



FILED

21 AUG 2023 PM 12:08

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 07/20/2023

1. Committee I.D. Number

97268

2. Committee Name

ROBERT WITTENBERG FOR COUNTY TREASURER

4. Candidate Last Name

WITTENBERG

First Name

ROBERT

M.I.

S

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

COUNTY TREASURER, OAKLAND COUNTY

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

5. Committee's Mailing Address

**13302 BORGMAN AVE.
HUNTINGTON WOODS, MI 48070**

Area Code and Phone (248) 270-7166
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

**BARBARA WINTER
23051 TAWAS ST.
HAZEL PARK, MI 48030**

Area Code & Phone (248) 544-1439

7. Treasurer's Business Address

**23051 TAWAS ST.
HAZEL PARK, MI 48030**

Area Code and Phone (248) 544-1439

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

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

- ☒ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement (2023)
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 lates 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

08/21/2023

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

08/21/2023



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 97268
2. Committee Name ROBERT WITTENBERG FOR COUNTY TREASURER

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>04/14/2023</u>	
Name & Address: DANA FORTIER 23871 W LEBOST NOVI, MI 48375		\$ <u>25.00</u>	\$ <u>225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CAMPAIGN MANAGER</u> Employer <u>ENCOMPASS</u> Business Address <u>23871 W LEBOST, NOVI, MI 48375</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/12/2023</u>	
Name & Address: DANA FORTIER 23871 W LEBOST NOVI, MI 48375		\$ <u>25.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CAMPAIGN MANAGER</u> Employer <u>ENCOMPASS</u> Business Address <u>23871 W LEBOST, NOVI, MI 48375</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/15/2023</u>	
Name & Address: ROBERT GORDON 2328 FERNWOOD AVE ANN ARBOR, MI 48104		\$ <u>35.00</u>	\$ <u>35.00</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>05/24/2023</u>	
Name & Address: HASSAN JAWAD 25248 EVERGREEN RD SOUTHFIELD, MI 48075		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>TOWER COMPUTER SERVICES</u> Business Address <u>25212 EVERGREEN RD, SOUTHFIELD, MI 48075</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **585.00**

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

Enter this total on
line 3a of Summary
Page.



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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/13/2023</u> Name & Address: PHILLIP GOLDBERG 717 W WILLOW ST CHICAGO, IL 60614		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>FOLEY & LARDNER LLP</u> Business Address <u>321 N CLARK ST, CHICAGO, IL 60654</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/13/2023</u> Name & Address: DIANNE BROWNE 6907 CHIMNEY HILL DR WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>35.00</u>	\$ <u>35.00</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>06/14/2023</u> Name & Address: ANN HELER 1024 LEROY ST FERNDAL, MI 48220		\$ <u>50.00</u>	\$ <u>50.00</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/14/2023</u> Name & Address: SHELDON LARKY 2100 RHINE RD WEST BLOOMFIELD, MI 48323		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MAGISTRATE</u> Employer <u>52-4 DISTRICT COURT</u> Business Address <u>520 W BIG BEAVER RD, TROY, MI 48084</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 585.00

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SCHEDULE 1A**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/06/2023</u>	
Name & Address: MARTIN SPAULDING PO BOX 51427 KALAMAZOO, MI 49005		\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>JOB CREATOR</u> Employer <u>SELF-EMPLOYED</u> Business Address <u>PO BOX 51247, KALAMAZOO, MI 49005</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/06/2023</u>	
Name & Address: MIDDLETON LUCAS 2336 WESTCHESTER LN KALAMAZOO, MI 49008		\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>TITLE CHECK</u> Business Address <u>222 N KALAMAZOO MALL, KALAMAZOO, MI 49007</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/06/2023</u>	
Name & Address: RICHARD SELIK 8019 HENDRIE BLVD HUNTINGTON WOODS, MI 48070		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/06/2023</u>	
Name & Address: JUDITH ANCELL 37524 BURTON CT FARMINGTON HILLS, MI 48331		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **6,100.00**

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

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/17/2023</u> Name & Address: CHRISTOPHER YATOOMA 1712 HAMILTON DR BLOOMFIELD HILLS, MI 48302		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>AUTHORIZED AGENT</u> Employer <u>SABAH CAPITAL</u> Business Address <u>1615 S TELEGRAPH RD, BLOOMFIELD TWP, MI 48302</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/17/2023</u> Name & Address: THERESA ORLASKE-RICH 34067 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>RICHLAW, PLLC</u> Business Address <u>27620 FARMINGTON RD, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/18/2023</u> Name & Address: RENAY WEISS-STANSELL 34816 GROVE DR LIVONIA, MI 48154		\$ <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>07/19/2023</u> Name & Address: SEYMOUR SCHWARTZ 2799 COOLIDGE HWY BERKLEY, MI 48072		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,450.00

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

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **97268**
2. Committee Name **ROBERT WITTENBERG FOR COUNTY TREASURER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name OFFICE DEPOT Address 31219 W 14 MILE RD FARMINGTON HILL, MI 48334 ☒ Fund Raiser	Purpose: NAME TAGS (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/14/2023 Date	\$ (33.99)
Expenditure #2 Name COSTCO Address 2343 S TELEGRAPH RD BLOOMFIELD TWP, MI 48302 ☒ Fund Raiser	Purpose: FOOD (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/16/2023 Date	\$ (589.29)
Expenditure #3 Name COSTCO Address 2343 S TELEGRAPH RD BLOOMFIELD TWP, MI 48302 ☒ Fund Raiser	Purpose: FLOWERS AND SUPPLIES (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/19/2023 Date	\$ (236.15)
Expenditure #4 Name WEBSTAUANTSTORE Address 40 CITATION LN LITITZ, PA 17543 ☐ Fund Raiser	Purpose: FOOD (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/20/2023 Date	\$ (148.75)
Expenditure #5 Name CAKE AND COOKIES CREATIONS Address 22992 WILLOWBROOK DR FARMINGTON HILLS, MI 48335 ☒ Fund Raiser	Purpose: COOKIES (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/20/2023 Date	\$ (132.00)

Subtotal this page **0.00**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page