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                  |                                    |                                       |                                                                      |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>MINDY MOORE</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b>                                                                                                                                       | 4. Type: <u>IN-KIND LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>11/01/2023</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>475.20</u> | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>475.20</u><br><input type="checkbox"/> FORGIVEN                |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                  |                                    |                                       |                                                                      |

Page Subtotal (Outstanding debt)

**1,242.61**

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

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.

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



**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 139757  
2. Committee Name CTE MINDY MOORE

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.<br><br>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any. | 4. Type of Obligation (Description)<br>5. Indicate date debt was incurred<br>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? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>MINDY MOORE</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b>                                                                                                                                       | 4. Type: <u>IN-KIND LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>11/01/2023</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>304.22</u> | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>304.22</u><br><input type="checkbox"/> FORGIVEN                |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                  |                                    |                                       |                                                                      |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>FRANK SANTORO</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b>                                                                                                                                     | 4. Type: <u>IN-KIND LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>11/07/2023</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>48.74</u>  | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>48.74</u><br><input type="checkbox"/> FORGIVEN                 |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                  |                                    |                                       |                                                                      |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>MINDY MOORE</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b>                                                                                                                                       | 4. Type: <u>IN-KIND LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>11/17/2023</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>113.99</u> | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>113.99</u><br><input type="checkbox"/> FORGIVEN                |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                  |                                    |                                       |                                                                      |

Page Subtotal (Outstanding debt)

**466.95**

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

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.

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



**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 139757  
2. Committee Name CTE MINDY MOORE

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.<br><br>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any. | 4. Type of Obligation (Description)<br>5. Indicate date debt was incurred<br>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? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>MELINDA MOORE</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b>                                                                                                                                     | 4. Type: <u>IN-KIND LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>10/22/2025</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>291.50</u> | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>291.50</u><br><input type="checkbox"/> FORGIVEN                |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                  |                                    |                                       |                                                                      |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>MINDY MOORE</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b>                                                                                                                                       | 4. Type: <u>LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>02/27/2026</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>500.00</u>         | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>500.00</u><br><input type="checkbox"/> FORGIVEN                |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                  |                                    |                                       |                                                                      |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>MINDY MOORE</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b>                                                                                                                                       | 4. Type: <u>IN-KIND LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>03/27/2026</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>14.79</u>  | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>14.79</u><br><input type="checkbox"/> FORGIVEN                 |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                  |                                    |                                       |                                                                      |

Page Subtotal (Outstanding debt)

**806.29**

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 139757  
2. Committee Name CTE MINDY MOORE

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.<br><br>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any. | 4. Type of Obligation (Description)<br>5. Indicate date debt was incurred<br>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? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>MINDY MOORE</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b>                                                                                                                                       | 4. Type: <u>IN-KIND LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>04/11/2026</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>15.89</u>  | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>15.89</u><br><input type="checkbox"/> FORGIVEN                 |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                  |                                    |                                       |                                                                      |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>FRANK SANTORO</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b>                                                                                                                                     | 4. Type: <u>IN-KIND LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>04/13/2026</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>83.72</u>  | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>83.72</u><br><input type="checkbox"/> FORGIVEN                 |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                  |                                    |                                       |                                                                      |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>FRANK SANTORO</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b>                                                                                                                                     | 4. Type: <u>IN-KIND LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>04/13/2026</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>156.00</u> | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>156.00</u><br><input type="checkbox"/> FORGIVEN                |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                  |                                    |                                       |                                                                      |

Page Subtotal (Outstanding debt)

**255.61**

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 139757  
2. Committee Name CTE MINDY MOORE

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.<br><br>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any. | 4. Type of Obligation (Description)<br>5. Indicate date debt was incurred<br>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? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>MINDY MOORE</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b>                                                                                                                                       | 4. Type: <u>IN-KIND LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>04/30/2026</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>39.47</u>  | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>39.47</u><br><input type="checkbox"/> FORGIVEN                 |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                  |                                    |                                       |                                                                      |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>MINDY MOORE</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b>                                                                                                                                       | 4. Type: <u>IN-KIND LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>05/04/2026</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>409.65</u> | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>409.65</u><br><input type="checkbox"/> FORGIVEN                |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                  |                                    |                                       |                                                                      |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>MINDY MOORE</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b>                                                                                                                                       | 4. Type: <u>IN-KIND LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>05/04/2026</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>76.19</u>  | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>76.19</u><br><input type="checkbox"/> FORGIVEN                 |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                  |                                    |                                       |                                                                      |

Page Subtotal (Outstanding debt)

**525.31**

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

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.

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



**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 139757  
2. Committee Name CTE MINDY MOORE

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.<br><br>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any. | 4. Type of Obligation (Description)<br>5. Indicate date debt was incurred<br>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? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>MINDY MOORE</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b>                                                                                                                                       | 4. Type: <u>IN-KIND LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>05/04/2026</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>25.42</u>  | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>25.42</u><br><input type="checkbox"/> FORGIVEN                 |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                  |                                    |                                       |                                                                      |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>MINDY MOORE</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b>                                                                                                                                       | 4. Type: <u>IN-KIND LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>05/04/2026</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>32.00</u>  | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>32.00</u><br><input type="checkbox"/> FORGIVEN                 |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                  |                                    |                                       |                                                                      |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>MINDY MOORE</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b>                                                                                                                                       | 4. Type: <u>IN-KIND LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>06/01/2026</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>150.00</u> | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>150.00</u><br><input type="checkbox"/> FORGIVEN                |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                  |                                    |                                       |                                                                      |

Page Subtotal (Outstanding debt)

**207.42**

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

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.

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



**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 139757  
2. Committee Name CTE MINDY MOORE

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.<br><br>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any. | 4. Type of Obligation (Description)<br>5. Indicate date debt was incurred<br>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? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>MINDY MOORE</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b>                                                                                                                                       | 4. Type: <u>IN KIND</u><br>5. <u>Date Debt Was Incurred:</u><br><u>06/15/2026</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 132.50</u>     | <u>\$</u><br><u>\$</u><br><u>\$</u><br><u>\$</u><br><u>\$</u> | <u>\$ 0.00</u>                        | <u>\$ 132.50</u><br><input type="checkbox"/> FORGIVEN                |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                 |                                                               |                                       |                                                                      |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>MELINDA MOORE</b><br><b>11530 SHORT DR</b><br><b>WARREN, MI 48093</b>                                                                                                                                     | 4. Type: <u>IN-KIND LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>06/15/2026</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 42.40</u> | <u>\$</u><br><u>\$</u><br><u>\$</u><br><u>\$</u><br><u>\$</u> | <u>\$ 0.00</u>                        | <u>\$ 42.40</u><br><input type="checkbox"/> FORGIVEN                 |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                 |                                                               |                                       |                                                                      |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:                                                                                                                                                                                                                 | 4. Type: _____<br>5. <u>Date Debt Was Incurred:</u><br>_____<br>6. <u>Original Amount of Debt:</u><br>\$ _____                                  | <u>\$</u><br><u>\$</u><br><u>\$</u><br><u>\$</u><br><u>\$</u> | <u>\$</u>                             | <u>\$</u><br><input type="checkbox"/> FORGIVEN                       |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                 |                                                               |                                       |                                                                      |

Page Subtotal (Outstanding debt)

**174.90**

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

**23,092.21**

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.**



**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139757  
2. Committee Name CTE MINDY MOORE

**- USE A SEPARATE SHEET FOR EACH EVENT -**

|                                                 |                                                                                                    |                                                              |                                                                                                                                                                                                                             |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. Date Event Was Held<br><br><u>05/05/2026</u> | 4. Number of Individuals Attending<br>or Participating (whichever is<br>greater)<br><br><u>120</u> | 5. Type of Fund Raising Activity<br><br><u>FIESTA BUFFET</u> | 6. Address and Name (If any) of the<br>place where the activity was held.<br><u>ANDIAMO'S BANQUET</u><br><u>CENTER</u><br><u>7096 E 14 MILE RD</u><br><u>WARREN, MI 48092</u><br><input type="checkbox"/> Private Residence |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

7. Total Contributions 36,665.00  
8. Other Receipts 0.00  
9. Gross Receipts (Add lines 7 and 8) 36,665.00  
10. Total Cost of Event 5,170.90  
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

| Co-Sponsor(s) | Contribution Split<br>(%) | Expenditure Split<br>(%) |
|---------------|---------------------------|--------------------------|
| <hr/>         | <hr/>                     | <hr/>                    |
| <hr/>         | <hr/>                     | <hr/>                    |
| <hr/>         | <hr/>                     | <hr/>                    |
| <hr/>         | <hr/>                     | <hr/>                    |
| <hr/>         | <hr/>                     | <hr/>                    |
| <hr/>         | <hr/>                     | <hr/>                    |
| <hr/>         | <hr/>                     | <hr/>                    |
| <hr/>         | <hr/>                     | <hr/>                    |

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