



FILED

27 OCT 2023 PM 01:44

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: 01/01/2023 to 10/22/2023

1. Committee I.D. Number

97747

2. Committee Name

CTE MONICA HUNT

4. Candidate Last Name

HUNT

First Name

MONICA

M.I.

N

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

CITY COMMISSIONER, ROYAL OAK

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

5. Committee's Mailing Address

**1302 W THIRTEEN MILE RD
ROYAL OAK, MI 48073**

Area Code and Phone (248) 877-9649
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

**MONICA N HUNT
1302 WEST THIRTEEN MILE RD.
ROYAL OAK, MI 48073**

Area Code & Phone (248) 877-9649

7. Treasurer's Business Address

**1302 WEST THIRTEEN MILE RD.
ROYAL OAK, MI 48073**

Area Code and Phone (248) 877-9649

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 97747

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE MONICA HUNT

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>19,810.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>19,810.00</u>	(18.) \$ <u>19,810.00</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>19,810.00</u>	(20.) \$ <u>19,810.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>985.00</u>	(21.) \$ <u>985.00</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>10,877.19</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>10,877.19</u>	(23.) \$ <u>10,877.19</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>622.66</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>19,810.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>20,432.66</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>10,877.19</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>9,555.47</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97747
2. Committee Name CTE MONICA HUNT

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>08/07/2023</u>	
Name & Address: MICHELLE BRUNER 30440 WOODGATE DR SOUTHFIELD, MI 48076		\$ <u>750.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGING DIRECTOR</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>701 TAPPAN AVE, ANN ARBOR, MI 48104</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/08/2023</u>	
Name & Address: MALANDRA HUNT 2609 CROOKS ROYAL OAK, MI 48073		\$ <u>750.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UNEMPLOYED</u> Employer <u>N/A</u> Business Address <u>2609 CROOKS, ROYAL OAK, MI 48073</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/14/2023</u>	
Name & Address: LISA GARDNER 3407 SKYLINE DR MELVINDALE, MI 48122		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>THE ALLEN LAW GROUP PC</u> Business Address <u>3011 W GRAND BLVD, DETROIT, MI 48202</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/31/2023</u>	
Name & Address: TOM REGAN 3126 GLENVIEW AVE ROYAL OAK, MI 48073		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOFTWARE ENGINEER</u> Employer <u>PROCTOR ENGINEERING</u> Business Address <u>3126 GLENVIEW AVE, ROYAL OAK, MI 48073</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal

1,700.00

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 97747
2. Committee Name CTE MONICA HUNT

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>08/31/2023</u> Name & Address: MARY MILLS 5056 CROOKS ROAD #51 ROYAL OAK, MI 48073 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>35.00</u>	\$ <u>35.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/31/2023</u> Name & Address: JOHN HINDO 488 WEST OAKLY PARKWAY WALLED LAKE, MI 48390 5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>BOJI GROUP</u> Business Address <u>124 W ALLEGAN ST, LANSING, MI 48933</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>500.00</u>	\$ <u>500.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/02/2023</u> Name & Address: RACHEL ANDREWS 1202 HICKORY AVE ROYAL OAK, MI 48073 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/03/2023</u> Name & Address: DENISE RESKE 1017 N VERMONT AVE ROYAL OAK, MI 48067 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>25.00</u>	\$ <u>25.00</u>

Page Subtotal 610.00

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 97747
2. Committee Name CTE MONICA HUNT

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>09/05/2023</u>	
Name & Address: SHARONNA FIELDS 13884 IRVINGTON DR WARREN, MI 48088		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT - AP MANAGER</u> Employer <u>FLAGSTAR BANK</u> Business Address <u>5151 CORPORATE DR, TROY, MI 48098</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/05/2023</u>	
Name & Address: JENNIFER KOWALOWSKI 118 RHODE ISLAND 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>09/05/2023</u>	
Name & Address: LAWRENCE MIO 1130 STANLEY BLVD BIRMINGHAM, MI 48009		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGING PARTNER</u> Employer <u>UNITED HOSPITALITY GROUP</u> Business Address <u>1130 STANLEY BLVD, BIRMINGHAM, MI 48009</u> 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: KEN BERNARD 1118 E 6TH ST ROYAL OAK, MI 48067		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INVESTMENT ADVISOR</u> Employer <u>BERNARD WEALTH MANAGEMENT CORP</u> Business Address <u>600 S ADAMS RD, BIRMINGHAM, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,400.00**

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/06/2023</u>	
Name & Address: BRANDON KOLO 600 E HUDSON AVE ROYAL OAK, MI 48067		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROJECT MANAGER</u> Employer <u>FACILITY SOLUTIONS, INC</u> Business Address <u>19015 E 14 MILE RD, CLINTON TWP, MI 48035</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/06/2023</u>	
Name & Address: LAUREN JASINSKI 642 S VERMONT 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>09/06/2023</u>	
Name & Address: CARL LAUBACK 4311 ARDEN PL ROYAL OAK, MI 48073		\$ <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>09/06/2023</u>	
Name & Address: JOHN POTTS 23030 LAKE RAVINE DRIVE SOUTHFIELD, MI 48034		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address <u>23030 LAKE RAVINES DR, SOUTHFIELD, MI 48033</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **450.00**

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/07/2023</u>	
Name & Address: KYLE DUBUC 312 FAIRGROVE ROYAL OAK, MI 48067		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE DIRECTOR, ADVOCACY, MARKETING, & COMM</u> Employer <u>UNITED WAY FOR SOUTHEASTERN MICHIGAN</u> Business Address <u>3011 W GRAND BLVD, SUITE 500, DETROIT, MI 48202</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/07/2023</u>	
Name & Address: QUINN WRIGHT 30738 WOODMONT DR MADISON HEIGHTS, MI 48071		\$ <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>09/07/2023</u>	
Name & Address: ELAINE ASHER 1003 IRVING 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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/07/2023</u>	
Name & Address: JEANNE DENEWETH 121 EDMUND AVE ROYAL OAK, MI 48073		\$ <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 300.00

Grand Total of All Schedules 1A
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/07/2023</u> Name & Address: TIM CIECHORSKI 227 EAST 12 MILE ROAD #8 ROYAL OAK, MI 48073 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/07/2023</u> Name & Address: GEORGE PITCHFORD 25264 SURREY LN FARMINGTON HILLS, MI 48335 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>THE ALLEN LAW GROUP</u> Business Address <u>3011 W GRAND BLVD, 2500 FISHER BUILDING, DETROIT, MI 48202</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/07/2023</u> Name & Address: JONATHAN WITZ 107 EVALINE DR TROY, MI 48085 5. If over \$100.00 cumulative, please provide: Occupation <u>EVENT PRODUCTION</u> Employer <u>JONATHAN WITZ & ASSOCIATES</u> Business Address <u>301 W 4TH ST, #440, ROYAL OAK, MI 48067</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/07/2023</u> Name & Address: FLOYD ALLEN 28578 RIVER CREST DR SOUTHFIELD, MI 48034 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>THE ALLEN LAW GROUP</u> Business Address <u>3011 W GRAND BLVD, #2500, DETROIT, MI 48202</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>500.00</u>	\$ <u>500.00</u>

Page Subtotal 2,775.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/07/2023</u>	
Name & Address: FRIENDS OF MICHAEL FOURNIER 711 S ALEXANDER 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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/07/2023</u>	
Name & Address: SHIRLEY HUNT 23090 SCOTIA RD OAK PARK, MI 48237		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>23090 SCOTIA RD, OAK PARK, MI 48237</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/07/2023</u>	
Name & Address: KEVIN MCLOGAN 503 POPLAR ROYAL OAK, MI 48073		\$ <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>09/07/2023</u>	
Name & Address: LAQUITA HUNTER 29202 APPLE BLOSSOM LN FARMINGTON HILLS, MI 48331		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>THE ALLEN LAW GROUP</u> Business Address <u>3011 W GRAND BLVD, #2500, DETROIT, MI 48202</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 850.00

Grand Total of All Schedules 1A
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/07/2023</u> Name & Address: JOHN VON EBERSTEIN 3105 CLAWSON AVE ROYAL OAK, MI 48073		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>SELF</u> Business Address <u>3105 CLAWSON AVE, ROYAL OAK, MI 48073</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/07/2023</u> Name & Address: PAUL VIAL 2408 GALPIN AVE ROYAL OAK, MI 48073		\$ <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>09/07/2023</u> Name & Address: DENNIS COWAN 2716 TRAFFORD RD ROYAL OAK, MI 48073		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>PLUNKETT COONEY</u> Business Address <u>38505 WOODWARD AVE, #2000, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☒ YES 4. Date of Receipt <u>09/07/2023</u> Name & Address: PLUNKETT COONEY EMPLOYEES POLITICAL ACTION COMMITTEE 38505 WOODWARD AVE #2000 BLOOMFIELD HILLS, MI 48304		\$ <u>250.00</u>	\$ <u>250.00</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 600.00

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 97747
2. Committee Name CTE MONICA HUNT

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: SHEET METAL WORKERS LOACAL 80 PAC 17100 W 12 MILE RD SOUTHFIELD, MI 48076		\$ <u>250.00</u>	\$ <u>250.00</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>09/07/2023</u> Name & Address: SHARLAN DOUGLAS FOR ROYAL OAK 101 CURRY AVE #628 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>09/08/2023</u> Name & Address: MICHELLE COOK 824 WOODCREST DRIVE 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/08/2023</u> Name & Address: LISA GARDNER 3407 SKYLINE DR MELVINDALE, MI 48122		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>THE ALLEN LAW GROUP</u> Business Address <u>3011 W GRAND BLVD, 2500 FISHER BUILDING, DETROIT, MI 48202</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 450.00

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97747
2. Committee Name CTE MONICA HUNT

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>09/08/2023</u> Name & Address: MELANIE MACEY 729 NORTH WILSON ROYAL OAK, MI 48067		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>PROMOTE THE VOTE</u> Business Address <u>729 N WILSON AVE, ROYAL OAK, MI 48067</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/09/2023</u> Name & Address: JIM ELLISON 1309 MOHAWK ROYAL OAK, MI 48067		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMINISTRATION</u> Employer <u>OAKLAND COUNTY</u> Business Address <u>2100 PONTIAC LAKE RD, WATERFORD TWP, MI 48328</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/09/2023</u> Name & Address: APRIL RUMMEL 806 CATALPA 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/12/2023</u> Name & Address: JIM RASOR 502 W LINCOLN AVE ROYAL OAK, MI 48067		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>RASOR LAW FIRM</u> Business Address <u>201 E 4TH ST, ROYAL OAK, MI 48067</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 900.00

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 97747
2. Committee Name CTE MONICA HUNT

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>09/12/2023</u> Name & Address: JEANNE DOLSON 126 N CONNECTICUT AVE ROYAL OAK, MI 48067		\$ <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			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/13/2023</u> Name & Address: KATHRYN BRANHAM 1508 NORTHWOOD BLVD ROYAL OAK, MI 48073		\$ <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>09/13/2023</u> Name & Address: PENNY LUEBS 639 HENDRICKSON BLVD CLAWSON, MI 48017		\$ <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>09/13/2023</u> Name & Address: JANET ARMIL 233 E WINDEMERE AVE ROYAL OAK, MI 48073		\$ <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 200.00

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97747
2. Committee Name CTE MONICA HUNT

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>09/16/2023</u>	
Name & Address: DAVID PARUCH 1624 WOODSBORO DR ROYAL OAK, MI 48067		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>IMMIGRATION JUDGE</u> Employer <u>EOIR-USDOJ</u> Business Address <u>477 MICHIGAN AVE, DETROIT, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/17/2023</u>	
Name & Address: DIANA DARLAND 1907 WOODSBORO DR ROYAL OAK, MI 48067		\$ <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>09/17/2023</u>	
Name & Address: ELIZABETH KALCEC 1037 WEST WEBSTER ROYAL OAK, MI 48073		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMINISTRATOR</u> Employer <u>SALLY BLOCH</u> Business Address <u>4190 TELEGRAPH RD, #2700, BLOOMFIELD TWP, MI 48302</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/18/2023</u>	
Name & Address: LAWRENCE GARCIA 3 POPLAR PARK BLVD PLEASANT RIDGE, MI 48069		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MILLER CANFIELD</u> Business Address <u>150 W JEFFERSON AVE, DETROIT, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 475.00

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97747
2. Committee Name CTE MONICA HUNT

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>09/19/2023</u>	
Name & Address: BARRY MARTIN 215 POTAWATOMI BLVD ROYAL OAK, MI 48073		\$ <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>09/19/2023</u>	
Name & Address: MICHIGAN REGIONAL COUNCIL OF CARPENTERS PAC 400 RENAISSANCE CTR DETROIT, MI 48243		\$ <u>5,000.00</u>	\$ <u>5,000.00</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>09/23/2023</u>	
Name & Address: CHARLES FLEETHAM 22553 MAYWOOD CT FARMINGTON HILLS, MI 48335		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGEMENT CONSULTANT</u> Employer <u>PROJECT INNOVATIONS</u> Business Address <u>855 SOUTH MAIN, # 307, ROYAL OAK, MI 48067</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☒ YES	4. Date of Receipt <u>09/23/2023</u>	
Name & Address: MICHIGAN LABORERS' POLITICAL LEAGUE POLITICAL ACTION COMMITTEE 1118 CENTENNIAL WAY SUITE 100 LANSING, MI 48917		\$ <u>750.00</u>	\$ <u>750.00</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 **5,900.00**

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97747
2. Committee Name CTE MONICA HUNT

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>09/26/2023</u> Name & Address: MARK WALTON 2929 BEMBRIDGE RD ROYAL OAK, MI 48073		\$ <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>09/26/2023</u> Name & Address: WILLIAM MITCHELL 508 E LINCOLN AVE ROYAL OAK, MI 48067		\$ <u>5.00</u>	\$ <u>5.00</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>09/28/2023</u> Name & Address: ROBERT GOODMAN 504 PARKDALE AVE ROYAL OAK, MI 48073		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>GOODMAN FROST PLLC</u> Business Address <u>20300 W 12 MILE RD, SOUTHFIELD, MI 48076</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/01/2023</u> Name & Address: SHARON MACDONNELL 724 LONGFELLOW DR TROY, MI 48085		\$ <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 **580.00**

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

Enter this total on
line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97747
2. Committee Name CTE MONICA HUNT

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: JANICE SANECKI 1104 OTTAWA AVE ROYAL OAK, MI 48073		\$ <u>10.00</u>	\$ <u>10.00</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>10/02/2023</u> Name & Address: STEPHANIE CHANG FOR SENATE PO BOX 32317 DETROIT, MI 48232		\$ <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>10/05/2023</u> Name & Address: CHRIS MORAN 1003 ORCHARD GROVE DR ROYAL OAK, MI 48067		\$ <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>10/07/2023</u> Name & Address: LARYSA BLYSNIUK 2429 FERNCLIFF AVE ROYAL OAK, MI 48073		\$ <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 **160.00**

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

Enter this total on
line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97747
2. Committee Name CTE MONICA HUNT

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>10/07/2023</u>	
Name & Address: FRAN ANDERSON 1000 EAST 12 MILE ROYAL OAK, MI 48073		\$ <u>10.00</u>	\$ <u>10.00</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>10/08/2023</u>	
Name & Address: KELLY NEIGHBORS 1107 MAYFIELD DR ROYAL OAK, MI 48067		\$ <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>10/09/2023</u>	
Name & Address: SHEILA SORVARI 1901 WICKHAM ST ROYAL OAK, MI 48073		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SELF</u> Business Address <u>1901 WICKHAM ST, ROYAL OAK, MI 48073</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/09/2023</u>	
Name & Address: LISA MASON 2225 FERNCLIFF AVE ROYAL OAK, MI 48073		\$ <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 **135.00**

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 97747
2. Committee Name CTE MONICA HUNT

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>10/13/2023</u> Name & Address: CYNTHIA HAMPEL-LITWINOWICZ 3025 ELMHURST AVE ROYAL OAK, MI 48073		\$ <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			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/15/2023</u> Name & Address: JENNIFER CARNEY 602 N WILSON AVE ROYAL OAK, MI 48067		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>602 N WILSON AVE, ROYAL OAK, MI 48067</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☒ YES 4. Date of Receipt <u>10/16/2023</u> Name & Address: REALTORS POLITICAL ACTION COMMITTEE OF MICHIGAN 720 N WASHINGTON AVE LANSING, MI 48906		\$ <u>625.00</u>	\$ <u>625.00</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>10/17/2023</u> Name & Address: LORI WITZ 107 EVALINE DR TROY, MI 48085		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EVENT PRODUCTION</u> Employer <u>JWA</u> Business Address <u>301 W 4TH ST, SUITE 440, ROYAL OAK, MI 48067</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 2,025.00

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 97747
2. Committee Name CTE MONICA HUNT

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: BRANDON LEE 1315 W FARNUM AVE ROYAL OAK, MI 48067		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NON-PROFIT DIRECTOR</u> Employer <u>UNITED WAY FOR SOUTHEASTERN MICHIGAN</u> Business Address <u>3011 W GRAND BLVD, #500, DETROIT, MI 48202</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2023</u>	
Name & Address: MICHAEL JAMES 2914 BEMBRIDGE RD ROYAL OAK, MI 48073		\$ <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 _____	
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 **300.00**

Grand Total of All Schedules 1A
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19,810.00

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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **97747**

CANDIDATE COMMITTEE

2. Committee Name **CTE MONICA HUNT**

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: MONICA N HUNT 1302 WEST THIRTEEN MILE ROAD ROYAL OAK, MI 48073 If over \$100.00 cumulative, please provide: Occupation: ATTORNEY Employer Name & Business Address: THE ALLEN LAW GROUP 3031 W GRAND BLVD, #525, DETROIT, MI 48202 ☐ 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 FILING FEE 5. Date Of Receipt: 07/24/2023 6. Vendor Name & Address: CITY OF ROYAL OAK 203 S TROY ST, ROYAL OAK, MI 48067	\$ 35.00	\$ 35.00
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: ANTHONY YEZBECK 1825 PARENT BLVD ROYAL OAK, MI 48073 If over \$100.00 cumulative, please provide: Occupation: BUSINESS OWNER Employer Name & Address: FIFTH AVENUE 215 W 5TH ST, ROYAL OAK, MI 48067 ☒ 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 AND BEVERAGE 5. Date Of Receipt: 09/07/2023 6. Vendor Name & Address: FIFTH AVENUE 215 W 5TH ST, ROYAL OAK, MI 48067	\$ 950.00	\$ 950.00
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 **985.00** **985.00**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **985.00**

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **97747**
2. Committee Name **CTE MONICA HUNT**

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 STREET SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>ONLINE CONTRIBUTION FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/05/2023</u> Date	\$ <u>11.03</u>
Expenditure #2 Name INLAND PRESS Address 2001 W LAFAYETTE BLVD DETROIT, MI 48216 ☐ Fund Raiser	Purpose: <u>PRINTING AND MAILING OF CAMPAIGN MATERIAL</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/18/2023</u> Date	\$ <u>1,813.66</u>
Expenditure #3 Name SAWICKI AND SONS Address 1521 W. LAFAYETTE DETROIT, MI 48216 ☐ Fund Raiser	Purpose: <u>LAWN SIGNS PRINTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/19/2023</u> Date	\$ <u>973.88</u>
Expenditure #4 Name INLAND PRESS Address 2001 W LAFAYETTE BLVD DETROIT, MI 48216 ☐ Fund Raiser	Purpose: <u>PRINTING AND MAILING OF CAMPAIGN MATERIAL</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/29/2023</u> Date	\$ <u>2,639.36</u>
Expenditure #5 Name OAKLAND COUNTY TIMES Address PO BOX 20293 FERNDAL, MI 48220 ☐ Fund Raiser	Purpose: <u>FEE FOR VIDEO INTERVIEW</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/30/2023</u> Date	\$ <u>200.00</u>

Subtotal this page **5,637.93**

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 **97747**
2. Committee Name **CTE MONICA HUNT**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name PIVOT POINT Address 312 FAIRGROVE AVE ROYAL OAK, MI 48067 ☐ Fund Raiser	Purpose: <u>CAMPAIGN CONSULTING AND DESIGN</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/01/2023</u> Date	\$ <u>1,325.00</u>
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>DONATIONS PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/05/2023</u> Date	\$ <u>76.22</u>
Expenditure #3 Name C&G PUBLISHING Address 13650 E 11 MILE ROAD WARREN, MI 48089 ☐ Fund Raiser	Purpose: <u>PUBLICATION ADVERTISEMENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10/2023</u> Date	\$ <u>557.50</u>
Expenditure #4 Name VANTIV WORLDPAY Address 8500 GOVERNORS HILL DR CINCINNATI, OH 45249 ☐ Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/11/2023</u> Date	\$ <u>99.38</u>
Expenditure #5 Name USPS Address 345 NORTH MAIN ROYAL OAK, MI 48068 ☐ Fund Raiser	Purpose: <u>POSTAGE FOR CAMPAIGN MATERIAL</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/12/2023</u> Date	\$ <u>66.00</u>

Subtotal this page **2,124.10**

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 **97747**
2. Committee Name **CTE MONICA HUNT**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name USPS Address 345 NORTH MAIN ROYAL OAK, MI 48068 ☐ Fund Raiser	Purpose: <u>POSTAGE FOR CAMPAIGN MATERIAL</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/17/2023</u> Date	\$ <u>66.00</u>
Expenditure #2 Name INLAND PRESS Address 2001 W LAFAYETTE BLVD DETROIT, MI 48216 ☐ Fund Raiser	Purpose: <u>PRINTING AND MAILING OF CAMPAIGN MATERIAL</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/18/2023</u> Date	\$ <u>241.15</u>
Expenditure #3 Name INLAND PRESS Address 2001 W LAFAYETTE BLVD DETROIT, MI 48216 ☐ Fund Raiser	Purpose: <u>PRINTING AND MAILING OF CAMPAIGN MATERIAL</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/21/2023</u> Date	\$ <u>2,808.01</u>
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____

Subtotal this page **3,115.16**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **10,877.19**

Enter this total
on line 8a of
Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **97747**
2. Committee Name **CTE MONICA HUNT**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 09/07/2023	4. Number of Individuals Attending or Participating (whichever is greater) 38	5. Type of Fund Raising Activity CAMPAIGN KICKOFF	6. Address and Name (If any) of the place where the activity was held. FIFTH AVENUE 215 W 5TH ST ROYAL OAK, MI 48067 ☐ Private Residence
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7. Total Contributions **7,810.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **7,810.00**
10. Total Cost of Event **950.00**
(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.