



FILED

22 OCT 2023 PM 10:52

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: 07/21/2023 to 10/20/2023

1. Committee I.D. Number

97268

2. Committee Name

ROBERT WITTENBERG FOR COUNTY TREASURER

4. Candidate Last Name First Name M.I.

WITTENBERG ROBERT 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

10/22/2023

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/22/2023



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 97268

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name ROBERT WITTENBERG FOR COUNTY TREASURER

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>4,335.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>4,335.00</u>	(18.) \$ <u>93,071.32</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>4,335.00</u>	(20.) \$ <u>93,071.32</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>0.00</u>	(21.) \$ <u>68.51</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>4,497.68</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>4,497.68</u>	(23.) \$ <u>48,163.46</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>79,133.48</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>4,335.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>83,468.48</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>4,497.68</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>78,970.80</u>	*



**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>07/21/2023</u>	
Name & Address: MAGGIE KONG 1333 WEBSTER ST BIRMINGHAM, MI 48009		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELFEMPLOYED</u> Business Address <u>1843 VINSETTA BLVD, 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>07/21/2023</u>	
Name & Address: MELANIE HARTMAN 191 ERIN CASTLE DR ROCHESTER HILLS, MI 48306		\$ <u>100.00</u>	\$ <u>100.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/23/2023</u>	
Name & Address: FREDERICK NADER 3775 WEDGEWOOD DR BLOOMFIELD HILLS, MI 48301		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE CONSULTANT</u> Employer <u>PI CONSULTING INC</u> Business Address <u>3775 WEDGEWOOD DR, BLOOMFIELD HILLS, MI 48301</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☒ YES	4. Date of Receipt <u>07/23/2023</u>	
Name & Address: IUPAT POLITICAL ACTION TOGETHER COMMITTEE 7234 PARKWAY DR HANOVER, MD 21076		\$ <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			

Page Subtotal

1,350.00

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 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>07/27/2023</u>	
Name & Address: BRYAN PARIS 35627 OLD HOMESTEAD DR FARMINGTON HILLS, MI 48335		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>SELFEMPLOYED</u> Business Address <u>270 S TELEGRAPH RD, PONTIAC, MI 48341</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☒ YES	4. Date of Receipt <u>07/27/2023</u>	
Name & Address: REGISTRARS PAC LOCAL 58, IBEW 1358 ABBOTT ST DETROIT, MI 48216		\$ <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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/29/2023</u>	
Name & Address: TOM SELMAN 464 W BRICKLEY AVE HAZEL PARK, MI 48030		\$ <u>75.00</u>	\$ <u>75.00</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>08/03/2023</u>	
Name & Address: CHRISTOPHER SMITH 10085 NADINE AVE HUNTINGTON WOODS, MI 48070		\$ <u>50.00</u>	\$ <u>550.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>CHALGIAN AND TRIPP LAW OFFICES</u> Business Address <u>26211 CENTRAL PARK BLVD, SOUTHFIELD, MI 48076</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 725.00

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 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>08/03/2023</u>	
Name & Address: JAMES VANLEUVEN 565 DUNROSS MILFORD, MI 48381		\$ <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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/05/2023</u>	
Name & Address: SAMIR SINGH 1837 CRICKET LN EAST LANSING, MI 48823		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STATE SENATOR</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>S-08 CAPITOL BUILDING, LANSING, MI 48909</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/11/2023</u>	
Name & Address: VICTORIA LANGE 7352 MEADOWRIDGE DR WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/12/2023</u>	
Name & Address: DANA FORTIER 23871 W LEBOST NOVI, MI 48375		\$ <u>25.00</u>	\$ <u>425.00</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			

Page Subtotal 425.00

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 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>08/13/2023</u>	
Name & Address: SHADIA MARTINI 1717 HERON RIDGE BLOOMFIELD HILLS, MI 48302		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE BROKER</u> Employer <u>SELFEMPLOYED</u> Business Address <u>1717 HERON RIDGE DR, 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>08/14/2023</u>	
Name & Address: JESSICA LUMBRERAS 1996 SUNNYKNOLL AVE BERKLEY, MI 48072		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ORGANIZER</u> Employer <u>MICHIGAN EDUCATION ASSOCIATION</u> Business Address <u>1216 KENDALE BLVD, EAST LANSING, MI 48823</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>09/03/2023</u>	
Name & Address: REALTORS PAC OF MICHIGAN 720 N WASHINGTON AVE LANSING, MI 48906		\$ <u>1,000.00</u>	\$ <u>1,000.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/12/2023</u>	
Name & Address: DANA FORTIER 23871 W LEBOST NOVI, MI 48375		\$ <u>25.00</u>	\$ <u>450.00</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			

Page Subtotal **1,160.00**

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

Enter this total on
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Page.



**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>09/13/2023</u>	
Name & Address: MARY MILLS 5065 CROOKS RD ROYAL OAK, MI 48073		\$ <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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/25/2023</u>	
Name & Address: JULES OLSMAN 26341 HENDRIE BLVD HUNTINGTON WOODS, MI 48070		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>OLSMAN MUELLER WALLACE AND MACKENZIE P.C.</u> Business Address <u>26341 HENDRIE BLVD, HUNTINGTON WOODS, MI 48070</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/02/2023</u>	
Name & Address: RANDOLPH STON 6702 BLUE SPRUCE CT WEST BLOOMFIELD TOWNSHIP, MI 48324		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/16/2023</u>	
Name & Address: DANA FORTIER 23871 W LEBOST NOVI, MI 48375		\$ <u>25.00</u>	\$ <u>475.00</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			

Page Subtotal **675.00**

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

4,335.00

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 7-ELEVEN Address 26641 COOLIDGE HWY OAK PARK, MI 48237 ☐ Fund Raiser	Purpose: FOUNDERS PARADE WATER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/24/2023 Date	\$ 9.48
Expenditure #2 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: LETTERHEAD AND ENVELOPES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/27/2023 Date	\$ 382.66
Expenditure #3 Name DEMOCRATS OF SOUTH OAKLAND COUNTY Address 12959 TALBOT LN HUNTINGTON WOODS, MI 48070 ☐ Fund Raiser	Purpose: TICKET TO BBQ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/31/2023 Date	\$ 25.00
Expenditure #4 Name 11TH CD DEMOCRATIC PARTY Address 2191 KOHLER ST WATERFORD TWP, MI 48329 ☐ Fund Raiser	Purpose: ERA EVENT SPONOR ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/31/2023 Date	\$ 100.00
Expenditure #5 Name CTE REGINA WEISS Address 23470 MAJESTIC ST OAK PARK, MI 48237 ☐ Fund Raiser	Purpose: TICKET TO EVENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/01/2023 Date	\$ 100.00

Subtotal this page

617.14

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

Enter this total
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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 LISA BROWN FOR COUNTY CLERK Address 4480 STRATHDALE LN WEST BLOOMFIELD TOWNSHIP, MI 48323 ☐ Fund Raiser	Purpose: TICKET TO EVENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/01/2023 Date	\$ 100.00
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/03/2023 Date	\$ 386.95
Expenditure #3 Name TRI-COMMUNITY COALITION Address 2820 TWELVE MILE RD BERKLEY, MI 48072 ☐ Fund Raiser	Purpose: SPONSORSHIP AND TICKET ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/07/2023 Date	\$ 1,000.00
Expenditure #4 Name VANTIV ECOMMERCE Address 900 CHELMSFORD ST LOWELL, MA 01851 ☐ Fund Raiser	Purpose: FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/09/2023 Date	\$ 547.81
Expenditure #5 Name THE BEVERAGE WAREHOUSE Address 3111 GREENFIELD RD FRANKLIN, MI 48025 ☐ Fund Raiser	Purpose: THANK YOU GIFTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/10/2023 Date	\$ 80.93

Subtotal this page **2,115.69**

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 **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 CTE MATT KOLESZAR Address PO BOX 6094 PLYMOUTH, MI 48170 ☐ Fund Raiser	Purpose: TICKET TO EVENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/12/2023 Date	\$ 100.00
Expenditure #2 Name MAILCHIMP Address 675 PONCE DE LEON AVE NE ATLANTA, GA 30308 ☐ Fund Raiser	Purpose: EMAIL SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/18/2023 Date	\$ 69.00
Expenditure #3 Name BEAUS Address 4108 W MAPLE RD BLOOMFIELD HILLS, MI 48301 ☐ Fund Raiser	Purpose: LUNCH W/STAFF ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/18/2023 Date	\$ 148.77
Expenditure #4 Name COSTCO Address 2343 S TELEGRAPH RD BLOOMFIELD TWP, MI 48302 ☐ Fund Raiser	Purpose: FOOD/SUPPLIES FOR OFFICE BBQ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/23/2023 Date	\$ 110.13
Expenditure #5 Name NATIONAL COUNCIL OF JEWISH WOMEN Address 26400 LAHSER RD SOUTHFIELD, MI 48033 ☐ Fund Raiser	Purpose: TICKET TO EVENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/24/2023 Date	\$ 54.00

Subtotal this page

481.90

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 **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 OCDP Address 555 HORACE BROWN DR MADISON HEIGHTS, MI 48071 ☐ Fund Raiser	Purpose: <u>TICKET TO PHIL HART DINNER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/28/2023</u> Date	\$ <u>150.00</u>
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/05/2023</u> Date	\$ <u>4.66</u>
Expenditure #3 Name FIRST WATCH Address 30955 WOODWARD AVE ROYAL OAK, MI 48073 ☐ Fund Raiser	Purpose: <u>LUNCH W/STAFF</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/08/2023</u> Date	\$ <u>69.22</u>
Expenditure #4 Name VANTIV ECOMMERCE Address 900 CHELMSFORD ST LOWELL, MA 01851 ☐ Fund Raiser	Purpose: <u>FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/11/2023</u> Date	\$ <u>9.24</u>
Expenditure #5 Name SQUARESPACE Address 311 SW WASHINGTON ST PORTLAND, OR 97204 ☐ Fund Raiser	Purpose: <u>ANNUAL WEBSITE FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/11/2023</u> Date	\$ <u>252.00</u>

Subtotal this page

485.12

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 **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 FIRST TEE GREATER DETROIT Address 3011 W GRAND BLVD DETROIT, MI 48202 ☐ Fund Raiser	Purpose: EVENT SPONSORSHIP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/19/2023 Date	\$ 100.00
Expenditure #2 Name BURTON ELEMENTARY Address 26315 SCOTIA RD HUNTINGTON WOODS, MI 48070 ☐ Fund Raiser	Purpose: FUN RUN SPONSORSHIP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/27/2023 Date	\$ 100.00
Expenditure #3 Name CTE QUINN WRIGHT Address 30738 WOODMONT DR MADISON HEIGHTS, MI 48071 ☐ Fund Raiser	Purpose: TICKET TO EVENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/28/2023 Date	\$ 50.00
Expenditure #4 Name CTE EMILY ROHRBACH Address 28628 COUZENS AVE MADISON HEIGHTS, MI 48071 ☐ Fund Raiser	Purpose: TICKET TO EVENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/29/2023 Date	\$ 50.00
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/05/2023 Date	\$ 8.63

Subtotal this page

308.63

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 **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 HOLOCAUST MEMORIAL CENTER Address 28123 ORCHARD LAKE RD FARMINGTON HILLS, MI 48334 ☐ Fund Raiser	Purpose: TICKET TO EVENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/06/2023 Date	\$ 250.00
Expenditure #2 Name SQUARE ONE EATS & TREATS Address 4750 W WALTON BLVD WATERFORD TWP, MI 48329 ☐ Fund Raiser	Purpose: LUNCH W/STAFF ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/10/2023 Date	\$ 62.23
Expenditure #3 Name VANTIV ECOMMERCE Address 900 CHELMSFORD ST LOWELL, MA 01851 ☐ Fund Raiser	Purpose: FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/11/2023 Date	\$ 15.75
Expenditure #4 Name GOLDEN OPPORTUNITY CLUB Address 52 BAGLEY ST PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: EVENT AD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/12/2023 Date	\$ 80.00
Expenditure #5 Name COSTCO Address 2343 S TELEGRAPH RD BLOOMFIELD TWP, MI 48302 ☐ Fund Raiser	Purpose: HALLOWEEN SUPPLIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/2023 Date	\$ 81.22

Subtotal this page **489.20**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **4,497.68**

Enter this total
on line 8a of
Summary Page