



**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number <u>98589</u>		3. This Statement covers From: <u>10/21/2024</u> to <u>11/25/2024</u>	
2. Committee Name <u>CTE Larmender A. Davis</u>		4. Candidate Last Name <u>Davis</u> First Name <u>Larmender</u> M.I. <u>A</u> 4a. Office Sought Including District # or Community Served (If applicable) <u>Board Member - Local</u> 4b. County of Residence <u>Oakland</u>	
5. Committee's Mailing Address <u>29488 Woodward Ave, #134</u> <u>Royal Oak, MI 48073</u> Area Code and Phone <u>248-795-5187</u> 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 <u>Donna Davis</u> <u>17201 Evans</u> <u>Southfield, MI 48076</u> Area Code & Phone _____	
7. Treasurer's Business Address <u>29488 Woodward Ave, #134</u> <u>Royal Oak, MI 48073</u> Area Code and Phone <u>248-795-5187</u>		8. Designated Record Keeper's Name and 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 <u>11/05/2024</u>		Required ONLY if candidate is not on the ballot for the current year: ☐ July Quarterly ☐ October Quarterly 9c. ☐ Annual Statement (_____) Coverage Year 9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) 9e. Dissolution of Candidate Committee ☒ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution <u>12/13/2024</u> 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 <u>Donna Davis</u> Type or Print Name		/ <u>12/12/2024</u> Signature Date	
Candidate <u>Larmender A. Davis</u> Type or Print Name		/ <u>12/12/2024</u> Signature Date	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 98589

2. Committee Name CTE Larmender A. Davis

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>665.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$665.00</u>	(18.) \$ <u>\$10,171.50</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>\$665.00</u>	(20.) \$ <u>\$10,171.50</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>\$5,665.00</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>\$5,665.00</u>	(23.) \$ <u>\$5,665.00</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$200.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$665.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$665.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$5,665.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>-\$5,000.00</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 98589
2. Committee Name CTE Larmender A. Davis

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: Tyrome Charleston 7404 Ernst St Omaha, NE 68122-1771		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization ▼	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: Angela Day 15077 Hartwell Detroit, MI 48227		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization ▼	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: Barbara J Anderson 3706 Bristol Dr Troy, MI 48083		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization ▼	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: Sherri Charleston 4173 High Street McFarland, WI 53558		\$ <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		Click Here for Memo Itemization ▼	

Page Subtotal \$240.00

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 98589

2. Committee Name CTE Larmender A. Davis

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 all 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 10/29/2024

Name & Address:

Marlin Williams
1536 Chicago Blvd
Detroit, MI 48206

\$ 300.00 \$ 300.00

5. If over \$100.00 cumulative, please provide:

Occupation Consultant Employer Marlin Williams

Click Here for Memo Itemization

Business Address 1536 Chicago Blvd Detroit, MI 48206

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/29/2024

Name & Address

Alicia Nails
25335 Edgemont
Southfield, MI 48034

\$ 50.00 \$ 50.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Click Here for Memo Itemization

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/31/2024

Name & Address:

Lisa Biles
24651 Pine Village Blvd.
Oak Park, MI 48237

\$ 50.00 \$ 50.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Click Here for Memo Itemization

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 11/01/2024

Name & Address

Andrea Cartwright
6307 Orchard Woods Dr.
West Bloomfield, MI 48324

\$ 25.00 \$ 25.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Click Here for Memo Itemization

Business Address _____

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 EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 98589
2. Committee Name CTE Larmender A. Davis

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Fay Jackson</u> Address <u>20022 Carol St.</u> <u>Detroit, MI 48235</u> ☐ Fund Raiser	Purpose: <u>Graphic Design</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/05/2024</u> Date	\$ <u>750.00</u>
Expenditure #2 Name <u>Modern Media Designs</u> Address ☐ Fund Raiser	Purpose: <u>Graphic Design, Social Media</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/05/2024</u> Date	\$ <u>750.00</u>
Expenditure #3 Name <u>Soul Fire LLC</u> Address ☐ Fund Raiser	Purpose: <u>Campaign Advising</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/05/2024</u> Date	\$ <u>1,000</u>
Expenditure #4 Name <u>Sam's Club</u> Address <u>Southfield, MI</u> ☐ Fund Raiser	Purpose: <u>Supplies</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/02/2024</u> Date	\$ <u>236.40</u>
Expenditure #5 Name <u>GMS, Inc.</u> Address ☐ Fund Raiser	Purpose: <u>Campaign Advising</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/05/2024</u> Date	\$ <u>700</u>
Subtotal this page			\$3,436.00
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 98589
2. Committee Name CTE Larmender A. Davis

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Glorly Supermarket</u> Address <u>22150 Coolidge Hwy</u> <u>Oak Park, MI 48237</u> ☐ Fund Raiser	Purpose: <u>Supplies/Snacks</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/05/2024</u> Date	\$ <u>29.00</u>
Expenditure #2 Name <u>LSD Catering, LLC</u> Address <u>14400 Faust</u> <u>Detroit, MI 48223</u> ☐ Fund Raiser	Purpose: <u>Catering</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/05/2024</u> Date	\$ <u>200.00</u>
Expenditure #3 Name <u>Rain79 Technology</u> Address <u>29777 Telegraph Rd, Suite 2241,</u> <u>Southfield, MI 48034</u> ☐ Fund Raiser	Purpose: <u>Text Messages</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/29/2024</u> Date	\$ <u>2000.00</u>
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page	\$2,229.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)	\$5,665.00

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 98589
2. Committee Name Committee To Elect Larmender A. Davis

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: Oakland County Elections Campain Finance	4. Type: <u>Late fee</u> 5. <u>Date Debt Was Incurred:</u> <u>12/12/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>200.00</u>	12/12/2024 \$ <u>200.00</u> \$ \$ \$ \$	\$ <u>200.00</u>	\$ <u>0.00</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> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
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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> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
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If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt)

\$200.00

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

\$200.00

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.