



FILED

24 JUL 2024 AM 08:50

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: 01/01/2024 to 07/21/2024

1. Committee I.D. Number

97765

2. Committee Name

CTE AJAY RAMAN

4. Candidate Last Name First Name M.I.

RAMAN AJAY V

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

COUNTY COMMISSIONER, DISTRICT 14, OAKLAND COUNTY

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

5. Committee's Mailing Address

**P.O. BOX 45
NOVI, MI 48376**

Area Code and Phone (248) 916-9550
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

**AJAY RAMAN
50749 CHESAPEAKE DR.
NOVI, MI 48374**

Area Code & Phone (248) 916-9550

7. Treasurer's Business Address

**50749 CHESAPEAKE DR.
NOVI, MI 48374**

Area Code and Phone (248) 916-9550

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

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

08/06/2024

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 07/24/2024

Candidate _____
Type or Print Name Signature

Submitted electronically,
signature on file

Date 07/24/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 97765

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE AJAY RAMAN

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>7,265.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>7,265.00</u>	(18.) \$ <u>7,285.00</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>7,265.00</u>	(20.) \$ <u>7,285.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</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>1,437.98</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>1,437.98</u>	(23.) \$ <u>3,250.72</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>2,765.86</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>7,265.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>10,030.86</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1,437.98</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>8,592.88</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97765
2. Committee Name CTE AJAY RAMAN

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>03/08/2024</u> Name & Address: RODNEY SCHLESSMAN 100 PLEASANT COVE DR NOVI, MI 48377		\$ <u>40.00</u>	\$ <u>40.00</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>04/08/2024</u> Name & Address: RODNEY SCHLESSMAN 100 PLEASANT COVE DR NOVI, MI 48377		\$ <u>20.00</u>	\$ <u>60.00</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>04/17/2024</u> Name & Address: MARYANN PIERCE 4001 SHOALS DR OKEMOS, MI 48864		\$ <u>1,000.00</u>	\$ <u>1,000.00</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>04/17/2024</u> Name & Address: R JOSEPH KIMBLE 4001 SHOALS DR OKEMOS, MI 48864		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 2,060.00

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 97765
2. Committee Name CTE AJAY RAMAN

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>05/02/2024</u>	
Name & Address: MARK ALAFITA 42844 CARDINAL WY NOVI, MI 48375		\$ <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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/03/2024</u>	
Name & Address: ANN ERICKSON-GAULT 5910 DIAMOND DR TROY, MI 48085		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY/OWNER</u> Employer <u>ANN ERICKSON-GAULT PLLC</u> Business Address <u>637 E BIG BEAVER RD, STE 201, TROY, MI 48083</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/03/2024</u>	
Name & Address: MARIAN MAHONEY 24108 WESTMONT DR NOVI, MI 48374		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTROLLER</u> Employer <u>INCORE RESTORATION GROUP</u> Business Address <u>28339 BECK RD, WIXOM, MI 48393</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/08/2024</u>	
Name & Address: RODNEY SCHLESSMAN 100 PLEASANT COVE DR NOVI, MI 48377		\$ <u>20.00</u>	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 470.00

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 97765
2. Committee Name CTE AJAY RAMAN

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>05/09/2024</u>	
Name & Address: ANDREW MUTCH 24740 TAFT RD NOVI, MI 48375		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LIBRARY SYSTEMS ADMINISTRATOR</u> Employer <u>CHARTER TOWNSHIP OF WATERFORD</u> Business Address <u>24740 TAFT RD, 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>05/17/2024</u>	
Name & Address: ELIZABETH MORRIS 46962 SUNNYBROOK LN NOVI, MI 48374		\$ <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>05/18/2024</u>	
Name & Address: FARAH BAIG 23169 INVERNESS CT NOVI, MI 48374		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>DETROIT PUBLIC SCHOOLS COMMUNITY DISTRICT</u> Business Address <u>9026 WOODWARD AVE, 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>05/20/2024</u>	
Name & Address: ALIA MALIK 47530 ALPINE DR NOVI, MI 48374		\$ <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			

Page Subtotal **305.00**

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 97765
2. Committee Name CTE AJAY RAMAN

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>05/21/2024</u> Name & Address: JEANNE JAX 24261 ADDISON PL CT BONITA SPRINGS, FL 34134		\$ <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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/21/2024</u> Name & Address: BRIAN SMITH 41516 FAWN TRAIL NOVI, MI 48375		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR SOFTWARE ENGINEER</u> Employer <u>ACCURATE TECHNOLOGIES INC</u> Business Address <u>26999 MEADOWBROOK RD, NOVI, MI 48377</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/22/2024</u> Name & Address: RICHARD ZYCZYNSKI 22125 YORK MILLS CIR NOVI, MI 48374		\$ <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>05/22/2024</u> Name & Address: PRATIMA SABAS 28863 HEARTHSTONE DR NOVI, MI 48377		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>IT ADMINISTRATOR</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			

Page Subtotal 550.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97765
2. Committee Name CTE AJAY RAMAN

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>05/22/2024</u>	
Name & Address: MARCUS JACKSON 7985 SADSBUYR DR WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/23/2024</u>	
Name & Address: CYNTHIA CHURCHES 22215 PONDVIEW NOVI, MI 48375		\$ <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>05/23/2024</u>	
Name & Address: GWEN MARKHAM 45540 VIOLET LN NOVI, MI 48374		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNTY COMMISSIONER</u> Employer <u>OAKLAND COUNTY</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/23/2024</u>	
Name & Address: TOBY BRAZWELL 45455 KIMBERLY CT NOVI, MI 48374		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>FARMERS INSURANCE</u> Business Address <u>45455 KIMBERLY CT, NOVI, MI 48374</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 400.00

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 97765
2. Committee Name CTE AJAY RAMAN

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>05/23/2024</u>	
Name & Address: DAVID WILLIAMS 1800 PINE ST BIRMINGHAM, MI 48009		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>OAKLAND COUNTY</u> Business Address <u>1200 N TELEGRAPH, 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>05/23/2024</u>	
Name & Address: MATTHEW HEINTZ 24551 KINGS POINTE NOVI, MI 48375		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR TECHNICAL WRITER</u> Employer <u>JOHNSON AND JOHNSON</u> Business Address <u>24551 KINGS POINTE, 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>05/23/2024</u>	
Name & Address: KELLY BREEN 242 LINHART ST NOVI, MI 48377		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STATE REPRESENTATIVE</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>P.O. BOX 30014, LANSING, MI 48909</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/23/2024</u>	
Name & Address: SOMA SURYADEVARA 24656 THATCHER DR NOVI, MI 48375		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOFTWARE ENGINEER</u> Employer <u>FORD MOTOR COMPANY</u> Business Address <u>1 AMERICAN RD, DEARBORN, MI 48126</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 400.00

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 97765
2. Committee Name CTE AJAY RAMAN

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>05/23/2024</u>	
Name & Address: SIMA PATEL 3138 HARVARD RD ROYAL OAK, MI 48073		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>JUDGE</u> Employer <u>MICHIGAN COURT OF APPEALS</u> Business Address <u>3020 W GRAND BLVD, STE. 14-300, 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>05/23/2024</u>	
Name & Address: JAMES RYAN 3041 HUNTER RD BRIGHTON, MI 48114		\$ <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>05/23/2024</u>	
Name & Address: SHERRIE KONKUS 22278 CASCADE DR NOVI, MI 48375		\$ <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>05/23/2024</u>	
Name & Address: JAMES NASH 27490 W 10 MILE RD FARMINGTON HILLS, MI 48336		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 400.00

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 97765
2. Committee Name CTE AJAY RAMAN

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>05/23/2024</u>	
Name & Address: BAYER FOR MICHIGAN 17928 DUNBLAINE AVE BEVERLY HILLS, MI 48025		\$ <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>05/23/2024</u>	
Name & Address: DAVID WOODWARD FOR COMMISSIONER 2915 WOODLAND AVE ROYAL OAK, MI 48073		\$ <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>05/24/2024</u>	
Name & Address: MEGAN ZATKOFF 50735 CHESAPEAKE DR NOVI, MI 48374		\$ <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>05/24/2024</u>	
Name & Address: KRISTEN NELSON 3860 CASS ELIZABETH RD WATERFORD TWP, MI 48328		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNTY COMMISSIONER</u> Employer <u>OAKLAND COUNTY</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 400.00

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 97765
2. Committee Name CTE AJAY RAMAN

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>06/03/2024</u>	
Name & Address: AARON PAC P.O. BOX 1194 NOVI, MI 48376		\$ <u>200.00</u>	\$ <u>200.00</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>06/03/2024</u>	
Name & Address: RODNEY SCHLESSMAN 100 PLEASANT COVE DR NOVI, MI 48377		\$ <u>40.00</u>	\$ <u>120.00</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>06/07/2024</u>	
Name & Address: RODNEY SCHLESSMAN 100 PLEASANT COVE DR NOVI, MI 48377		\$ <u>20.00</u>	\$ <u>140.00</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>06/16/2024</u>	
Name & Address: REALTORS POLITICAL ACTION COMMITTEE OF MICHIGAN I 720 N WASHINGTON AVE LANSING, MI 48906		\$ <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 760.00

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 97765

2. Committee Name CTE AJAY RAMAN

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>06/18/2024</u>			
Name & Address: IRON WORKERS LOCAL 25 25150 TRANS X RD NOVI, MI 48375		\$ <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>07/08/2024</u>			
Name & Address: RODNEY SCHLESSMAN 100 PLEASANT COVE DR NOVI, MI 48377		\$ <u>20.00</u>	\$ <u>160.00</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>07/08/2024</u>			
Name & Address: FEMS FOR DEMS PAC 31985 MAYFAIR LN BEVERLY HILLS, MI 48025		\$ <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 _____			
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

1,520.00

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

7,265.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **97765**
2. Committee Name **CTE AJAY RAMAN**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name GOOGLE INC. Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: <u>WORKSPACE SUBSCRIPTION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/02/2024</u> Date	\$ <u>12.00</u>
Expenditure #2 Name MICHIGAN DEMOCRATIC PARTY Address 606 TOWNSEND ST LANSING, MI 48933 ☐ Fund Raiser	Purpose: <u>VAN ACCESS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/09/2024</u> Date	\$ <u>150.00</u>
Expenditure #3 Name GOOGLE INC Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: <u>WORKSPACE SUBSCRIPTION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/01/2024</u> Date	\$ <u>11.68</u>
Expenditure #4 Name GOOGLE INC Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: <u>WORKSPACE SUBSCRIPTION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/01/2024</u> Date	\$ <u>7.20</u>
Expenditure #5 Name GOOGLE INC Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: <u>WORKSPACE SUBSCRIPTION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/01/2024</u> Date	\$ <u>7.20</u>

Subtotal this page

188.08

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 **97765**
2. Committee Name **CTE AJAY RAMAN**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name OAKLAND COUNTY CLERK Address 1200 N TELEGRAPH PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: BALLOT FILING FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/03/2024 Date	\$ 100.00
Expenditure #2 Name USPS Address 24875 NOVI RD NOVI, MI 48375 ☐ Fund Raiser	Purpose: P.O. BOX RENTAL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/16/2024 Date	\$ 182.00
Expenditure #3 Name VOTE KELLY BREEN Address P.O. BOX 1050 NOVI, MI 48375 ☐ Fund Raiser	Purpose: FUNDRAISER TICKET ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/22/2024 Date	\$ 100.00
Expenditure #4 Name GOOGLE INC Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: WORKSPACE SUBSCRIPTION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/01/2024 Date	\$ 7.20
Expenditure #5 Name CTE GWEN MARKHAM Address 45540 VIOLET LN NOVI, MI 48374 ☐ Fund Raiser	Purpose: FUNDRAISER TICKET ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/02/2024 Date	\$ 100.00

Subtotal this page **489.20**

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 **97765**
2. Committee Name **CTE AJAY RAMAN**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ELECT ANN ERICKSON-GAULT Address 637 E BIG BEAVER RD STE 201 TROY, MI 48083 ☐ Fund Raiser	Purpose: FUNDRAISER TICKET ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/03/2024 Date	\$ 100.00
Expenditure #2 Name SAM'S CLUB Address 27300 WIXOM RD NOVI, MI 48374 ☐ Fund Raiser	Purpose: PARADE CANDY ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/07/2024 Date	\$ 66.40
Expenditure #3 Name BEERHEAD BAR & EATERY Address 44375 W 12 MILE RD NOVI, MI 48377 ☒ Fund Raiser	Purpose: CAMPAIGN KICKOFF EVENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/23/2024 Date	\$ 185.85
Expenditure #4 Name ACTBLUE, LLC 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	05/31/2024 Date	\$ 36.08
Expenditure #5 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/31/2024 Date	\$ 57.97

Subtotal this page **446.30**

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 **97765**
2. Committee Name **CTE AJAY RAMAN**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name GOOGLE INC Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: <u>WORKSPACE SUBSCRIPTION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/03/2024</u> Date	\$ <u>7.20</u>
Expenditure #2 Name OAKLAND COUNTY DEMOCRATIC PARTY Address 17100 W 12 MILE RD SOUTHFIELD, MI 48076 ☐ Fund Raiser	Purpose: <u>FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/07/2024</u> Date	\$ <u>300.00</u>
Expenditure #3 Name GOOGLE INC Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: <u>WORKSPACE SUBSCRIPTION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/01/2024</u> Date	\$ <u>7.20</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 **314.40**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **1,437.98**

Enter this total
on line 8a of
Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **97765**
2. Committee Name **CTE AJAY RAMAN**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 05/23/2024	4. Number of Individuals Attending or Participating (whichever is greater) 50	5. Type of Fund Raising Activity CAMPAIGN KICKOFF FUNDRAISER	6. Address and Name (If any) of the place where the activity was held. BEERHEAD BAR & EATERY 44375 W 12 MILE RD NOVI, MI 48377 ☐ Private Residence
---	---	---	--

7. Total Contributions **2,705.00**

8. Other Receipts **0.00**

9. Gross Receipts (Add lines 7 and 8) **2,705.00**

10. Total Cost of Event **185.85**
(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.