



FILED

24 OCT 2024 AM 12:14

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: 08/27/2024 to 10/20/2024

1. Committee I.D. Number

97268

2. Committee Name

ROBERT WITTENBERG FOR COUNTY TREASURER

4. Candidate Last Name

WITTENBERG

First Name

ROBERT

M.I.

S

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

COUNTY TREASURER, OAKLAND COUNTY

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

5. Committee's Mailing Address

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

Area Code and Phone (248) 270-7166
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

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

Area Code & Phone (248) 544-1439

7. Treasurer's Business Address

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

Area Code and Phone (248) 544-1439

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone () -

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☐ Primary
☒ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Date of Election, Convention or Caucus

11/05/2024

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

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

10/24/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/24/2024



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>56,065.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>56,065.00</u>	(18.) \$ <u>196,700.32</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>56,065.00</u>	(20.) \$ <u>196,700.32</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>400.00</u>	(21.) \$ <u>468.51</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>57,997.63</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>57,997.63</u>	(23.) \$ <u>116,870.62</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>115,825.27</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>56,065.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>171,890.27</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>57,997.63</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>113,892.64</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>08/28/2024</u>	
Name & Address: JACK KAUFMAN 26311 WOODWARD AVE HUNTINGTON WOODS, MI 48070		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>SELFEMPLOYED</u> Business Address <u>26311 WOODWARD AVE, HUNTINGTON WOODS, MI 48070</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/28/2024</u>	
Name & Address: DUSTIN HOLDER 3083 GRIFFITH AVE BERKLEY, MI 48072		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>HERSCH'S INC</u> Business Address <u>21170 W EIGHT MILE, SOUTHFIELD, MI 48075</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>08/28/2024</u>	
Name & Address: ROCHESTER AREA DEM CLUB PAC 3030 SERENITY RD OAKLAND TWP, MI 48363		\$ <u>300.00</u>	\$ <u>300.00</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>08/30/2024</u>	
Name & Address: PAIGE PASSMAN 25474 WAREHAM DR HUNTINGTON WOODS, MI 48070		\$ <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

1,000.00

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>08/31/2024</u>	
Name & Address: SUSAN RUTTENBERG 25113 W ROYCOURT HUNTINGTON WOODS, MI 48070		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/01/2024</u>	
Name & Address: WILLIAM BALDWIN 3568 CUMBERLAND RD BERKLEY, MI 48072		\$ <u>20.00</u>	\$ <u>140.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TECHNICAL</u> Employer <u>GENERAL MOTORS</u> Business Address <u>TECH CENTER RD, WARREN, MI 48092</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/02/2024</u>	
Name & Address: DANIELLE BASS 2203 KIPLING AVE BERKLEY, MI 48072		\$ <u>300.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>HONIGMAN LLP</u> Business Address <u>660 WOODWARD AVE, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/03/2024</u>	
Name & Address: KEVIN DENHA 700 N OLD WOODWARD AVE STE 300 BIRMINGHAM, MI 48009		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>SELFEMPLOYED</u> Business Address <u>700 N OLD WOODWARD AVE, BIRMINGHAM, MI 48009</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 2,355.00

Grand Total of All Schedules 1A
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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>09/03/2024</u>	
Name & Address: WILLIAM HORTON 101 W BIG BEAVER RD TROY, MI 48084		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>GIARMARCO MULLINS & HORTON PC</u> Business Address <u>101 W BIG BEAVER RD, TROY, MI 48084</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☒ YES	4. Date of Receipt <u>09/03/2024</u>	
Name & Address: CHALDEAN CHAMBER PAC 30095 NORTHWESTERN HWY FARMINGTON HILLS, MI 48334		\$ <u>5,000.00</u>	\$ <u>5,000.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/03/2024</u>	
Name & Address: JONNA ARKAN 4036 TELEGRAPH RD #SUITE 201 BLOOMFIELD TWP, MI 48303		\$ <u>5,000.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FOUNDER</u> Employer <u>AF JONNA DEVELOPMENT, L.L.C</u> Business Address <u>4036 TELEGRAPH RD, BLOOMFIELD TWP, MI 48303</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/04/2024</u>	
Name & Address: LAWRENCE SILVER 5030 MEADOWBROOK DR 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			

Page Subtotal **10,600.00**

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

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Page.



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3. Contribution # 1 PAC Receipt? ☒ YES 4. Date of Receipt <u>09/04/2024</u> Name & Address: REALTORS PAC OF MICHIGAN 720 N WASHINGTON AVE LANSING, MI 48906		\$ <u>2,000.00</u>	\$ <u>4,000.00</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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/04/2024</u> Name & Address: JAMES ESSHAKI 210 S OLD WOODWARD AVE BIRMINGHAM, MI 48009		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>ESSCO DEVELOPMENT</u> Business Address <u>210 S OLD WOODWARD AVE, BIRMINGHAM, MI 48009</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/05/2024</u> Name & Address: PENNY LUEBS 639 HENDRICKSON BLVD CLAWSON, MI 48017		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/07/2024</u> Name & Address: DONALD JOHNSON 750 CHANNING ST FERNDAL, MI 48220		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSOCIATE BUDGET DIRECTOR</u> Employer <u>CITY OF DETROIT</u> Business Address <u>2 WOODWARD AVE, DETROIT, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **3,150.00**

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

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/09/2024</u> Name & Address: CHRISTOPHER LANEY 10555 NADINE AVE HUNTINGTON WOODS, MI 48070		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>ASCENSION</u> Business Address <u>10555 NADINE AVE, HUNTINGTON WOODS, MI 48070</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/10/2024</u> Name & Address: CHRISTOPHER SMITH 10085 NADINE AVE HUNTINGTON WOODS, MI 48070		\$ <u>250.00</u>	\$ <u>1,025.00</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			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/10/2024</u> Name & Address: KEVIN CALHOUN 30743 ALGER ST MADISON HEIGHTS, MI 48071		\$ <u>1,000.00</u>	\$ <u>3,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>CALHOUN & DIPIONO PLC</u> Business Address <u>29828 TELEGRAPH RD, SOUTHFIELD, MI 48034</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/11/2024</u> Name & Address: ANNA YOUNGBLOOD 10437 KINGSTON AVE HUNTINGTON WOODS, MI 48070		\$ <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			

Page Subtotal **1,500.00**

Grand Total of All Schedules 1A
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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>09/11/2024</u> Name & Address: ALISON GALLAGHER 13319 NADINE AVE HUNTINGTON WOODS, MI 48070		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/11/2024</u> Name & Address: MARY ANN FONTANA 26080 SALEM RD HUNTINGTON WOODS, MI 48070		\$ <u>250.00</u>	\$ <u>750.00</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>09/11/2024</u> Name & Address: SARA EDSON 13157 LUDLOW AVE HUNTINGTON WOODS, MI 48070		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ULOOP</u> Employer <u>GREG EDSON</u> Business Address <u>13157 LUDLOW AVE, HUNTINGTON WOODS, MI 48070</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/12/2024</u> Name & Address: DANA FORTIER 23871 W LEBOST NOVI, MI 48375		\$ <u>50.00</u>	\$ <u>575.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CAMPAIGN MANAGER</u> Employer <u>ENCOMPASS</u> Business Address <u>23871 W LE BOST CT, NOVI, MI 48375</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 550.00

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/12/2024</u> Name & Address: ROSEMARY JONES 168 TIFFANY LN ROYAL OAK, MI 48067		\$ <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>09/13/2024</u> Name & Address: MARISA MONKMAN 14431 OAK PARK BLVD OAK PARK, MI 48237		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/13/2024</u> Name & Address: HOWARD FABER 25210 PARKWOOD DR HUNTINGTON WOODS, MI 48070		\$ <u>100.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>SPORTSK.COM</u> Business Address <u>19051 ECORSE RD, ALLEN PARK, MI 48101</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/14/2024</u> Name & Address: AMANDA HERZOG 306 RHODE ISLAND AVE ROYAL OAK, MI 48067		\$ <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 **350.00**

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

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Page.



**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/14/2024</u>	
Name & Address: ALANA SHAMBAN 26323 HENDRIE BLVD HUNTINGTON WOODS, MI 48070		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NURSE ANESTHETIST</u> Employer <u>NORTHSTAR ANESTHESIA</u> Business Address <u>26323 HENDRIE BLVD, HUNTINGTON WOODS, MI 48070</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/14/2024</u>	
Name & Address: BREANNE OTT 13334 KINGSTON AVE HUNTINGTON WOODS, MI 48070		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/15/2024</u>	
Name & Address: ROBERT JOHNCOX 21401 CONCORD ST SOUTHFIELD, MI 48076		\$ <u>40.00</u>	\$ <u>280.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NON-PROFIT PROFESSIONAL</u> Employer <u>TCC</u> Business Address <u>13334 KINGSTON AVE, HUNTINGTON WOODS, MI 48070</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/15/2024</u>	
Name & Address: BENJAMIN MUMMA 26691 HUNTINGTON RD HUNTINGTON WOODS, MI 48070		\$ <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			

Page Subtotal 390.00

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

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line 3a of Summary
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**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>09/15/2024</u>	
Name & Address: STEPHEN SHIFMAN 10734 BORGMAN AVE HUNTINGTON WOODS, MI 48070		\$ <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>09/15/2024</u>	
Name & Address: BRANDON KOLO 600 E HUDSON AVE ROYAL OAK, MI 48067		\$ <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>09/15/2024</u>	
Name & Address: RENEE ALLEN 3805 E 98TH ST TULSA, OK 74137		\$ <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>09/15/2024</u>	
Name & Address: GAIL WHITTY 165 BALDWIN RD BIRMINGHAM, MI 48009		\$ <u>50.00</u>	\$ <u>170.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **350.00**

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

Enter this total on
line 3a of Summary
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**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>09/15/2024</u> Name & Address: CAROLYNN KRAUSE 1640 PARK CREEK CT ROCHESTER HILLS, MI 48309		\$ <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			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/15/2024</u> Name & Address: MICHAEL BORKIN 10735 VERNON AVE HUNTINGTON WOODS, MI 48070		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>DERMATOLOGY ASSOCIATES</u> Business Address <u>800 S ADAMS RD, BIRMINGHAM, MI 48009</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/15/2024</u> Name & Address: SHARON TRUMPY 66 WELLESLEY DR PLEASANT RIDGE, MI 48069		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/15/2024</u> Name & Address: ALYSSA LEVIN 25500 DUNDEE RD ROYAL OAK, MI 48067		\$ <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			

Page Subtotal **375.00**

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

Enter this total on
line 3a of Summary
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**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>09/15/2024</u> Name & Address: RACHEL CZECH-SIMS 14030 TALBOT ST OAK PARK, MI 48237		\$ <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>09/15/2024</u> Name & Address: LAUREN ACKER 26654 HUMBER ST HUNTINGTON WOODS, MI 48070		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/15/2024</u> Name & Address: LARRY GREENBERG 5495 KINGSFIELD DR WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <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			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/15/2024</u> Name & Address: SHOSHANA ABROMOVICH 26635 HUNTINGTON RD HUNTINGTON WOODS, MI 48070		\$ <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 **475.00**

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

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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>09/15/2024</u> Name & Address: KIMBER BISHOP YANKE 867 MADISON ST BIRMINGHAM, MI 48009 5. If over \$100.00 cumulative, please provide: Occupation <u>FOUNDER</u> Employer <u>KIDS EMPOWERED ON THE MOVE</u> Business Address <u>PO BOX 236, BIRMINGHAM, MI 48012</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>50.00</u>	\$ <u>150.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/15/2024</u> Name & Address: VICTORIA LANGE 7352 MEADOWRIDGE DR WEST BLOOMFIELD TOWNSHIP, MI 48322 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		\$ <u>100.00</u>	\$ <u>350.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/15/2024</u> Name & Address: JOEL WITTENBERG 332 COCOANUT AVE SARASOTA, FL 34236 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/15/2024</u> Name & Address: JORDAN ROBERTS 992 PLEASANT ST BIRMINGHAM, MI 48009 5. If over \$100.00 cumulative, please provide: Occupation <u>CO-FOUNDER</u> Employer <u>CIRCLE POWER</u> Business Address <u>101 W BIG BEAVER RD, TROY, MI 48084</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>500.00</u>	\$ <u>1,000.00</u>

Page Subtotal 750.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**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>09/16/2024</u> Name & Address: DARREN FRANKEL 1334 MAPLELAWN RD TROY, MI 48084		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INVESTOR</u> Employer <u>SFDCO</u> Business Address <u>1334 MAPLELAWN RD, TROY, MI 48084</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/16/2024</u> Name & Address: JEFF ARONOFF 10126 ELGIN AVE HUNTINGTON WOODS, MI 48070		\$ <u>100.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MILLER CANFIELD</u> Business Address <u>150 W JEFFERSON AVE, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/16/2024</u> Name & Address: MATTHEW RICHTER 3007 ANTHONY LN BLOOMFIELD TWP, MI 48302		\$ <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>09/16/2024</u> Name & Address: ALAN JEFFREY BEAN 8218 HENDRIE BLVD HUNTINGTON WOODS, MI 48070		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTONERY</u> Employer <u>SELFEMPLOYED</u> Business Address <u>8218 HENDRIE BLVD, HUNTINGTON WOODS, MI 48070</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,450.00**

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

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**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>09/18/2024</u> Name & Address: JESSICA BLAKE 12923 VICTORIA AVE HUNTINGTON WOODS, MI 48070		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>SELF</u> Business Address <u>12923 VICTORIA AVE, HUNTINGTON WOODS, MI 48070</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/19/2024</u> Name & Address: DAVID GRONER 23900 GREENGLEN CT BINGHAM FARMS, MI 48025		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/19/2024</u> Name & Address: DANNIS MITCHELL 26918 W 12 MILE RD SOUTHFIELD, MI 48034		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSTRUCTION</u> Employer <u>BARTON MALOW</u> Business Address <u>26500 AMERICAN DR, SOUTHFIELD, MI 48034</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/19/2024</u> Name & Address: ROBERT PAUL 26335 DUNDEE RD HUNTINGTON WOODS, MI 48070		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GENESEE CUT STONE & MARBLE CO.</u> Business Address <u>26361 DUNDEE RD, HUNTINGTON WOODS, MI 48070</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,300.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 97268
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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>09/19/2024</u>	
Name & Address: JONATHAN GOLD 22032 GREENTREE LN NOVI, MI 48375		\$ <u>100.00</u>	\$ <u>135.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRODUCT MANAGER</u> Employer <u>INSIGHT GLOBAL</u> Business Address <u>22032 GREENTREE LN, 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>09/19/2024</u>	
Name & Address: MICHAEL PITT 8019 CONCORD RD HUNTINGTON WOODS, MI 48070		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELFEMPLOYED</u> Business Address <u>117 W 4TH ST, ROYAL OAK, MI 48067</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2024</u>	
Name & Address: MEAGAN PARTILLA 8404 E 51ST AVE DENVER, CO 80238		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/22/2024</u>	
Name & Address: ANDY DOCTOROFF 26413 HUNTINGTON RD HUNTINGTON WOODS, MI 48070		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INFRASTRUCTURE ADVISOR</u> Employer <u>US DOT</u> Business Address <u>26413 HUNTINGTON RD, HUNTINGTON WOODS, MI 48070</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 550.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 97268
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/24/2024</u>	
Name & Address: JACOB BACALL 7777 LOCKLIN CT WEST BLOOMFIELD TOWNSHIP, MI 48324		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>BACALL DEVELOPMENT</u> Business Address <u>30407 W 13 MILE RD, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☒ YES	4. Date of Receipt <u>09/24/2024</u>	
Name & Address: MICHIGAN REGIONAL COUNCIL OF CARPENTERS PAC 11687 AMERICAN ST DETROIT, MI 48204		\$ <u>10,000.00</u>	\$ <u>10,000.00</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 # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>09/24/2024</u>	
Name & Address: CLARK HILL PAC 500 WOODWARD AVE DETROIT, MI 48226		\$ <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>09/25/2024</u>	
Name & Address: JONATHAN SCHWARTZ 26810 WYOMING RD HUNTINGTON WOODS, MI 48070		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TAFT</u> Business Address <u>27777 FRANKLIN RD, SOUTHFIELD, MI 48034</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **11,750.00**

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

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line 3a of Summary
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**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>09/25/2024</u> Name & Address: BARBARA HILLMAN 25426 PARKWOOD DR HUNTINGTON WOODS, MI 48070		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/25/2024</u> Name & Address: MARK RUBENFIRE 5064 SILVERWOOD DR WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TAFT</u> Business Address <u>27777 FRANKLIN RD, SOUTHFIELD, MI 48034</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/25/2024</u> Name & Address: HOWARD LEDERMAN 2239 CUMMINGS AVE BERKLEY, MI 48072		\$ <u>75.00</u>	\$ <u>235.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>LEDERMANLAW PC</u> Business Address <u>2239 CUMMINGS AVE, BERKLEY, MI 48072</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/25/2024</u> Name & Address: BRIAN RAZNICK 1941 CRAGIN DR BLOOMFIELD TWP, MI 48302		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTONERY</u> Employer <u>TAFT LAW</u> Business Address <u>27777 FRANKLIN RD, SOUTHFIELD, MI 48034</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 860.00

Grand Total of All Schedules 1A
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**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>09/25/2024</u>	
Name & Address: DAVID ADLER 25710 DUNDEE RD ROYAL OAK, MI 48067		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTONERY</u> Employer <u>TAFT LAW</u> Business Address <u>27777 FRANKLIN RD, SOUTHFIELD, MI 48034</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/25/2024</u>	
Name & Address: BASIL BACALL 7365 LOCKLIN CT WEST BLOOMFIELD TOWNSHIP, MI 48324		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT AND CEO</u> Employer <u>ELITE HOSPITALITY GROUP</u> Business Address <u>2129 ORCHARD LAKE RD, LAKE SYLVAN, MI 48320</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/25/2024</u>	
Name & Address: BRUCE KAHN 425 GREENWOOD ST BIRMINGHAM, MI 48009		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTONERY</u> Employer <u>TAFT LAW</u> Business Address <u>27777 FRANKLIN RD, SOUTHFIELD, MI 48034</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/25/2024</u>	
Name & Address: KENNETH CLARKSON 29537 ANDOVER BLVD FARMINGTON HILLS, MI 48331		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTONERY</u> Employer <u>TAFT LAW</u> Business Address <u>27777 FRANKLIN RD, SOUTHFIELD, MI 48034</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,100.00**

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

Enter this total on
line 3a of Summary
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**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>09/27/2024</u> Name & Address: GIARMARCO, MULLINS & HORTON PAC 101 W BIG BEAVER RD 10TH FLOOR COLUMBIA CTR TROY, MI 48084		\$ <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>09/28/2024</u> Name & Address: THERESA FOUGNIE 3836 BRISTOL CT CLARKSTON VLG, MI 48348		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/28/2024</u> Name & Address: MICHAEL MCGUINNESS 26 UNION ST PONTIAC, MI 48342		\$ <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>09/29/2024</u> Name & Address: FRAN GRASHA 28167 PALMER ST MADISON HEIGHTS, MI 48071		\$ <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			

Page Subtotal 750.00

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

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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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1. Committee I.D. Number 97268
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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>09/29/2024</u>	
Name & Address: BRIAN RICH 34067 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>RICHLAW PLLC</u> Business Address <u>33533 W 12 MILE RD, FARMINGTON HILLS, MI 48331</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/30/2024</u>	
Name & Address: JONATHAN AARON 2 TOWNE SQUARE SOUTHFIELD, MI 48076		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>2 TOWNE SQUARE, SOUTHFIELD, MI 48076</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/30/2024</u>	
Name & Address: EMMET DENHA 20033 GREAT OAKS CIR S CLINTON TWP, MI 48036		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>THE ALAN GROUP</u> Business Address <u>20033 GREAT OAKS CT, CLINTON TOWNSHIP, MI 48036</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☒ YES	4. Date of Receipt <u>09/30/2024</u>	
Name & Address: NORTH OAKLAND DEM CLUB PAC PO BOX 336 LAKE ORION, MI 48361		\$ <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 **2,200.00**

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/30/2024</u>	
Name & Address: FARMINGTON DEMOCRATIC CLUB 28825 SALEM RD. FARMINGTON, MI 48334		\$ <u>400.00</u>	\$ <u>400.00</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>10/01/2024</u>	
Name & Address: WILLIAM BALDWIN 3568 CUMBERLAND RD BERKLEY, MI 48072		\$ <u>20.00</u>	\$ <u>160.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TECHNICAL</u> Employer <u>GENERAL MOTORS</u> Business Address <u>TECH CENTER RD, WARREN, MI 48092</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>10/01/2024</u>	
Name & Address: UWM STATE PAC 585 S BLVD E PONTIAC, MI 48341		\$ <u>500.00</u>	\$ <u>1,500.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/02/2024</u>	
Name & Address: MARY BETH FITZPATRICK 14703 BROHL DR WARREN, MI 48088		\$ <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			

Page Subtotal 970.00

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

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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/02/2024</u>	
Name & Address: STEVEN FORTNEY 7139 WESTCHESTER RD WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BANKER</u> Employer <u>F&M BANK</u> Business Address <u>200 PARK ST, BIRMINGHAM, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/02/2024</u>	
Name & Address: JASON JARJOSA 1078 PURITAN AVE BIRMINGHAM, MI 48009		\$ <u>350.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCE</u> Employer <u>BLOOMFIELD CAPITAL</u> Business Address <u>1078 PURITAN AVE, BIRMINGHAM, MI 48009</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/02/2024</u>	
Name & Address: BRYAN PARIS 35627 OLD HOMESTEAD DR FARMINGTON HILLS, MI 48335		\$ <u>100.00</u>	\$ <u>200.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/04/2024</u>	
Name & Address: SAM SCHIFFER 12911 VERNON AVE HUNTINGTON WOODS, MI 48070		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TAFT LAW</u> Business Address <u>27777 FRANKLIN RD, SOUTHFIELD, MI 48034</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 800.00

Grand Total of All Schedules 1A
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**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>10/04/2024</u>	
Name & Address: DEREK HOWARD 428 CARTER AVE TROY, MI 48098		\$ <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>838 W LONG LAKE RD, BLOOMFIELD HILLS, MI 48302</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/07/2024</u>	
Name & Address: LORI GOLDMAN 31985 MAYFAIR LN BEVERLY HILLS, MI 48025		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>BETKSHIRE</u> Business Address <u>880 S OLD WOODWARD AVE, BIRMINGHAM, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/07/2024</u>	
Name & Address: JOHN KOLB 3816 DURHAM RD 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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/07/2024</u>	
Name & Address: MARTIN SPAULDING PO BOX 51427 KALAMAZOO, MI 49005		\$ <u>2,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>JOB CREATOR</u> Employer <u>SELF-EMPLOYED</u> Business Address <u>PO BOX 51247, KALAMAZOO, MI 49005</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **3,175.00**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/08/2024</u> Name & Address: BRENDA CARTER 86 W YALE AVE PONTIAC, MI 48340		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REPRESENTATIVE</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>124 N CAPITOL AVE, LANSING, MI 48933</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/08/2024</u> Name & Address: RACHEL STEWART 393 MARTELL DR BLOOMFIELD HILLS, MI 48304		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BIZ EXEC</u> Employer <u>GARDNER WHITE</u> Business Address <u>6500 E 14 MILE RD, WARREN, MI 48092</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/08/2024</u> Name & Address: STEVEN TRONSTEIN 4445 N ATLANTIC BLVD AUBURN HILLS, MI 48326		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS EXECUTIVE</u> Employer <u>GARDNER-WHITE</u> Business Address <u>4445 N ATLANTIC BLVD, AUBURN HILLS, MI 48326</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☒ YES 4. Date of Receipt <u>10/08/2024</u> Name & Address: OPERATING ENGINEERS LOCAL 324 PAC 500 HULET DR BLOOMFIELD TOWNSHIP, MI 48302		\$ <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 2,700.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/09/2024</u>	
Name & Address: MAT DUNASKISS 535 CUSHING ST ORION TWP, MI 48362		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FOUNDER</u> Employer <u>DUNASKISS CONSULTING AND DEVELOPMENT</u> Business Address <u>900 S LAPEER RD, OXFORD, MI 48371</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/10/2024</u>	
Name & Address: JAMES MURRAY 1335 WEBSTER ST BIRMINGHAM, MI 48009		\$ <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>10/10/2024</u>	
Name & Address: ANDREW MEISNER 12786 TALBOT LN HUNTINGTON WOODS, MI 48070		\$ <u>250.00</u>	\$ <u>1,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>COMMUNITY UNITY BANK</u> Business Address <u>34040 WOODWARD AVE, BIRMINGHAM, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/10/2024</u>	
Name & Address: RONN NADIS 30927 N PARK DR FARMINGTON HILLS, MI 48331		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>COUZENS LANSKY FEALK ELLIS ROEDER & LAZAR P.C.</u> Business Address <u>39395 W 12 MILE RD, FARMINGTON HILLS, MI 48331</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 650.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/10/2024</u>	
Name & Address: JOHN MCQUIGGIN 6144 VENICE DR COMMERCE TOWNSHIP, MI 48382		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/10/2024</u>	
Name & Address: MAT DUNASKISS 535 CUSHING ST ORION TWP, MI 48362		\$ <u>100.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FOUNDER AND OWNER</u> Employer <u>DUNASKISS CONSULTING AND DEVELOPMENT</u> Business Address <u>900 S LAPEER RD, OXFORD, MI 48371</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/10/2024</u>	
Name & Address: MARK ALHERMIZI 556 W FRANK ST BIRMINGHAM, MI 48009		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>EVERDAYS</u> Business Address <u>30555 SOUTHFIELD RD, SOUTHFIELD, MI 48076</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/10/2024</u>	
Name & Address: THERESA ORLASKE-RICH 34067 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331		\$ <u>100.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>RICHLAW, PLLC</u> Business Address <u>27620 FARMINGTON RD, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 750.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/11/2024</u>	
Name & Address: BRADLEY MIKON 25409 SHERWOOD AVE CENTER LINE, MI 48015		\$ <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>10/11/2024</u>	
Name & Address: AMMAR ALKHAFI 1375 RIVONA DR WATERFORD, MI 48328		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>GARDEN CITY MEDICAL CENTER</u> Business Address <u>2020 MIDDLEBELT RD, GARDEN CITY, MI 48135</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/12/2024</u>	
Name & Address: MARK KOWALSKY 5128 CORNERS DR WEST BLOOMFIELD, MI 48322		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/14/2024</u>	
Name & Address: ANNSLEY METZ 3007 VINSETTA BLVD ROYAL OAK, MI 48073		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN'S ASSISTANT</u> Employer <u>HURLEY MEDICAL CENTER</u> Business Address <u>ONE HURLEY PLAZA, FLINT, MI 48503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **650.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/14/2024</u>	
Name & Address: CARRIE MIKA 6142 TIMBERSONE WAY CLARKSTON, MI 48346		\$ <u>200.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BANKER</u> Employer <u>THE STATE BANK</u> Business Address <u>30301 WOODWARD AVE, 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>10/15/2024</u>	
Name & Address: ROBERT JOHNCOX 21401 CONCORD ST SOUTHFIELD, MI 48076		\$ <u>40.00</u>	\$ <u>320.00</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>10/16/2024</u>	
Name & Address: CHRISTOPHER SMITH 10085 NADINE AVE HUNTINGTON WOODS, MI 48070		\$ <u>75.00</u>	\$ <u>1,100.00</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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/17/2024</u>	
Name & Address: BARBARA TRONSTEIN 1482 SODON CT BLOOMFIELD HILLS, MI 48302		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS EXECUTIVE</u> Employer <u>GARDNER-WHITE FURNITURE CO INC.</u> Business Address <u>4445 N ATLANTIC BLVD, AUBURN HILLS, MI 48326</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **815.00**

Grand Total of All Schedules 1A
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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>10/20/2024</u>	
Name & Address: JOHN LAWSON 4076 CRANBROOK CT BLOOMFIELD HILLS, MI 48301		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/20/2024</u>	
Name & Address: MARK ZARKIN 27925 GOLF POINTE BLVD FARMINGTON HILLS, MI 48331		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>STEVEN LELLI'S INN ON THE GREEN</u> Business Address <u>27925 GOLF POINTE BLVD, FARMINGTON HILLS, MI 48331</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/20/2024</u>	
Name & Address: RICHARD ROBERTS 7326 E EL CAMINITO DR SCOTTSDALE, AZ 85258		\$ <u>2,000.00</u>	\$ <u>4,000.00</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>10/20/2024</u>	
Name & Address: MICHAEL SANTICCHIA 5540 MONARCH CT ANN ARBOR, MI 48108		\$ <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 2,650.00

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

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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>10/20/2024</u> Name & Address: PATRICK GREGORY 27725 STANSBURY ST FARMINGTON HILLS, MI 48334		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>UHY ADVISORS</u> Business Address <u>27725 STANSBURY ST, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/20/2024</u> Name & Address: THOMAS CALLAN III 5865 LAHSER RD BLOOMFIELD HILLS, MI 48301		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGING DIRECTOR</u> Employer <u>UHY ADVISORS</u> Business Address <u>27725 STANSBURY ST, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/20/2024</u> Name & Address: BETH D'ANNA 719 HAWTHORN AVE ROYAL OAK, MI 48067		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE ASSISTANT</u> Employer <u>UHY ADVISORS</u> Business Address <u>27725 STANSBURY ST, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/20/2024</u> Name & Address: CHRIS PETERSON 1626 MARQUIS LN BRIGHTON, MI 48114		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRINCIPAL</u> Employer <u>UHY ADVISORS</u> Business Address <u>27725 STANSBURY ST, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 800.00

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

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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>10/20/2024</u>	
Name & Address: EDWARD PLawecki 12402 WOODLANDS CT PLYMOUTH TOWNSHIP, MI 48170		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation <u>GENERAL COUNSEL OF MICHIGAN</u> Employer <u>UHY ADVISORS</u>			
Business Address <u>27725 STANSBURY ST, FARMINGTON HILLS, MI 48334</u>			
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	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 # 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)

56,065.00

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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **97268**

CANDIDATE COMMITTEE

2. Committee Name **ROBERT WITTENBERG FOR COUNTY TREASURER**

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: JOSH BORSON 10805 LINCOLN DR HUNTINGTON WOODS, MI 48070 If over \$100.00 cumulative, please provide: Occupation: LAWYER Employer Name & Business Address: TAFT LAW 27777 FRANKLIN RD, SOUTHFIELD, MI 48034 ☒ 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 REFRESHMENTS 5. Date Of Receipt: 09/25/2024 6. Vendor Name & Address: GRAPE LEAVES RESTAURANT 29181 NORTHWESTERN HWY, SOUTHFIELD, MI 48034	\$ 150.00	\$ 150.00
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: MATTHEW ROMAN 6045 WORLINGTON RD BLOOMFIELD HILLS, MI 48301 If over \$100.00 cumulative, please provide: Occupation: LAWYER Employer Name & Address: STASH VENTURES LLC 6045 WORLINGTON RD, BLOOMFIELD HILLS, MI 48301 ☒ 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 5. Date Of Receipt: 10/10/2024 6. Vendor Name & Address: SHISH KEBOB XPRESS 34186 WOODWARD AVE, BIRMINGHAM, MI 48009	\$ 200.00	\$ 300.00
Contribution #3 PAC Receipt? ☐ Yes Name & Address: MATTHEW ROMAN 6045 WORLINGTON RD BLOOMFIELD HILLS, MI 48301 If over \$100.00 cumulative, please provide: Occupation: LAWYER Employer Name & Address: STASH VENTURES LLC 6045 WORLINGTON RD, BLOOMFIELD HILLS, MI 48301 ☒ 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 DRINKS 5. Date Of Receipt: 10/10/2024 6. Vendor Name & Address: TARGET 2400 S TELEGRAPH RD, BLOOMFIELD HILLS, MI 48302	\$ 50.00	\$ 350.00

Page Subtotal **400.00** **500.00**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **400.00**

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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 ANNABELLE WEATHERS Address 29415 HOWARD AVE MADISON HEIGHTS, MI 48071 ☒ Fund Raiser	Purpose: <u>DOWN PMT FOR FACE PAINT/GLITTER TATTOO</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/03/2024</u> Date	\$ <u>100.00</u>
Expenditure #2 Name AMAZON Address P.O. BOX 81226 FLORENCE, CO 81226 ☒ Fund Raiser	Purpose: <u>LAWN GAMES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/06/2024</u> Date	\$ <u>157.81</u>
Expenditure #3 Name THE COOKIE JAR Address 6200 ANDREA LN WEST BLOOMFIELD TOWNSHIP, MI 48322 ☒ Fund Raiser	Purpose: <u>COOKIES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/10/2024</u> Date	\$ <u>350.00</u>
Expenditure #4 Name SQUARESPACE Address 311 SW WASHINGTON ST PORTLAND, OR 97204 ☐ Fund Raiser	Purpose: <u>WEBSITE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/10/2024</u> Date	\$ <u>276.00</u>
Expenditure #5 Name COSTCO Address 2343 S TELEGRAPH RD BLOOMFIELD TWP, MI 48302 ☒ Fund Raiser	Purpose: <u>SNACKS, DRINKS, SUPPLIES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/11/2024</u> Date	\$ <u>505.81</u>

Subtotal this page

1,389.62

Grand Total of all Schedules 1B
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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 WAYNE COUNTY TREASURERS ASSOC. Address 32409 FORT RD ROCKWOOD, MI 48173 ☐ Fund Raiser	Purpose: TRI-COUNTY LUNCH TICKET ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/12/2024 Date	\$ 50.00
Expenditure #2 Name CAPITAL SALES COMPANY Address 1471 E 9 MILE RD HAZEL PARK, MI 48030 ☐ Fund Raiser	Purpose: CANDY FOR PARADE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/12/2024 Date	\$ 189.00
Expenditure #3 Name TROY COMMUNITY FOUNDATION Address PO BOX 861 TROY, MI 48099 ☐ Fund Raiser	Purpose: 2024 TROY DAZE PARADE ENTRY FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/12/2024 Date	\$ 50.00
Expenditure #4 Name BURTON PTA Address 26315 SCOTIA RD HUNTINGTON WOODS, MI 48070 ☐ Fund Raiser	Purpose: AD FOR FUN RUN ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/15/2024 Date	\$ 350.00
Expenditure #5 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: LIT DESIGN AND PRINTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/16/2024 Date	\$ 1,715.10

Subtotal this page **2,354.10**

Grand Total of all Schedules 1B
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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>09/16/2024</u> Date	\$ <u>130.00</u>
Expenditure #2 Name ANNABELLE WEATHERS Address 29415 HOWARD AVE MADISON HEIGHTS, MI 48071 ☒ Fund Raiser	Purpose: <u>FACE PAINT/GLITTER TATTOO</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/16/2024</u> Date	\$ <u>460.00</u>
Expenditure #3 Name NORTHERN OAKLAND COUNTY NAACP Address 233 BAGLEY ST PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: <u>DINNER AD AND TICKET</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/16/2024</u> Date	\$ <u>300.00</u>
Expenditure #4 Name GOLDEN OPPORTUNITY CLUB Address 52 BAGLEY ST PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: <u>AD FOR GALA</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/17/2024</u> Date	\$ <u>100.00</u>
Expenditure #5 Name KIDS GALA Address PO BOX 336 NORTHVILLE, MI 48167 ☐ Fund Raiser	Purpose: <u>CHARITY OUTING TICKET</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/18/2024</u> Date	\$ <u>62.00</u>

Subtotal this page

1,052.00

Grand Total of all Schedules 1B
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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 MAILCHIMP Address 675 PONCE DE LEON AVE NE ATLANTA, GA 30308 ☐ Fund Raiser	Purpose: EMAIL SERVICE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/18/2024 Date	\$ 75.00
Expenditure #2 Name 40 NORTH ADVOCACY Address 7157 CAMP HILL RD FORT WASHINGTON, PA 19034 ☐ Fund Raiser	Purpose: DIGITAL ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/20/2024 Date	\$ 8,401.69
Expenditure #3 Name C & G NEWSPAPERS Address 13650 E ELEVEN MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: ADS IN ALL C & G PAPERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/27/2024 Date	\$ 8,071.00
Expenditure #4 Name 4TH DIMENSION PROMO PRODUCTS Address 5747 KILBRENNAN RD BLOOMFIELD HILLS, MI 48301 ☐ Fund Raiser	Purpose: LAWN SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/29/2024 Date	\$ 2,388.00
Expenditure #5 Name DELTA AIRLINES Address PO BOX 20980 ATLANTA, GA 30320 ☐ Fund Raiser	Purpose: FLIGHT TICKET TO WHITE HOUSE VISIT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/29/2024 Date	\$ 575.94

Subtotal this page **19,511.63**

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

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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 CHALDEAN NEWS, LLC Address 30095 NORTHWESTERN HWY FARMINGTON HILLS, MI 48334 ☐ Fund Raiser	Purpose: AD IN CHALDEAN NEWS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/02/2024 Date	\$ 775.00
Expenditure #2 Name 40 NORTH ADVOCACY Address 7157 CAMP HILL RD FORT WASHINGTON, PA 19034 ☐ Fund Raiser	Purpose: DIGITAL ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/04/2024 Date	\$ 6,518.00
Expenditure #3 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: MAILER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/09/2024 Date	\$ 14,978.00
Expenditure #4 Name OAKLAND COUNTY TIMES Address PO BOX 20293 FERNDAL, MI 48200 ☐ Fund Raiser	Purpose: CANDIDATE INTERVIEW ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/11/2024 Date	\$ 150.00
Expenditure #5 Name LA PRENSA Address 616 ADAMS ST TOLEDO, OH 43604 ☐ Fund Raiser	Purpose: NEWSPAPER ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/2024 Date	\$ 700.00

Subtotal this page **23,121.00**

Grand Total of all Schedules 1B
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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 WATERFORD YOUTH ASSISTANCE Address 5640 WILLIAMS LAKE RD WATERFORD, MI 48329 ☐ Fund Raiser	Purpose: ANNUAL LUNCH TICKET ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/16/2024 Date	\$ 30.00
Expenditure #2 Name COSTCO Address 2343 S TELEGRAPH RD BLOOMFIELD TWP, MI 48302 ☐ Fund Raiser	Purpose: STAMPS AND OFFICE SUPPLY ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/17/2024 Date	\$ 215.60
Expenditure #3 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: DESIGN AND PRINTING FOR MAILER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/18/2024 Date	\$ 755.00
Expenditure #4 Name MAILCHIMP Address 675 PONCE DE LEON AVE NE ATLANTA, GA 30308 ☐ Fund Raiser	Purpose: EMAIL SERVICE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/18/2024 Date	\$ 75.00
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	10/20/2024 Date	\$ 1,345.68

Subtotal this page **2,421.28**

Grand Total of all Schedules 1B
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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 40 NORTH ADVOCACY Address 7157 CAMP HILL RD FORT WASHINGTON, PA 19034 ☐ Fund Raiser	Purpose: DIGITAL ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/20/2024 Date	\$ 8,148.00
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
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 **8,148.00**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **57,997.63**

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on line 8a of
Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 09/15/2024	4. Number of Individuals Attending or Participating (whichever is greater) 30	5. Type of Fund Raising Activity SEPTEMBER 15TH FUNDRAISER	6. Address and Name (If any) of the place where the activity was held. NORMANDY OAKS PARK 4234 DELEMERE BLVD ROYAL OAK, MI 48073 ☐ Private Residence
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7. Total Contributions **3,975.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **3,975.00**
10. Total Cost of Event **1,067.81**
(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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 09/25/2024	4. Number of Individuals Attending or Participating (whichever is greater) 7	5. Type of Fund Raising Activity SEPTEMBER 25TH FUNDRAISER	6. Address and Name (If any) of the place where the activity was held. TAFT LAW 27777 FRANKLIN RD SOUTHFIELD, MI 48034 ☐ Private Residence
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7. Total Contributions **1,850.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **1,850.00**
10. Total Cost of Event **150.00**
(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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 10/10/2024	4. Number of Individuals Attending or Participating (whichever is greater) 30	5. Type of Fund Raising Activity OCTOBER 10TH FUNDRAISER	6. Address and Name (If any) of the place where the activity was held. PONTIAC 123 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Private Residence
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7. Total Contributions **4,025.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **4,025.00**
10. Total Cost of Event **250.00**
(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 (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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- 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.