



FILED

27 OCT 2023 AM 08:56

OAKLAND COUNTY CLERK
PONTIAC, MICHIGAN

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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: 05/15/2023 to 10/22/2023

1. Committee I.D. Number

98205

2. Committee Name

COMMITTEE FOR DEBBIE JONES

4. Candidate Last Name

JONES

First Name

DEBBIE

M.I.

L

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

CITY COUNCIL, ROCHESTER

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

5. Committee's Mailing Address

**520 7TH STREET
ROCHESTER, MI 48307**

Area Code and Phone (248) 860-3598
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

**DEBBIE L JONES
520 7TH STREET
ROCHESTER, MI 48307**

Area Code & Phone (248) 860-3598

7. Treasurer's Business Address

**520 7TH STREET
ROCHESTER, MI 48307**

Area Code and Phone (248) 860-3598

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

Area Code and Phone () -

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

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

Date of Election, Convention or Caucus

11/07/2023

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

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/27/2023

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/27/2023



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 98205

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name COMMITTEE FOR DEBBIE JONES

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>3,270.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>3,270.00</u>	(18.) \$ <u>3,270.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>3,270.00</u>	(20.) \$ <u>3,270.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>1,112.82</u>	(21.) \$ <u>1,112.82</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>3,174.10</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>3,174.10</u>	(23.) \$ <u>3,174.10</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>1,700.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>3,270.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>3,270.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>3,174.10</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>95.90</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98205
2. Committee Name COMMITTEE FOR DEBBIE JONES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/14/2023</u>	
Name & Address: DEBRA L JONES 520 7TH ST ROCHESTER, MI 48307		\$ <u>500.00</u>	\$ <u>570.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INDEPENDENT STYLIST</u> Employer <u>CABI, LLC</u> Business Address <u>21750 ARNOLD CENTER RD, CARSON, CA 90810</u> Type of Contribution: ☒ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/15/2023</u>	
Name & Address: LISA KIEFER 3030 SERENITY RD OAKLAND TWP, MI 48363		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/15/2023</u>	
Name & Address: TREVIS HARROLD 739 GREEN CIR ROCHESTER, MI 48307		\$ <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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/15/2023</u>	
Name & Address: RAY THIETTEN 611 WILCOX ST ROCHESTER, MI 48307		\$ <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			

Page Subtotal 565.00

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 98205
2. Committee Name COMMITTEE FOR DEBBIE JONES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/15/2023</u> Name & Address: CORINNE THIETTEN 611 WILCOX ST ROCHESTER, MI 48307		\$ <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			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/15/2023</u> Name & Address: JESSICA GUPTA 632 7TH ST ROCHESTER, MI 48307		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/15/2023</u> Name & Address: SUZANNE REWOLD 715 WILCOX ST ROCHESTER, MI 48307		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/15/2023</u> Name & Address: DOROTHY STERNS 627 MIDDLEBURY LN ROCHESTER HILLS, MI 48309		\$ <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			

Page Subtotal **190.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98205
2. Committee Name COMMITTEE FOR DEBBIE JONES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/15/2023</u> Name & Address: TRACY KORFF 1211 VALLEY CIR ROCHESTER HILLS, MI 48309		\$ <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			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/15/2023</u> Name & Address: DEBRA L JONES 520 7TH ST ROCHESTER, MI 48307		\$ <u>600.00</u>	\$ <u>1,210.26</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INDEPENDENT STYLIST</u> Employer <u>CABI, LLC</u> Business Address <u>21750 ARNOLD CENTER RD, CARSON, CA 90810</u> Type of Contribution: ☒ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/17/2023</u> Name & Address: JOSEPH PITTEL 5958 STONEHAVEN BLVD ROCHESTER, MI 48306		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/19/2023</u> Name & Address: PATRICE KANARAS 864 GREAT OAKS BLVD ROCHESTER, MI 48307		\$ <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			

Page Subtotal 795.00

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 98205
2. Committee Name COMMITTEE FOR DEBBIE JONES

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>09/07/2023</u> Name & Address: ROCHESTER AREA DEMOCRATIC CLUB PAC P.O. BOX 80277 ROCHESTER, MI 48308		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/08/2023</u> Name & Address: STACEY WOZNAK 570 TIMBERLINE CT ROCHESTER HILLS, MI 48309		\$ <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			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/08/2023</u> Name & Address: ANNE ZYREK 510 SUNLIGHT DR ROCHESTER HILLS, MI 48309		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>510 SUNLIGHT DR, ROCHESTER HILLS, MI 48309</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/08/2023</u> Name & Address: CHRIS PUZZUOLI 315 W 4TH ST ROCHESTER, MI 48307		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 820.00

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

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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 98205
2. Committee Name COMMITTEE FOR DEBBIE JONES

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/17/2023</u> Name & Address: NANCY BENEDETTINI 2250 AVON LAKE LN ROCHESTER HILLS, MI 48307		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTANT</u> Employer <u>SELF EMPLOYED</u> Business Address <u>2250 AVON LAKE LN, ROCHESTER HILLS, MI 48307</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/18/2023</u> Name & Address: DEBRA L JONES 520 7TH ST ROCHESTER, MI 48307		\$ <u>200.00</u>	\$ <u>1,547.19</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INDEPENDENT STYLIST</u> Employer <u>CABI, LLC</u> Business Address <u>21750 ARNOLD CENTER RD, CARSON, CA 90810</u> Type of Contribution: ☒ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: DEBRA L JONES 520 7TH ST ROCHESTER, MI 48307		\$ <u>400.00</u>	\$ <u>1,947.19</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INDEPENDENT STYLIST</u> Employer <u>CABI, LLC</u> Business Address <u>21750 ARNOLD CENTER RD, CARSON, CA 90810</u> Type of Contribution: ☒ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/06/2023</u> Name & Address: MARTINA ALCOCK 1860 HAVERHILL DR ROCHESTER HILLS, MI 48306		\$ <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			

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 98205
2. Committee Name COMMITTEE FOR DEBBIE JONES

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>10/19/2023</u>	
Name & Address: TRACY KORFF 1211 VALLEY CIR ROCHESTER HILLS, MI 48309		\$ <u>50.00</u>	\$ <u>70.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal

50.00

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

3,270.00

Enter this total on
line 3a of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **98205**

CANDIDATE COMMITTEE

2. Committee Name **COMMITTEE FOR DEBBIE JONES**

3. Name and Address from whom received 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) 5. Date of Receipt 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? ☐ Yes Name & Address: DEBRA L JONES 520 7TH ST ROCHESTER, MI 48307 If over \$100.00 cumulative, please provide: Occupation: INDEPENDENT STYLIST Employer Name & Business Address: CABI, LLC 21750 ARNOLD CENTER RD, CARSON, CA 90810 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description LATE FILING FEE 5. Date Of Receipt: 06/02/2023 6. Vendor Name & Address: OAKLAND COUNTY CLERK - ELECTIONS DIVISION 1200 N TELEGRAPH, PONTIAC, MI 48341	\$ 70.00	\$ 70.00
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: DEBRA L JONES 520 7TH ST ROCHESTER, MI 48307 If over \$100.00 cumulative, please provide: Occupation: INDEPENDENT STYLIST Employer Name & Address: CABI, LLC 21750 ARNOLD CENTER RD, CARSON, CA 90810 ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description BALLOONS FOR FUNDRAISER 5. Date Of Receipt: 08/14/2023 6. Vendor Name & Address: KROGER 65 S LIVERNOIS RD, ROCHESTER HILLS, MI 48307	\$ 40.26	\$ 610.26
Contribution #3 PAC Receipt? ☐ Yes Name & Address: DEBRA L JONES 520 7TH ST ROCHESTER, MI 48307 If over \$100.00 cumulative, please provide: Occupation: INDEPENDENT CONSULTANT Employer Name & Address: CABI, LLC 21750 ARNOLD CENTER RD, CARSON, CA 90810 ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description FUNDRAISER INVITATIONS 5. Date Of Receipt: 08/16/2023 6. Vendor Name & Address: LO PRINTING 2024 COLE RD, ORION TWP, MI 48362	\$ 25.00	\$ 1,235.26

Page Subtotal **135.26** **0.00**

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 **98205**

CANDIDATE COMMITTEE

2. Committee Name **COMMITTEE FOR DEBBIE JONES**

3. Name and Address from whom received 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) 5. Date of Receipt 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? ☐ Yes Name & Address: DEBRA L JONES 520 7TH ST ROCHESTER, MI 48307 If over \$100.00 cumulative, please provide: Occupation: INDEPENDENT STYLIST Employer Name & Business Address: CABI, LLC 21750 ARNOLD CENTER RD, CARSON, CA 90810 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description VOTER DATA SOFTWARE 5. Date Of Receipt: 08/24/2023 6. Vendor Name & Address: MDP 606 TOWNSEND ST, LANSING, MI 48933	\$ 75.00	\$ 1,310.26
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: DEBRA L JONES 520 7TH ST ROCHESTER, MI 48307 If over \$100.00 cumulative, please provide: Occupation: INDEPENDENT STYLIST Employer Name & Address: CABI, LLC 21750 ARNOLD CENTER RD, CARSON, CA 90810 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description WATER 5. Date Of Receipt: 09/07/2023 6. Vendor Name & Address: GORDON FOOD SERVICE 1370 WALTON BLVD., ROCHESTER HILLS, MI 48309	\$ 15.96	\$ 1,326.22
Contribution #3 PAC Receipt? ☐ Yes Name & Address: GLEN CRANDALL 308 W 4TH ST ROCHESTER, MI 48307 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description FOOD FOR FUNDRAISER 5. Date Of Receipt: 09/07/2023 6. Vendor Name & Address: COSTCO 400 BROWN RD, AUBURN HILLS, MI 48326	\$ 94.94	\$ 94.94

Page Subtotal **185.90** **94.94**

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

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on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **98205**

CANDIDATE COMMITTEE

2. Committee Name **COMMITTEE FOR DEBBIE JONES**

3. Name and Address from whom received 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) 5. Date of Receipt 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? ☐ Yes Name & Address: DEBRA L JONES 520 7TH ST ROCHESTER, MI 48307 If over \$100.00 cumulative, please provide: Occupation: INDEPENDENT STYLIST Employer Name & Business Address: CABI, LLC 21750 ARNOLD CENTER RD, CARSON, CA 90810 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description WATER 5. Date Of Receipt: 09/08/2023 6. Vendor Name & Address: KROGER 65 S LIVERNOIS RD, ROCHESTER HILLS, MI 48307	\$ 20.97	\$ 1,347.19
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: DEBRA L JONES 520 7TH ST ROCHESTER, MI 48307 If over \$100.00 cumulative, please provide: Occupation: INDEPENDENT STYLIST Employer Name & Address: CABI, LLC 21750 ARNOLD CENTER RD, ROCHESTER, MI 48307 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description ENVELOPES FOR MAILING 5. Date Of Receipt: 09/29/2023 6. Vendor Name & Address: DOLLAR TREE 1451 ROCHESTER RD, ROCHESTER HILLS, MI 48307	\$ 13.25	\$ 1,960.44
Contribution #3 PAC Receipt? ☐ Yes Name & Address: DEBRA L JONES 520 7TH ST ROCHESTER, MI 48307 If over \$100.00 cumulative, please provide: Occupation: INDEPENDENT STYLIST Employer Name & Address: CABI, LLC 21750 ARNOLD CENTER RD, CARSON, CA 90810 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description POSTAGE 5. Date Of Receipt: 09/29/2023 6. Vendor Name & Address: UNITED STATES POSTAL SERVICE 511 OLDE TOWNE RD, ROCHESTER, MI 48308	\$ 171.60	\$ 2,132.04

Page Subtotal **205.82** **0.00**

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 **98205**

CANDIDATE COMMITTEE

2. Committee Name **COMMITTEE FOR DEBBIE JONES**

3. Name and Address from whom received 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) 5. Date of Receipt 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? ☐ Yes Name & Address: DEBRA L JONES 520 7TH ST ROCHESTER, MI 48307 If over \$100.00 cumulative, please provide: Occupation: INDEPENDENT STYLIST Employer Name & Business Address: CABI, LLC 21750 ARNOLD CENTER RD, CARSON, CA 90810 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description PRINTER INK 5. Date Of Receipt: 10/02/2023 6. Vendor Name & Address: AMAZON.COM SERVICES, LLC 410 TERRY AVE N, SEATTLE, WA 98109	\$ 78.94	\$ 2,210.98
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: DEBRA L JONES 520 7TH ST ROCHESTER, MI 48307 If over \$100.00 cumulative, please provide: Occupation: INDEPENDENT STYLIST Employer Name & Address: CABI, LLC 21750 ARNOLD CENTER RD, CARSON, CA 90810 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description ENVELOPES 5. Date Of Receipt: 10/04/2023 6. Vendor Name & Address: DOLLAR TREE 1451 ROCHESTER RD, ROCHESTER HILLS, MI 48307	\$ 5.30	\$ 2,216.28
Contribution #3 PAC Receipt? ☐ Yes Name & Address: DEBRA L JONES 520 7TH ST ROCHESTER, MI 48307 If over \$100.00 cumulative, please provide: Occupation: INDEPENDENT STYLIST Employer Name & Address: CABI, LLC 21750 ARNOLD CENTER RD, CARSON, CA 90810 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description POSTAGE 5. Date Of Receipt: 10/04/2023 6. Vendor Name & Address: UNITED STATES POSTAL SERVICE 511 OLDE TOWNE RD, ROCHESTER, MI 48308	\$ 396.00	\$ 2,612.28

Page Subtotal **480.24** **0.00**

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 **98205**

CANDIDATE COMMITTEE

2. Committee Name **COMMITTEE FOR DEBBIE JONES**

3. Name and Address from whom received 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) 5. Date of Receipt 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? ☐ Yes Name & Address: DEBRA L JONES 520 7TH ST ROCHESTER, MI 48307 If over \$100.00 cumulative, please provide: Occupation: INDEPENDENT STYLIST Employer Name & Business Address: CABI, LLC 21750 ARNOLD CENTER RD, CARSON, CA 90810 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description POSTAGE 5. Date Of Receipt: 10/11/2023 6. Vendor Name & Address: UNITED STATES POSTAL SERVICE 511 OLDE TOWNE RD, ROCHESTER, MI 48308	\$ 105.60	\$ 2,717.88
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	\$	\$
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	\$	\$

[Click Here for Memo Itemization](#)

[Click Here for Memo Itemization](#)

Page Subtotal

105.60

2,717.88

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

1,112.82

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **98205**
2. Committee Name **COMMITTEE FOR DEBBIE JONES**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CITY TAVERN Address 423 S MAIN ST ROCHESTER, MI 48307 ☒ Fund Raiser	Purpose: EVENT FOOD AND DRINK ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/15/2023 Date	\$ 550.50
Expenditure #2 Name LO PRINTING Address 2024 COLE RD ORION TWP, MI 48362 ☐ Fund Raiser	Purpose: YARD SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/16/2023 Date	\$ 475.00
Expenditure #3 Name LO PRINTING Address 2024 COLE RD ORION TWP, MI 48362 ☐ Fund Raiser	Purpose: PRINTING POSTCARDS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/19/2023 Date	\$ 50.00
Expenditure #4 Name LO PRINTING Address 2024 COLE RD ORION TWP, MI 48362 ☐ Fund Raiser	Purpose: LABELS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/06/2023 Date	\$ 60.00
Expenditure #5 Name COMMUNITY LIFESTYLES Address PO BOX 82512 ROCHESTER, MI 48308 ☐ Fund Raiser	Purpose: NEWSPAPER ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/12/2023 Date	\$ 497.00

Subtotal this page

1,632.50

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 **98205**
2. Committee Name **COMMITTEE FOR DEBBIE JONES**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name LO PRINTING Address 2024 COLE RD ORION TWP, MI 48362 ☐ Fund Raiser	Purpose: YARD SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/12/2023 Date	\$ 475.00
Expenditure #2 Name LO PRINTING Address 2024 COLE RD ORION TWP, MI 48362 ☐ Fund Raiser	Purpose: CAR MAGNETS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/14/2023 Date	\$ 90.00
Expenditure #3 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: POSTCARD PRINTING & MAILING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/27/2023 Date	\$ 688.02
Expenditure #4 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: LABELS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/03/2023 Date	\$ 38.58
Expenditure #5 Name LO PRINTING Address 2024 COLE RD ORION TWP, MI 48362 ☐ Fund Raiser	Purpose: YARD SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/03/2023 Date	\$ 195.00

Subtotal this page

1,486.60

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 **98205**
2. Committee Name **COMMITTEE FOR DEBBIE JONES**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name LO PRINTING Address 2024 COLE RD ORION TWP, MI 48362 ☐ Fund Raiser	Purpose: PRINTING - POSTCARDS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/03/2023 Date	\$ 50.00
Expenditure #2 Name HUNTINGTON BANK Address 255 E 2ND ST ROCHESTER, MI 48307 ☐ Fund Raiser	Purpose: BANK FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/16/2023 Date	\$ 5.00
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 **55.00**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **3,174.10**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 98205
2. Committee Name COMMITTEE FOR DEBBIE JONES

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: DEBRA L JONES 520 7TH ST ROCHESTER, MI 48307	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>08/14/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>500.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>500.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: DEBRA L JONES 520 7TH ST ROCHESTER, MI 48307	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>08/16/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>600.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>600.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: DEBRA L JONES 520 7TH ST ROCHESTER, MI 48307	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>09/18/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>200.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>200.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

1,300.00

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

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

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 98205
2. Committee Name COMMITTEE FOR DEBBIE JONES

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: DEBRA L JONES 520 7TH ST ROCHESTER, MI 48307	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>09/27/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>400.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>400.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

400.00

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

1,700.00

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

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



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **98205**
2. Committee Name **COMMITTEE FOR DEBBIE JONES**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 08/15/2023	4. Number of Individuals Attending or Participating (whichever is greater) 35	5. Type of Fund Raising Activity CAMPAIGN KICK OFF	6. Address and Name (If any) of the place where the activity was held. CITY TAVERN 423 S MAIN ST ROCHESTER, MI 48307 ☐ Private Residence
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7. Total Contributions **275.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **275.00**
10. Total Cost of Event **615.76**
(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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **98205**
2. Committee Name **COMMITTEE FOR DEBBIE JONES**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 09/08/2023	4. Number of Individuals Attending or Participating (whichever is greater) 12	5. Type of Fund Raising Activity TOAST TO TOMORROW FUNDRAISER	6. Address and Name (If any) of the place where the activity was held. 308 W 4TH ST ROCHESTER, MI 48307 ☒ Private Residence
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7. Total Contributions **320.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **320.00**
10. Total Cost of Event **94.94**
(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.