



FILED

01 SEP 2024 PM 02:04

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: 07/22/2024 to 08/26/2024

1. Committee I.D. Number

98456

2. Committee Name

ELECT BARB PALLOTTA FOR COUNTY CLERK

4. Candidate Last Name First Name M.I.

PALLOTTA

BARBARA

A

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

COUNTY CLERK/REGISTER OF DEEDS, OAKLAND COUNTY

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

5. Committee's Mailing Address

**P.O. BOX 7036
NOVI, MI 48376**

Area Code and Phone (248) 561-5055
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

**DAVID STAUDT
43155 MAIN STREET
STE. 2210 E.
NOVI, MI 48375**

Area Code & Phone (248) 561-5055

7. Treasurer's Business Address

**43155 MAIN STREET
STE. 2210 E.
NOVI, MI 48375**

Area Code and Phone (248) 561-5055

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

09/01/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

09/01/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 98456

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name ELECT BARB PALLOTTA FOR COUNTY CLERK

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>12,407.10</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>12,407.10</u>	(18.) \$ <u>25,537.10</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>12,407.10</u>	(20.) \$ <u>25,537.10</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>521.41</u>	(21.) \$ <u>1,559.51</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>3,995.45</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>3,995.45</u>	(23.) \$ <u>9,961.82</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>11,089.10</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>7,163.63</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>12,407.10</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>19,570.73</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>3,995.45</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>15,575.28</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 98456
2. Committee Name ELECT BARB PALLOTTA FOR COUNTY CLERK

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>07/24/2024</u> Name & Address: CTE JIM RUNESTAD 2210 TEGGERDINE RD WHITE LAKE TWP, MI 48386		\$ <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>07/24/2024</u> Name & Address: HIMA KOLANAGIREDDY 18152 SHAGBARK DR TOWNSHIP OF NORTHVILLE, MI 48168		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>ASCII GROUP, LLC</u> Business Address <u>38345 W 10 MILE RD, STE 365, FARMINGTON HILLS, MI 48335</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/2024</u> Name & Address: THERESA NALLAMOTHU 7417 FOXBURG CT INDEPENDENCE TWP, MI 48348		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TRUSTEE</u> Employer <u>INDEPENDENCE TWP</u> Business Address <u>6483 WALDON RD, INDEPENDENCE TWP, MI 48346</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/2024</u> Name & Address: MICHELE PFISTER 21523 INGRAM RD NOVI, MI 48375		\$ <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 525.00

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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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>07/24/2024</u> Name & Address: JEFF SCHAEPER 2897 SANTIA RD TROY, MI 48085		\$ <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>07/24/2024</u> Name & Address: MARIAN SHERIDAN 7259 WHITE OAK DR WEST BLOOMFIELD TOWNSHIP, MI 48324		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/2024</u> Name & Address: MARGARET STANSBURY 214 N FREMONT ST ROMEO, MI 48065		\$ <u>70.00</u>	\$ <u>70.00</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>07/24/2024</u> Name & Address: RAYMOND UTYCH 33884 SOMERSET DR STERLING HEIGHTS, MI 48312		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>N/A, N/A, MI 00000</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 570.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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1. Committee I.D. Number 98456
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/2024</u> Name & Address: SHELAGH VANDERVEEN 5479 BRISTOL PARKE DR CLARKSTON VLG, MI 48348		\$ <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>N/A, N/A, MI 00000</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/2024</u> Name & Address: WILLIAM WILSHER 915 BUCKHORN DR ORION TWP, MI 48362		\$ <u>120.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>N/A, N/A, MI 00000</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/2024</u> Name & Address: TERRI LYNN LAND 7955 BYRON STATION CT SW BYRON CENTER, MI 49315		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROPERTY MANAGER</u> Employer <u>GREEN LIGHT MANAGEMENT</u> Business Address <u>168 CAMPAU PROMENADE, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/2024</u> Name & Address: PAUL BROWN 8684 THENDARA BLVD CLARKSTON VLG, MI 48348		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TREASURER</u> Employer <u>INDEPENDENCE TOWNSHIP</u> Business Address <u>6483 WALDON CENTER DR, CLARKSTON VLG, MI 48346</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 9,145.00

Grand Total of All Schedules 1A
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/26/2024</u> Name & Address: ROBERT CESARIO 6372 WOODCREST RIDGE CLARKSTON VLG, MI 48346		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EMS INSTRUCTOR</u> Employer <u>OAKLAND COMMUNITY COLLEGE</u> Business Address <u>2900 FEATHERSTONE RD, AUBURN HILLS, MI 48326</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/26/2024</u> Name & Address: KEVIN HAMMER 26543 TRILLIUM DR FARMINGTON HILLS, MI 48331		\$ <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>N/A, N/A, MI 00000</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/26/2024</u> Name & Address: KIM HARPER 5739 LEEWARD CT CLARKSTON VLG, MI 48346		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/26/2024</u> Name & Address: CAROLYN KIRIN 7430 MACEDAY LAKE RD WATERFORD TWP, MI 48329		\$ <u>120.00</u>	\$ <u>140.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>N/A, N/A, MI 00000</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 620.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/26/2024</u>	
Name & Address: DARYL LEMKE 1340 VALLEYVIEW DR CLARKSTON VLG, MI 48348		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>MCFI</u> Business Address <u>6540 DIPLOMAT DR, STERLING HEIGHTS, MI 48314</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/26/2024</u>	
Name & Address: VINCE MARIHUGH 36348 ORCHARD LAKE DR NEW BALTIMORE, MI 48047		\$ <u>65.00</u>	\$ <u>65.00</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>07/26/2024</u>	
Name & Address: CARL NEUBECK 6225 SIMLER DR CLARKSTON VLG, MI 48346		\$ <u>65.00</u>	\$ <u>65.00</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>07/26/2024</u>	
Name & Address: BRIAN OPPMANN 8989 KELLY LAKE DR CLARKSTON VLG, MI 48348		\$ <u>120.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PLANNING DIRECTOR</u> Employer <u>INDEPENDENCE TWP</u> Business Address <u>6483 WALDON CENTER DR, CLARKSTON VLG, MI 48346</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 500.00

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/26/2024</u> Name & Address: CHARLES PHYLE 4150 GRANGE HALL RD HOLLY, MI 48442		\$ <u>62.10</u>	\$ <u>62.10</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>07/26/2024</u> Name & Address: SUNNY REDDY 3072 HERON POINTE DR BLOOMFIELD HILLS, MI 48302		\$ <u>120.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGEMENT</u> Employer <u>VOIP BUSINESS</u> Business Address <u>3072 HERON POINTE DR, BLOOMFIELD HILLS, MI 48302</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/26/2024</u> Name & Address: LINDA SZECHOWYCZ 23471 HILLVIEW CT FARMINGTON, MI 48335		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>N/A, N/A, MI 00000</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/26/2024</u> Name & Address: NANCY WALSH 5064 MACERI CIR STERLING HEIGHTS, MI 48314		\$ <u>120.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OPERATIONS MANAGER</u> Employer <u>TRINGALI SANITATION</u> Business Address <u>33373 DEQUINDRE RD, TROY, MI 48083</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 402.10

Grand Total of All Schedules 1A
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/26/2024</u> Name & Address: REGINA WILK 1109 W ELEVEN MILE RD ROYAL OAK, MI 48067		\$ <u>120.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DESIGNER</u> Employer <u>RW INNOVATIONS</u> Business Address <u>1109 W ELEVEN MILE RD, 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>08/01/2024</u> Name & Address: RICHARD HERBERT 3873 HILLSDALE DR AUBURN HILLS, MI 48326		\$ <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>08/01/2024</u> Name & Address: BILL RAUWERDINK 5737 TEMPLAR CROSSING WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <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>08/05/2024</u> Name & Address: KATHLEEN KUBIK 3420 BUSS DR COMMERCE TWP, MI 48390		\$ <u>25.00</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 **345.00**

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**

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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>08/22/2024</u>	
Name & Address: SANDRA MACY 5422 RIDGE TRAIL N CLARKSTON VLG, MI 48348		\$ <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>N/A, N/A, MI 00000</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/23/2024</u>	
Name & Address: JESSE HERNANDEZ 155 BOYKEN RD ROCHESTER HILLS, MI 48307		\$ <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 _____	
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
(Complete on last page of Schedule)

12,407.10

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **98456**

CANDIDATE COMMITTEE

2. Committee Name **ELECT BARB PALLOTTA FOR COUNTY CLERK**

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: BARBARA PALLOTTA 5445 RIDGE TRAIL N VILLAGE OF CLARKSTON, MI 48348 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Business Address: N/A ☒ 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 FOR FUNDRAISER 5. Date Of Receipt: 07/22/2024 6. Vendor Name & Address: SAMS CLUB 4350 JOSLYN RD, AUBURN HILLS, MI 48326	\$ 40.98	\$ 10,608.67
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: BARBARA PALLOTTA 5445 RIDGE TRAIL N VILLAGE OF CLARKSTON, MI 48348 If over \$100.00 cumulative, please provide: Occupation: RETIRED 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 OFFICE SUPPLIES 5. Date Of Receipt: 07/24/2024 6. Vendor Name & Address: OFFICE DEPOT 7151 DIXIE HWY, CLARKSTON VLG, MI 48346	\$ 116.99	\$ 10,725.66
Contribution #3 PAC Receipt? ☐ Yes Name & Address: BARBARA PALLOTTA 5445 RIDGE TRAIL N VILLAGE OF CLARKSTON, MI 48348 If over \$100.00 cumulative, please provide: Occupation: RETIRED 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 CAMPAIGN APPAREL 5. Date Of Receipt: 08/06/2024 6. Vendor Name & Address: BIG FROG 26036 INGERSOL DR, NOVI, MI 48375	\$ 72.48	\$ 10,798.14

Page Subtotal **230.45** **0.00**

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **98456**

CANDIDATE COMMITTEE

2. Committee Name **ELECT BARB PALLOTTA FOR COUNTY CLERK**

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: BARBARA PALLOTTA 5445 RIDGE TRAIL N VILLAGE OF CLARKSTON, MI 48348 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Business Address: N/A ☐ 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 POLITICAL EVENT SPONSORSHIP 5. Date Of Receipt: 08/09/2024 6. Vendor Name & Address: NORC 4983 OAK HILL DR, WATERFORD TWP, MI 48329	\$ 150.00	\$ 10,948.14
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: BARBARA PALLOTTA 5445 RIDGE TRAIL N VILLAGE OF CLARKSTON, MI 48348 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Address: N/A ☐ 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 CAMPAIGN THANK YOU CARDS 5. Date Of Receipt: 08/16/2024 6. Vendor Name & Address: SNAPFISH 100 MONTGOMERY ST, STE 1430, SF, CA 94104	\$ 105.46	\$ 11,053.60
Contribution #3 PAC Receipt? ☐ Yes Name & Address: BARBARA PALLOTTA 5445 RIDGE TRAIL N VILLAGE OF CLARKSTON, MI 48348 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Address: N/A ☐ 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 CAMPAIGN THANK YOU ENVELOPES 5. Date Of Receipt: 08/16/2024 6. Vendor Name & Address: SNAPFISH 100 MONTGOMERY ST, STE 1430, SF, CA 94104	\$ 35.50	\$ 11,089.10

Page Subtotal **290.96** **11,089.10**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **521.41**

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **98456**
2. Committee Name **ELECT BARB PALLOTTA FOR COUNTY CLERK**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name PICANO'S ITALIAN GRILLE Address 3775 ROCHESTER RD TROY, MI 48083 ☒ Fund Raiser	Purpose: <u>CAMPAIGN FUNDRAISER FOOD</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/25/2024</u> Date	\$ <u>2,408.35</u>
Expenditure #2 Name ANEDOT Address 1340 POYDRAS ST NEW ORLEANS, LA 70112 ☐ Fund Raiser	Purpose: <u>CC PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/26/2024</u> Date	\$ <u>82.80</u>
Expenditure #3 Name ANEDOT Address 1340 POYDRAS ST NEW ORLEANS, LA 70112 ☐ Fund Raiser	Purpose: <u>CC PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/01/2024</u> Date	\$ <u>4.30</u>
Expenditure #4 Name VMM STRATEGIES Address 36348 ORCHARD LAKE DR NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>CAMPAIGN PRINTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/05/2024</u> Date	\$ <u>1,500.00</u>
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u> </u> Date	\$ <u> </u>

Subtotal this page **3,995.45**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **3,995.45**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 98456
2. Committee Name ELECT BARB PALLOTTA FOR COUNTY CLERK

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: BARBARA PALLOTTA 5445 RIDGE TRAIL N VILLAGE OF CLARKSTON, MI 48348	4. Type: <u>ELECTION FILING FEE</u> 5. <u>Date Debt Was Incurred:</u> <u>04/22/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 100.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 100.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: BARBARA PALLOTTA 5445 RIDGE TRAIL N VILLAGE OF CLARKSTON, MI 48348	4. Type: <u>POLITICAL PARTY EVENT</u> 5. <u>Date Debt Was Incurred:</u> <u>04/29/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 270.46</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 270.46</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: BARBARA PALLOTTA 5445 RIDGE TRAIL N VILLAGE OF CLARKSTON, MI 48348	4. Type: <u>CANDIDATE LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/10/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 6,000.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 6,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

6,370.46

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 98456
2. Committee Name ELECT BARB PALLOTTA FOR COUNTY CLERK

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: BARBARA PALLOTTA 5445 RIDGE TRAIL N VILLAGE OF CLARKSTON, MI 48348	4. Type: <u>CAMPAIGN PHOTOGRAPHY</u> 5. <u>Date Debt Was Incurred:</u> <u>05/10/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 99.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 99.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: BARBARA PALLOTTA 5445 RIDGE TRAIL N VILLAGE OF CLARKSTON, MI 48348	4. Type: <u>POLITICAL PARTY EVENT</u> 5. <u>Date Debt Was Incurred:</u> <u>05/15/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 73.23</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 73.23</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: BARBARA PALLOTTA 5445 RIDGE TRAIL N VILLAGE OF CLARKSTON, MI 48348	4. Type: <u>CAMPAIGN TRAINING</u> 5. <u>Date Debt Was Incurred:</u> <u>05/26/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 25.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 25.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

197.23

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 98456
2. Committee Name ELECT BARB PALLOTTA FOR COUNTY CLERK

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: BARBARA PALLOTTA 5445 RIDGE TRAIL N VILLAGE OF CLARKSTON, MI 48348	4. Type: <u>CANDIDATE LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/17/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 4,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>4,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: BARBARA PALLOTTA 5445 RIDGE TRAIL N VILLAGE OF CLARKSTON, MI 48348	4. Type: <u>FOOD FOR FUNDRAISER</u> 5. <u>Date Debt Was Incurred:</u> <u>07/22/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 40.98</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>40.98</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: BARBARA PALLOTTA 5445 RIDGE TRAIL N VILLAGE OF CLARKSTON, MI 48348	4. Type: <u>IN KIND OFFICE SUPPLIES</u> 5. <u>Date Debt Was Incurred:</u> <u>07/24/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 116.99</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>116.99</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

4,157.97

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

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Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 98456
2. Committee Name ELECT BARB PALLOTTA FOR COUNTY CLERK

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: BARBARA PALLOTTA 5445 RIDGE TRAIL N VILLAGE OF CLARKSTON, MI 48348	4. Type: <u>IN KIND CAMPAIGN APPAREL</u> 5. <u>Date Debt Was Incurred:</u> <u>08/06/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 72.48</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>72.48</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: BARBARA PALLOTTA 5445 RIDGE TRAIL N VILLAGE OF CLARKSTON, MI 48348	4. Type: <u>IN KIND POLITICAL EVENT SPONS</u> 5. <u>Date Debt Was Incurred:</u> <u>08/09/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 150.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>150.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: BARBARA PALLOTTA 5445 RIDGE TRAIL N VILLAGE OF CLARKSTON, MI 48348	4. Type: <u>IN KIND CAMPAIGN CARD</u> 5. <u>Date Debt Was Incurred:</u> <u>08/16/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 105.46</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>105.46</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

327.94

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 98456
2. Committee Name ELECT BARB PALLOTTA FOR COUNTY CLERK

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: BARBARA PALLOTTA 5445 RIDGE TRAIL N VILLAGE OF CLARKSTON, MI 48348	4. Type: <u>INKIND CAMPAIGN ENVELOPE</u> 5. <u>Date Debt Was Incurred:</u> <u>08/16/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 35.50</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 35.50</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

35.50

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

11,089.10

Enter this total
on line 12a "owed
by" or line 12b
"owed to" of the
Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **98456**
2. Committee Name **ELECT BARB PALLOTTA FOR COUNTY CLERK**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 07/24/2024	4. Number of Individuals Attending or Participating (whichever is greater) 50	5. Type of Fund Raising Activity RECEPTION	6. Address and Name (If any) of the place where the activity was held. PICANO'S ITALIAN GRILLE 3775 ROCHESTER RD TROY, MI 48083 ☐ Private Residence
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7. Total Contributions **13,532.10**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **13,532.10**
10. Total Cost of Event **2,449.33**
(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.