



**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.

1. Committee I.D. Number 98208		3. This Statement covers From: <u>5/4/2023</u> to <u>07/23/2023</u>	
2. Committee Name Committee To Elect Barbara Seldon		4. Candidate Last Name Seldon First Name Barbara M.I. A 4a. Office Sought Including District # or Community Served (If applicable) City Clerk - Southfield ☒ 4b. County of Residence OAKLAND ☒	
5. Committee's Mailing Address 28315 W. Kalong Circle Southfield, MI 48076 Area Code and Phone <u>(313) 361-1662</u> If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		6. Treasurer's Name & Residential Address Daniel Brightwell 27140 Fairfax Street Southfield, MI 48076 Area Code & Phone <u>(248) 961-1751</u>	
7. Treasurer's Business Address N/A Area Code and Phone _____		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Barbara Seldon 28315 W. Kalong Circle Southfield, MI 48034 Area Code and Phone <u>(313) 361-1662</u>	
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 <u>08/08/2023</u>		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 Daniel Brightwell Type or Print Name		Signature <u><i>Daniel Brightwell</i></u> Date <u>7/24/23</u>	
Candidate Barbara A. Seldon Type or Print Name		Signature <u><i>Barbara Seldon</i></u> Date <u>7/24/23</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 98208

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Barbara Seldon

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>16,290.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>16,290.00</u>	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$		(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>16,290.00</u>	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>0.00</u>	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>0.00</u>	(22.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>10,379.56</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>10,379.56</u>	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>0.00</u>	(24.) \$
DEBTS AND OBLIGATIONS			
12. Debts and Obligations:			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>11,800.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>0.00</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>6.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>16,290.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>16,290.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>10,379.56</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>5,910.44</u> *	



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 98208

2. Committee Name Committee To Elect Barbara Seldon

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 all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES

4. Date of Receipt 07/12/23

Name & Address:

Donald Smith
28202 San Marino Dr.
Southfield, MI 48034

\$ 100.00

\$ 100.00

5. If over \$100.00 cumulative, please provide:

Occupation Retired Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 07/12/23

Name & Address

Gail J. Woodson-Stamps
17460 Redwood Ave
Lathrup Village, MI 48076

\$ 100.00

\$ 100.00

5. If over \$100.00 cumulative, please provide:

Occupation Dental Hygienist Employer Dental Hygiene

[Click Here for Memo Itemization](#)

Business Address 816 Joslyn Road, Pontiac, Michigan 48340

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 07/12/23

Name & Address:

Jacqueline Broadnax
4980 Carrington Dr.
Rochester Hills, MI

\$ 25.00

\$ 25.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt 07/12/23

Name & Address

Laurie K. Penn
29136 E. Chanticleer
Southfield, MI 48034

\$ 40.00

\$ 40.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal

265.00

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 98208
2. Committee Name Committee To Elect Barbara Seldon

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/12/23</u>	
Name & Address: Juanita Johnson 18034 Muirland Detroit, 48221		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/12/23</u>	
Name & Address: Billie Newsom 18800 Bretton Detroit, 48221		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/12/23</u>	
Name & Address: Sharm Pannell 8941 Hartwell Detroit, 48228		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/12/23</u>	
Name & Address: Melanie D. Colbert 26403 Valhalla Drive Farmington Hills, 48331		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 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
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/12/23</u>	
Name & Address: Thomas Banks 25928 Acacia Southfield, 48033		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/12/23</u>	
Name & Address: Dr, James Murray 29875 Bradmoor Ct. Farmington Hills, MI 48334		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/12/23</u>	
Name & Address: Jerome Wallace 28326 San Marino Dr. Southfield, 48034		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/12/23</u>	
Name & Address: Nancy Banks 25928 Acacia Southfield, 48033		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization v	

Page Subtotal 330.00

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

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line 3a of Summary
Page.



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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/12/2023</u>	
Name & Address: <u>Genora J. Ewegbemi</u> <u>16144 Braile</u> <u>Detroit, 48219</u>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____		Click Here for Memo Itemization v	
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/12/2023</u>	
Name & Address: <u>Eunice M. Rose</u> <u>26477 Franklin Pte. Drive</u> <u>Southfield, 48034</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization v	
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>07/12/2023</u>	
Name & Address: <u>Chaldean Chamber P.A.C.</u> <u>30095 Northwestern HWy</u> <u>Farmington Hills, 48334</u>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization v	
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/12/2023</u>	
Name & Address: <u>Sahir Shamoun</u> <u>24848 Southfield Road</u> <u>Southfield, MI 48075</u>		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Sunoco</u>		Click Here for Memo Itemization v	
Business Address <u>24848 Douthfield Road, 48075</u>			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,000.00

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

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line 3a of Summary
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/12/2023</u>	
Name & Address: <u>Mark Yaldo</u> <u>2310 Klingensmith Road</u> <u>Bloomfield, MI 48302</u>		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Special Projects</u> Employer <u>Chaldean Chamber</u> Business Address <u>3601 15 Mile Road, Sterling Heights, MI 48310</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/12/2023</u>	
Name & Address: <u>Yolanda Haynes</u> <u>24501 Kinsel</u> <u>Southfield, MI 48044</u>		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/12/2023</u>	
Name & Address: <u>Duraid M. Yousif</u> <u>2829 Erma Drive</u> <u>Shelby Ewp., MI 48317</u>		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Shell Oil</u> Business Address <u>24839 Greenfield Rd., Southfield, MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/12/2023</u>	
Name & Address: <u>Ken Siver</u> <u>18410 Magnolia</u> <u>Southfield, 48075</u>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Mayor</u> Employer <u>City of Southfield</u> Business Address <u>26000 Evergreen Road, Southfield, 48076</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization v	

Page Subtotal 930.00

Grand Total of All Schedules 1A
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Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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1. Committee I.D. Number 98208
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/12/2023</u>	
Name & Address: Darla Van Hoey 23886 Beech Road Southfield, 48033		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/12/2023</u>	
Name & Address: Deborah Colbert 34303 Oak Forest Drive Farmington Hills, 48331		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/12/2023</u>	
Name & Address: Colleen D. Kuxhaus 219 N. Blair Ave. Royal Oak, MI		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/12/2023</u>	
Name & Address: Delores Flagg P.O. Box 2754 Southfield, 48037		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization v	

Page Subtotal

235.00

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

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ITEMIZED CONTRIBUTIONS
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6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES

4. Date of Receipt 07/12/2023

Name & Address:

Pamela Gerald & Gerard Mullin
P.O. Box 155
Southfield, MI 48037

\$ 250.00

\$ 250.00

5. If over \$100.00 cumulative, please provide:

Occupation Retired Employer _____

Click Here for Memo Itemization

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 07/12/2023

Name & Address

Shelia Upshaw
17852 McIntyre
Detroit, 48219

\$ 100.00

\$ 100.00

5. If over \$100.00 cumulative, please provide:

Occupation Retired Employer _____

Click Here for Memo Itemization

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 07/12/2023

Name & Address:

Zaid Ismail
18410 Magnolia Parkway
Southfield, 48075

\$ 500.00

\$ 500.00

5. If over \$100.00 cumulative, please provide:

Occupation NURSE Employer ST. MARY'S HOSPITAL

Business Address 36475 FIVE MILE RD., LIVONIA, MI 48154

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Click Here for Memo Itemization

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt _____

Name & Address

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Click Here for Memo Itemization

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

850.00

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

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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

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1. Committee I.D. Number 98208
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/12/2023</u> Name & Address: Carolyn Wanzo 1300 E. Lafayette Detroit, MI 48207		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/12/2023</u> Name & Address: Wanda Bohannon 11755 Farley Redford, MI 48239		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/12/2023</u> Name & Address: Nikita Hill 28412 San Marino Southfield, MI 48034		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/12/2023</u> Name & Address: Adrian Yelder 25566 Kilrigh Frive Farmington Hills, MI 48336		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 210.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/12/2023</u>	
Name & Address: Katrina Meadows 28551 San Marino Southfield, MI 48034		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/12/2023</u>	
Name & Address: Kimberly Sommerville 1103 Deacon Detroit, MI 48217		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/14/2023</u>	
Name & Address: Velko Milosevich 25225 Telegraph Road Southfield, MI 48033		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/14/2023</u>	
Name & Address: Paralee Harris 3426 Thornhill Ave Kalamazoo, MI		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization v	

Page Subtotal 270.00

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 98208
2. Committee Name Committee to Elect Barbara Selson

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/18/2023</u> Name & Address: Barbara Seldon 28315 W. Kalong Southfield, MI 48034		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/14/2023</u> Name & Address: Barbara Seldon 28315 W. Kalong Southfield, MI 48034		\$ <u>3000.00</u>	\$ <u>3100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/21/2023</u> Name & Address: Barbara Seldon 28315 W. Kalong Southfield, MI 48034		\$ <u>3000.00</u>	\$ <u>6100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/26/2023</u> Name & Address: Barbara Seldon 28315 W. Kalong Southfield, MI 48034		\$ <u>4000.00</u>	\$ <u>10100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 10,100.00

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 98208
2. Committee Name Committee To Elect Barbara Seldon

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 all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution #1 PAC Receipt? ☐ YES 4. Date of Receipt 07/07/2023

Name & Address:

Barbara Seldon
28315 W. Kalong
Southfield, MI 48034

\$ 1000.00

\$ 11100.00

5. If over \$100.00 cumulative, please provide:

Occupation Retired Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 07/12/2023

Name & Address

Barbara Seldon
28315 W. Kalong
Southfield, MI 48034

\$ 700.00

\$ 11800.00

5. If over \$100.00 cumulative, please provide:

Occupation Retired Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 07/17/2023

Name & Address:

Nicole Chen
50680 Chesapeake Drive
Novi, MI 48374

\$ 250.00

\$ 250.00

5. If over \$100.00 cumulative, please provide:

Occupation Realtor Employer First Michigan Realty

[Click Here for Memo Itemization](#)

Business Address 6860 Castle Dr., Bloomfield Hills, MI 48301

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt _____

Name & Address

\$ _____

\$ _____

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

1,950.00

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

16,290.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number

98208
~~68208~~

2. Committee Name

Committee to Elect Barbara Seldon

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Michigan First Credit Union Address 28000 Evergreen Road Lathrup Village, MI 48076 ☐ Fund Raiser	Purpose: Bank Account Open ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/18/2023 Date	\$ 100.00 Click Here for Memo Itemization Type
Expenditure #2 Name City of Southfield Address 26000 Evergreen Road Southfield, MI 48037 ☐ Fund Raiser	Purpose: Election Data ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/05/2023 Date	\$ 25.00 Click Here for Memo Itemization Type
Expenditure #3 Name SquareSpace, Inc. Address 225 Varick Street New York, N.Y. ☐ Fund Raiser	Purpose: Website ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/14/2023 Date	\$ 43.00 Click Here for Memo Itemization Type
Expenditure #4 Name Southfield Chamber of Commerce Address 20300 Civic Center Drive Southfield, MI 48037 ☐ Fund Raiser	Purpose: Meal ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/20/2023 Date	\$ 40.00 Click Here for Memo Itemization Type
Expenditure #5 Name Sawicki & Sons Address 1521 W. Lafayette Detroit, 48216 ☐ Fund Raiser	Purpose: Signs ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/20/2023 Date	\$ 1025.55 Click Here for Memo Itemization Type

Subtotal this page

1,233.55

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 98208
2. Committee Name Committee To Elect Barbara Seldon

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Magnolia Neighborhood Assoc.</u> Address <u>18410 Magnolia</u> <u>Southfield, MI 48033</u> ☐ Fund Raiser	Purpose: <u>Parade Fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/15/2023</u> Date	\$ <u>25.00</u>
Expenditure #2 Name <u>Rams Horn Restaurant</u> Address <u>26200 W. 12 Mile Rd.</u> <u>Southfield, MI</u> ☐ Fund Raiser	Purpose: <u>Campaign Meal</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/20/2023</u> Date	\$ <u>39.90</u>
Expenditure #3 Name <u>Wing Snob</u> Address <u>24545 W. 12 Mile Rd.</u> <u>Southfield, MI</u> ☐ Fund Raiser	Purpose: <u>Campaign Meal</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/25/2023</u> Date	\$ <u>12.71</u>
Expenditure #4 Name <u>HESS Printing</u> Address <u>201 Elm Street</u> <u>Wyandotte, MI 48192</u> ☐ Fund Raiser	Purpose: <u>Printing & Mailing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/28/2023</u> Date	\$ <u>6048.77</u>
Expenditure #5 Name <u>Southfield Chamber of Commerce</u> Address <u>20300 Civic Center Dr</u> <u>Southfield, MI</u> ☐ Fund Raiser	Purpose: <u>Campaign Meal</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/30/2023</u> Date	\$ <u>25.00</u>

Subtotal this page

6,151.38

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 98208
2. Committee Name Committee To Elect Barbara Seldon

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name C&G Publishing Address 13650 E. 11 Mile Road Warren, MI ☐ Fund Raiser	Purpose: <u>Advertisement</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/30/2023</u> Date	\$ <u>529.00</u> Click Here for Memo Itemization Type v
Expenditure #2 Name Ram's Horn Restaurant Address 26200 W. 12 Mile Road Southfield, MI ☐ Fund Raiser	Purpose: <u>Campaign Team Mtg.</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/10/2023</u> Date	\$ <u>52.97</u> Click Here for Memo Itemization Type v
Expenditure #3 Name Cornbread Address 29852 Northwestern Hwy Southfield, MI ☐ Fund Raiser	Purpose: <u>Campaign Meal</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/11/2023</u> Date	\$ <u>76.32</u> Click Here for Memo Itemization Type v
Expenditure #4 Name Nikola's Address 25225 Telegraph Road Southfield, 48033 ☐ Fund Raiser	Purpose: <u>Campaign Meeting</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/03/2023</u> Date	\$ <u>52.93</u> Click Here for Memo Itemization Type v
Expenditure #5 Name Kroger Address 19855 W. 12 Mile Road Southfield, MI 48076 ☒ Fund Raiser	Purpose: <u>Food</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/12/2023</u> Date	\$ <u>45.79</u> Click Here for Memo Itemization Type v

Subtotal this page

757.01

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 98208
2. Committee Name Committee To Elect Barbara Seldon

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Postmaster</u> Address <u>22200 W. 11 Mile Road</u> <u>Southfield, MI 48037</u> ☐ Fund Raiser	Purpose: <u>P. O. Box</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/18/2023</u> Date	<u>\$ 83.00</u> Click Here for Memo Itemization Type v
Expenditure #2 Name <u>Natl. Congress of Black Women</u> Address <u>22810 Kenwyck</u> <u>SOUTHFIELD, MI 48075</u> ☐ Fund Raiser	Purpose: <u>Campaign Event-Speaking</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/30/2023</u> Date	<u>\$ 33.33</u> Click Here for Memo Itemization Type v
Expenditure #3 Name <u>Party City</u> Address <u>29800 Southfield Road</u> <u>Southfield, MI</u> ☒ Fund Raiser	Purpose: <u>Decoration</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/12/2023</u> Date	<u>\$ 15.90</u> Click Here for Memo Itemization Type v
Expenditure #4 Name <u>Ralphe Armstrong Trio</u> Address <u>P.O. Box 3143</u> <u>Southfield, MI 48076</u> ☒ Fund Raiser	Purpose: <u>Entertainment</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/12/2023</u> Date	<u>\$ 700.00</u> Click Here for Memo Itemization Type v
Expenditure #5 Name <u>Nikola's Restaurant</u> Address <u>25225 Telegraph Road</u> <u>Southfield, MI</u> ☒ Fund Raiser	Purpose: <u>Food</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/12/2023</u> Date	<u>\$ 876.39</u> Click Here for Memo Itemization Type v

Subtotal this page

1,708.62

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 98208
2. Committee Name Committee To Elect Barbara Seldon

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>C&G Publishing</u> Address <u>13650 E. 11 Mile Road</u> <u>Warren, MI</u> ☐ Fund Raiser	Purpose: <u>Advertisement</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/13/2023</u> Date	\$ <u>529.00</u>
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page

529.00

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

10,379.56

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 98208
2. Committee Name Committee To Elect Barbara Seldon

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: Barbara Seldon 28315 W. Kalong Circle Southfield, MI 48034	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>05/18/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 100.00</u>	\$ \$ \$ \$ \$	\$	\$ 100.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: Barbara Seldon 28315 W. Kalong Circle Southfield, MI 48034	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>06/14/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 3,000.00</u>	\$ \$ \$ \$ \$	\$	\$ 3,000.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: Barbara Seldon 28315 W. Kalong Circle Southfield, MI 48034	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>06/21/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 3,000.00</u>	\$ \$ \$ \$ \$	\$	\$ 3,000.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$6,100.00

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

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

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 98208
2. Committee Name Committee To Elect Barbara Seldon

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8) ☐ FORGIVEN
Debt #1 Corp? ☐ Yes Owed to or by: Barbara Seldon 28315 W. Kalong Circle Southfield, MI 48034	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>06/26/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 4,000.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$ 4,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: Barbara Seldon 28315 W. Kalong Circle Southfield, MI 48034	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>07/07/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,000.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$ 1,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: Barbara Seldon 28315 W. Kalong Circle Southfield, MI 48034	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>07/12/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 700.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$ 700.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$5,700.00**

Grand Total of all Schedules 1E **11,800.00**
(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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **98208**
2. Committee Name **Committee To Elect Barbara Seldon**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>07/12/2023</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>29</u>	5. Type of Fund Raising Activity <u>Dinner Reception</u>	6. Address and Name (If any) of the place where the activity was held. <u>Nikola's, 25225 Telegraph</u> <u>Southfield, MI</u> ☐ Private Residence
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7. Total Contributions \$4,490.00

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) \$4,490.00

10. Total Cost of Event \$1,638.08

(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 (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 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.