



FILED

25 OCT 2023 AM 11:47

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: 06/28/2023 to 10/22/2023

1. Committee I.D. Number

98227

2. Committee Name

CTE THAD BOGERT

4. Candidate Last Name

BOGERT

First Name

THADEUS

M.I.

L

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

CITY COUNCIL, SOUTH LYON

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

5. Committee's Mailing Address

**1033 PADDOCK DR
SOUTH LYON, MI 48178**

Area Code and Phone (248) 974-4589
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

**CATHERINE CAMPBELL
1034 PADDOCK DR
SOUTH LYON, MI 48178**

Area Code & Phone (248) 434-7167

7. Treasurer's Business Address

**1034 PADDOCK DR
SOUTH LYON, MI 48178**

Area Code and Phone (248) 434-7167

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

10/25/2023

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/25/2023



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 98227

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE THAD BOGERT

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>2,135.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>2,135.00</u>	(18.) \$ <u>2,135.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.01</u>	(19.) \$ <u>0.01</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>2,135.01</u>	(20.) \$ <u>2,135.01</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>243.09</u>	(21.) \$ <u>243.09</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>1,984.85</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>1,984.85</u>	(23.) \$ <u>1,984.85</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>0.00</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>2,135.01</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>2,135.01</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1,984.85</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>150.16</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98227
2. Committee Name CTE THAD BOGERT

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/28/2023</u>	
Name & Address: THAD BOGERT 1033 PADDOCK DR SOUTH LYON, MI 48178		\$ <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>07/18/2023</u>	
Name & Address: LISA CHRISTEEN PURVIS 58545 PONTIAC TRAIL NEW HUDSON, MI 48165		\$ <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>07/21/2023</u>	
Name & Address: SOUTH LYON AREA DEMOCRATS PAC 26300 DARIA CIR W SOUTH LYON, MI 48178		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/26/2023</u>	
Name & Address: DAVID ASCHER 6804 HARVEST CT SOUTH LYON, MI 48178		\$ <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 **645.00**

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 98227
2. Committee Name CTE THAD BOGERT

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>07/26/2023</u>	
Name & Address: SANDRA STEWART 13155 MICHALEK LN SOUTH LYON, MI 48178		\$ <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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/30/2023</u>	
Name & Address: RACHID HATEM 1329 COACH HOUSE LN SOUTH LYON, MI 48178		\$ <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>08/20/2023</u>	
Name & Address: MARY ADAMS 1230 HACKNEY CT SOUTH LYON, MI 48178		\$ <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>08/20/2023</u>	
Name & Address: ROBERT BURRELL 101 CURRY AVE ROYAL OAK, MI 48067		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **550.00**

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 98227
2. Committee Name CTE THAD BOGERT

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>08/20/2023</u>	
Name & Address: NADINE RUTMAN 7302 SAN LUIS ST CARLSBAD, CA 92011		\$ <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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/24/2023</u>	
Name & Address: FERDE SANDERS 1007 BUCKEYE DR FORT PIERCE, FL 34982		\$ <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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/04/2023</u>	
Name & Address: ADAM ENFROY 130 AMY ANN LN VERO BEACH, FL 32963		\$ <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>09/05/2023</u>	
Name & Address: THOMAS OSWALD 30148 MACINTOSH LN NEW HUDSON, MI 48165		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL ADVISOR</u> Employer <u>AMERIPRISE FINANCIAL</u> Business Address <u>700 TOWER DR, TROY, MI 48098</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 350.00

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 98227
2. Committee Name CTE THAD BOGERT

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>09/20/2023</u> Name & Address: KRISTEN BRENNER 26753 ELK RUN E NEW HUDSON, MI 48165		\$ <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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/20/2023</u> Name & Address: ALEX HINES 24448 BONNIE BROOK DR NOVI, MI 48374		\$ <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			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/20/2023</u> Name & Address: JULIE HINES 24448 BONNIE BROOK DR NOVI, MI 48374		\$ <u>60.00</u>	\$ <u>60.00</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>09/20/2023</u> Name & Address: MATILDE ROMAN 35972 W 13 MILE RD FARMINGTON HILLS, MI 48331		\$ <u>120.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NURSE</u> Employer <u>MICHIGAN MEDICINE</u> Business Address <u>1500 E MEDICAL CENTER DR, ANN ARBOR, MI 48109</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **310.00**

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 98227
2. Committee Name CTE THAD BOGERT

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/22/2023</u> Name & Address: VERONICA MARTINEZ 22313 SOLOMON BLVD, #105 NOVI, MI 48375		\$ <u>60.00</u>	\$ <u>60.00</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>09/22/2023</u> Name & Address: JENNIFER MOSS 740 HUMPHREY AVE BIRMINGHAM, MI 48009		\$ <u>60.00</u>	\$ <u>60.00</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>09/26/2023</u> Name & Address: JENNIFER MOSS 740 HUMPHREY AVE BIRMINGHAM, MI 48009		\$ <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			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/30/2023</u> Name & Address: KEITH MOSS 740 HUMPHREY AVE BIRMINGHAM, MI 48009		\$ <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 250.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98227
2. Committee Name CTE THAD BOGERT

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>10/01/2023</u> Name & Address: SHERRI FRANK 14293 YALE ST LIVONIA, MI 48154		\$ 30.00	\$ 30.00
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		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	



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

CANDIDATE COMMITTEE

1. Committee I.D. Number **98227**

2. Committee Name **CTE THAD BOGERT**

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: VIBE CREDIT UNION 21985 PONTIAC TRAIL SOUTH LYON, MI 48178	Date of Receipt 08/31/2023	☐ Loan from a Lending Institution ☒ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ 0.01
	☐ Fund Raiser		
Receipt #2 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____
	☐ Fund Raiser		
Receipt #3 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____
	☐ Fund Raiser		
Receipt #4 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____
	☐ Fund Raiser		
Receipt #5 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____
	☐ Fund Raiser		
Receipt #6 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____
	☐ Fund Raiser		
Receipt #7 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____
	☐ Fund Raiser		
Page Subtotal			0.01
Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			0.01

Enter this total on
line 4 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **98227**

CANDIDATE COMMITTEE

2. Committee Name **CTE THAD BOGERT**

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: THAD BOGERT 1033 PADDOCK DR SOUTH LYON, MI 48178 If over \$100.00 cumulative, please provide: Occupation: COMPUTER PROGRAMMER Employer Name & Business Address: CLIENTTRAX 4716 HARRISBURG PIKE, GROVE CITY, OH 43123 ☐ 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 1/3 OF MAILER SUPPLIES 5. Date Of Receipt: 07/01/2023 6. Vendor Name & Address: STEVE KENNEDY 1079 VASSAR, SOUTH LYON, MI 48178	\$ 107.09	\$ 127.09
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: THAD BOGERT 1033 PADDOCK DR SOUTH LYON, MI 48178 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 PHOTO FOR CAMPAIGN 5. Date Of Receipt: 07/07/2023 6. Vendor Name & Address: WALGREENS 22318 PONTIAC TRAIL, SOUTH LYON, MI 48178	\$ 16.53	\$ 143.62
Contribution #3 PAC Receipt? ☐ Yes Name & Address: THAD BOGERT 1033 PADDOCK DR SOUTH LYON, MI 48178 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 DOG BONES FOR CANVASSING 5. Date Of Receipt: 07/07/2023 6. Vendor Name & Address: PET SUPPLIES PLUS 8703 W GRAND RIVER AVE, BRIGHTON, MI 48116	\$ 8.46	\$ 152.08

Page Subtotal **132.08** **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 **98227**

CANDIDATE COMMITTEE

2. Committee Name **CTE THAD BOGERT**

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: THAD BOGERT 1033 PADDOCK DR SOUTH LYON, MI 48178 If over \$100.00 cumulative, please provide: Occupation: COMPUTER PROGRAMMER Employer Name & Business Address: CLIENTTRAX 4716 HARRISBURG PIKE, GROVE CITY, OH 43123 ☐ 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 SUPPLIES FOR CAMPAIGN 5. Date Of Receipt: 07/07/2023 6. Vendor Name & Address: STAPLES 8063 CHALLIS RD, BRIGHTON, MI 48116	\$ 33.95	\$ 186.03
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: THAD BOGERT 1033 PADDOCK DR SOUTH LYON, MI 48178 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 CANDIDATE PHOTO 5. Date Of Receipt: 07/08/2023 6. Vendor Name & Address: WALGREENS 22318 PONTIAC TRAIL, SOUTH LYON, MI 48178	\$ 16.53	\$ 202.56
Contribution #3 PAC Receipt? ☐ Yes Name & Address: THAD BOGERT 1033 PADDOCK DR SOUTH LYON, MI 48178 If over \$100.00 cumulative, please provide: Occupation: COMPUTER PROGRAMMER Employer Name & Address: CLIENTTRAX 4716 HARRISBURG PIKE, GROVE CITY, OH 43123 ☐ 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 WEB AND EMAIL HOSTING FOR CANDIDATE 5. Date Of Receipt: 07/08/2023 6. Vendor Name & Address: NAMECHEAP 4600 E WASHINGTON ST, PHOENIX, AZ 85034	\$ 34.88	\$ 237.44

Page Subtotal

85.36

0.00

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

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on line 6 of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number **98227**
2. Committee Name **CTE THAD BOGERT**

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: THAD BOGERT 1033 PADDOCK DR SOUTH LYON, MI 48178 If over \$100.00 cumulative, please provide: Occupation: COMPUTER PROGRAMMER Employer Name & Business Address: CLIENTTRAX 4716 HARRISBURG PIKE, GROVE CITY, OH 43123 ☐ 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 LABELS 5. Date Of Receipt: 09/22/2023 6. Vendor Name & Address: AMAZON 410 TERRY AVE N, SEATTLE, WA 98109	\$ 25.65	\$ 263.09
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: Click Here for Memo Itemization	\$	\$
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	\$	\$

Page Subtotal **25.65** **263.09**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **243.09**

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **98227**
2. Committee Name **CTE THAD BOGERT**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name VISTAPRINT Address 275 WYMAN ST WALTHAM, MA 02451 ☐ Fund Raiser	Purpose: CAMPAIGN FLYERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/08/2023 Date	\$ 408.61
Expenditure #2 Name USPS Address 111 S LAFAYETTE ST SOUTH LYON, MI 48178 ☐ Fund Raiser	Purpose: STAMPS FOR MAILING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/18/2023 Date	\$ 360.00
Expenditure #3 Name SIGNS ON THE CHEAP Address 11525 STONEHOLLOW DR AUSTIN, TX 78758 ☐ Fund Raiser	Purpose: CANDIDATE SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/23/2023 Date	\$ 419.76
Expenditure #4 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109 ☐ Fund Raiser	Purpose: METAL YARD SIGN STAKES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/31/2023 Date	\$ 63.49
Expenditure #5 Name SHEET LABELS, INC Address 24 NATIVE RD QUEENSBURY, NY 12804 ☐ Fund Raiser	Purpose: LABELS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/13/2023 Date	\$ 44.88

Subtotal this page **1,296.74**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **98227**
2. Committee Name **CTE THAD BOGERT**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name WALMART Address 3301 N PONTIAC TRAIL COMMERCE TWP, MI 48390 ☐ Fund Raiser	Purpose: PROMOTIONAL ITEMS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/20/2023 Date	\$ 60.52
Expenditure #2 Name WALMART Address 30729 LYON CENTER DR NEW HUDSON, MI 48165 ☐ Fund Raiser	Purpose: PROMOTIONAL ITEMS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/20/2023 Date	\$ 59.04
Expenditure #3 Name WALMART Address 30729 LYON CENTER DR NEW HUDSON, MI 48165 ☐ Fund Raiser	Purpose: PROMOTIONAL ITEMS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/20/2023 Date	\$ 66.78
Expenditure #4 Name BIG FROG CUSTOM T-SHIRTS & MORE Address 9690 VILLAGE PL BLVD BRIGHTON, MI 48116 ☐ Fund Raiser	Purpose: T-SHIRTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/25/2023 Date	\$ 435.24
Expenditure #5 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109 ☐ Fund Raiser	Purpose: LABELS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/27/2023 Date	\$ 13.77

Subtotal this page

635.35

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

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Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **98227**
2. Committee Name **CTE THAD BOGERT**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>CONTRIBUTION ONLINE FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/20/2023</u> Date	\$ <u>52.76</u>
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Click Here for Memo Itemization Type			
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Click Here for Memo Itemization Type			
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Click Here for Memo Itemization Type			
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Click Here for Memo Itemization Type			

Subtotal this page	52.76
Grand Total of all Schedules 1B (Complete on last page of Schedule)	1,984.85

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Summary Page