



FILED

25 OCT 2023 PM 07:28

OAKLAND COUNTY CLERK
PONTIAC, MICHIGAN

FOR OFFICIAL USE ONLY

**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: 11/26/2019 to 10/22/2023

1. Committee I.D. Number

97242

4. Candidate Last Name First Name M.I.

DILG LISA M

2. Committee Name

COMMITTEE TO ELECT LISA DILG

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

**634 COVINGTON ST.
SOUTH LYON, MI 48178**

6. Treasurer's Name & Residential Address

**LISA DILG
634 COVINGTON ST.
SOUTH LYON, MI 48178**

Area Code and Phone (313) 399-0892
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

Area Code & Phone (313) 399-0892

7. Treasurer's Business Address

**634 COVINGTON ST.
SOUTH LYON, MI 48178**

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

**LISA DILG
634 COVINGTON ST.
SOUTH LYON, MI 48178**

Area Code and Phone (313) 399-0892

Area Code and Phone (313) 399-0892

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

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

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

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement () Coverage Year

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

Date of Election, Convention or Caucus

11/07/2023

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 97242

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name COMMITTEE TO ELECT LISA DILG

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1,756.20</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1,756.20</u>	(18.) \$ <u>4,506.20</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>1,756.20</u>	(20.) \$ <u>4,506.20</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>888.15</u>	(21.) \$ <u>2,436.63</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>1,705.75</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>1,705.75</u>	(23.) \$ <u>4,391.93</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>63.82</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1,756.20</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1,820.02</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1,705.75</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>114.27</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97242
2. Committee Name COMMITTEE TO ELECT LISA DILG

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>06/15/2023</u>	
Name & Address: LISA M DILG 634 COVINGTON ST SOUTH LYON, MI 48178		\$ <u>31.18</u>	\$ <u>31.18</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>07/01/2023</u>	
Name & Address: SANDRA A 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 <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/09/2023</u>	
Name & Address: KIMBERLY 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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/09/2023</u>	
Name & Address: LISA M DILG 634 COVINGTON ST SOUTH LYON, MI 48178		\$ <u>400.00</u>	\$ <u>431.18</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MARKETING DIRECTOR</u> Employer <u>NTH CONSULTANTS, LTD.</u> Business Address <u>41780 SIX MILE RD, SUITE 200, NORTHVILLE, MI 48168</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **631.18**

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 97242
2. Committee Name COMMITTEE TO ELECT LISA DILG

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>07/21/2023</u>	
Name & Address: SOUTH LYON AREA DEMOCRATIC CLUB 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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/28/2023</u>	
Name & Address: ROSE PERUSKI 406 CURRY AVE ROYAL OAK, MI 48067		\$ <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>07/29/2023</u>	
Name & Address: AMY LESTER 45 LONGCOMMON RD RIVERSIDE, IL 60546		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT OF QUALITY</u> Employer <u>NAVISTAR INC</u> Business Address <u>2701 NAVISTAR DR, LISLE, IL 60532</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/31/2023</u>	
Name & Address: LISA C PURVIS 58545 PONTIAC TRAIL NEW HUDSON, MI 48165		\$ <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
(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 97242
2. Committee Name COMMITTEE TO ELECT LISA DILG

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>07/31/2023</u>	
Name & Address: VIBE BANK 21985 PONTIAC TRAIL SOUTH LYON, MI 48178		\$ <u>0.01</u>	\$ <u>0.01</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>08/02/2023</u>	
Name & Address: ROBERT JEAN 406 CURRY AVE ROYAL OAK, MI 48067		\$ <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>08/19/2023</u>	
Name & Address: MARIE MULLEN 415 ORCHARD RIDGE RD SOUTH LYON, MI 48178		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/19/2023</u>	
Name & Address: VALERIE WHALEN 26300 DARIA CIR W SOUTH LYON, MI 48178		\$ <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 **125.01**

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 97242
2. Committee Name COMMITTEE TO ELECT LISA DILG

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: 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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/25/2023</u>	
Name & Address: KAREN SCHMITZ 25946 CARRIAGE LN SOUTH LYON, MI 48178		\$ <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>08/31/2023</u>	
Name & Address: VIBE BANK 21985 PONTIAC TRAIL SOUTH LYON, MI 48178		\$ <u>0.01</u>	\$ <u>0.02</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: AARON PISHALSKI 24586 BROMPTON WAY SOUTH LYON, MI 48178		\$ <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			

Page Subtotal **150.01**

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

1,756.20

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **97242**

CANDIDATE COMMITTEE

2. Committee Name **COMMITTEE TO ELECT LISA DILG**

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: LISA M DILG 634 COVINGTON ST SOUTH LYON, MI 48178 If over \$100.00 cumulative, please provide: Occupation: MARKETING DIRECTOR Employer Name & Business Address: NTH CONSULTANTS, LTD. 41780 SIX MILE RD, SUITE 200, NORTHVILLE, MI 48168 ☐ 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 <u>MAILING SUPPLIES - ENVELOPES/LABELS</u> 5. Date Of Receipt: <u>08/04/2023</u> 6. Vendor Name & Address: STEVE KENNEDY 1079 VASSAR, SOUTH LYON, MI 48178	\$ 107.09	\$ 538.27
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: LISA M DILG 634 COVINGTON ST 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 <u>STAMPS</u> 5. Date Of Receipt: <u>08/21/2023</u> 6. Vendor Name & Address: UNITED STATES POSTAL SERVICE 111 S LAFAYETTE ST, SOUTH LYON, MI 48178	\$ 96.00	\$ 634.27
Contribution #3 PAC Receipt? ☐ Yes Name & Address: GARY M CHILDS 634 COVINGTON ST 12925 WALNUT RDG 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 <u>POSTCARD STAMPS</u> 5. Date Of Receipt: <u>08/31/2023</u> 6. Vendor Name & Address: SOUTH LYON POST OFFICE 111 S LAFAYETTE ST, SOUTH LYON, MI 48178	\$ 40.00	\$ 40.00

Page Subtotal **243.09** **40.00**

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 97242

CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO ELECT LISA DILG

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: LISA M DILG 634 COVINGTON ST SOUTH LYON, MI 48178 If over \$100.00 cumulative, please provide: Occupation: MARKETING DIRECTOR Employer Name & Business Address: NTH CONSULTANTS, LTD. 41780 SIX MILE RD, SUITE 200, NORTHVILLE, MI 48168 ☐ 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 FLYERS 5. Date Of Receipt: 09/05/2023 6. Vendor Name & Address: QUICK SILVER 7699 KENSINGTON CT, BRIGHTON, MI 48116	\$ 116.08	\$ 750.35
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: LISA M DILG 634 COVINGTON ST SOUTH LYON, MI 48178 If over \$100.00 cumulative, please provide: Occupation: MARKETING DIRECTOR Employer Name & Address: NTH CONSULTANTS, LTD. 41780 SIX MILE RD, SUITE 200, NORTHVILLE, MI 48168 ☐ 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 POSTCARD STAMPS 5. Date Of Receipt: 09/19/2023 6. Vendor Name & Address: UNITED STATES POSTAL OFFICE 111 S LAFAYETTE ST, SOUTH LYON, MI 48178	\$ 480.00	\$ 1,230.35
Contribution #3 PAC Receipt? ☐ Yes Name & Address: LISA M DILG 634 COVINGTON ST SOUTH LYON, MI 48178 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	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 DECORATIONS FOR PARADE 5. Date Of Receipt: 09/21/2023 6. Vendor Name & Address: DOLLAR TREE 21835 PONTIAC TRAIL, SOUTH LYON, MI 48178	\$ 25.18	\$ 1,255.53

Page Subtotal **621.26** **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 **97242**

CANDIDATE COMMITTEE

2. Committee Name **COMMITTEE TO ELECT LISA DILG**

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: LISA M DILG 634 COVINGTON ST SOUTH LYON, MI 48178 If over \$100.00 cumulative, please provide: Occupation: MARKETING DIRECTOR Employer Name & Business Address: NTH CONSULTANTS, LTD. 41780 SIX MILE RD, SUITE 200, NORTHVILLE, MI 48168 ☐ 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 CANDY FOR PARADE 5. Date Of Receipt: 09/29/2023 6. Vendor Name & Address: WALMART 30729 LYON CENTER DR, NEW HUDSON, MI 48165	\$ 23.80	\$ 1,279.33
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

23.80

1,279.33

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

888.15

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **97242**
2. Committee Name **COMMITTEE TO ELECT LISA DILG**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name UNITED STATES POSTAL OFFICE Address 111 S LAFAYETTE ST SOUTH LYON, MI 48178 ☐ Fund Raiser	Purpose: STAMPS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/23/2023 Date	\$ 264.00
Expenditure #2 Name CANVA Address 200 E 6TH ST AUSTIN, TX 78701 ☐ Fund Raiser	Purpose: FLYERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/27/2023 Date	\$ 150.00
Expenditure #3 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/31/2023 Date	\$ 3.93
Expenditure #4 Name QUICK SILVER Address 7699 KENSINGTON CT BRIGHTON, MI 48116 ☐ Fund Raiser	Purpose: YARD SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/01/2023 Date	\$ 367.82
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/01/2023 Date	\$ 9.71

Subtotal this page

795.46

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 **97242**
2. Committee Name **COMMITTEE TO ELECT LISA DILG**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/03/2023 Date	\$ 2.08
Expenditure #2 Name QUICK SILVER Address 7699 KENSINGTON CT BRIGHTON, MI 48116 ☐ Fund Raiser	Purpose: FLYERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/05/2023 Date	\$ 348.37
Expenditure #3 Name QUICK SILVER Address 7699 KENSINGTON CT BRIGHTON, MI 48116 ☐ Fund Raiser	Purpose: FLYERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/21/2023 Date	\$ 172.35
Expenditure #4 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/22/2023 Date	\$ 3.93
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/28/2023 Date	\$ 1.16

Subtotal this page **527.89**

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 **97242**
2. Committee Name **COMMITTEE TO ELECT LISA DILG**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/06/2023 Date	\$ 1.16
Expenditure #2 Name CANVA Address 200 E 6TH ST AUSTIN, TX 78701 ☐ Fund Raiser	Purpose: POST CARDS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/11/2023 Date	\$ 170.00
Expenditure #3 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109 ☐ Fund Raiser	Purpose: FLAGS FOR PARADE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/18/2023 Date	\$ 118.64
Expenditure #4 Name AVERY PRODUCTS Address 50 POINTE DR BREA, CA 92821 ☐ Fund Raiser	Purpose: LABELS FOR FLAGS FOR PARADE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/18/2023 Date	\$ 92.60
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 **382.40**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **1,705.75**

Enter this total
on line 8a of
Summary Page