



**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

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: 01/01/22 to 07/20/22

1. Committee I.D. Number

95910

4. Candidate Last Name First Name M.I.

Waterman Deirdre H

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

**Mayor of Pontiac**

4b. County of Residence **OAKLAND**

2. Committee Name

**Deirdre Waterman for Mayor**

5. Committee's Mailing Address

312 Ottawa Dr.  
Pontiac, MI 48341

6. Treasurer's Name & Residential Address

Deirdre Waterman  
312 Ottawa Dr  
Pontiac, MI 48341

Area Code and Phone (248) 332-1579

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 (248) 568-5613

7. Treasurer's Business Address

Same

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

Same as Treasurer

Area Code and Phone \_\_\_\_\_

Area Code and Phone \_\_\_\_\_

**9. TYPE OF STATEMENT**

9a. ☐ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☐ Primary  
☐ General  
☐ Convention  
☐ Special  
☐ School  
☐ Caucus

Date of Election, Convention or Caucus  
\_\_\_\_\_

Required ONLY if candidate is not on the ballot for the current year:

- ☒ July Quarterly  
☐ October Quarterly

9c. ☐ Annual Statement (\_\_\_\_\_) Coverage Year

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

**9e. Dissolution of Candidate Committee**

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution  
\_\_\_\_\_

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper Deirdre Waterman

Type or Print Name

Deirdre Waterman

Signature

Date 7/24/22

Candidate Deirdre Waterman

Type or Print Name

Deirdre Waterman

Signature

Date 7/24/22



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 95910

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Deirdre Waterman for Mayor

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>2,000.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$2,000.00</u>	(18.) \$ <u>\$2,000.00</u>
<b>4. Other Receipts</b> (Schedule 1A -1, Column 6)	(4.) \$	<u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	<u>\$2,000.00</u>	(20.) \$ <u>\$2,000.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
<b>6. In-Kind Contributions</b> (Schedule 1-IK, Column 7)	(6.) \$	<u>\$0.00</u>	(21.) \$ <u>\$0.00</u>
<b>7. In-Kind Expenditures</b> (Schedule 1B-IK, Column 6)	(7.) \$	<u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$0.00</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>\$0.00</u>	(23.) \$ <u>\$0.00</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
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> (Add Line 10a + Line 10b)	(11.) \$	<u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$95,428.58</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>\$0.00</u>	
<b>BALANCE STATEMENT</b>			
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$2,278.14</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$2,000.00</u>	
<b>15. SUBTOTAL</b> Add lines 13 and 14	(15.) = \$	<u>\$4,278.14</u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$	<u>\$102.00</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$	<u>\$4,176.14</u>	*



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 95910  
2. Committee Name Deirdre Waterman for Mayor

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>02/07/22</u> Name & Address: <u>Deirdre Waterman</u> <u>312 Ottawa Dr</u> <u>Pontiac MI, 48341</u>		\$ <u>2000</u>	\$ <u>2000</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired Doctor</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
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		<a href="#">Click Here for Memo Itemization</a>	
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		<a href="#">Click Here for Memo Itemization</a>	
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		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$2,000.00**

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

**\$2,000.00**

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 95910  
2. Committee Name Deirdre Waterman for Mayor

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<b>Expenditure #1</b> Name <b>Chase</b>  Address <b>PO Box 182451</b> <b>Columbus, OH, 43218</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>Bank Fee</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>01/29/22</b> Date	<b>\$ 17</b>
<b>Expenditure #2</b> Name <b>Chase</b>  Address <b>PO Box 182451</b> <b>Columbus, OH, 43218</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>Bank Fee</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/28/22</b> Date	<b>\$ 17</b>
<b>Expenditure #3</b> Name <b>Chase</b>  Address <b>PO Box 182451</b> <b>Columbus, OH, 43218</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>Bank Fee</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>03/29/22</b> Date	<b>\$ 17</b>
<b>Expenditure #4</b> Name <b>Chase</b>  Address <b>PO Box 182451</b> <b>Columbus, OH, 43218</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>Bank Fee</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>04/29/22</b> Date	<b>\$ 17</b>
<b>Expenditure #5</b> Name <b>Chase</b>  Address <b>PO Box 182451</b> <b>Columbus, OH, 43218</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>Bank Fee</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>05/29/22</b> Date	<b>\$ 17</b>

Subtotal this page **\$85.00**  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **\$102.00**  
Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 95910  
2. Committee Name Deirdre Waterman for Mayor

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Chase Bank</u> Address <u>PO Box 182451</u> <u>Columbus, OH, 43218</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Bank Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/29/22</u> Date	\$ <u>17</u>
Expenditure #2 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **\$17.00**  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **\$102.00**

Enter this total  
on line 8a of  
Summary Page