



FILED

24 OCT 2025 AM 08:04

OAKLAND COUNTY CLERK
PONTIAC, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

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

3. This Statement covers From: 07/21/2022 to 10/19/2025

1. Committee I.D. Number

96883

2. Committee Name

ELECT DAVID HAMILTON

4. Candidate Last Name First Name M.I.

HAMILTON DAVID A

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

CITY COUNCIL, TROY

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

5. Committee's Mailing Address

**2092 OAKWOOD DR.
TROY, MI 48085**

Area Code and Phone (586) 930-5278
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

**DAVID HAMILTON
2092 OAKWOOD DR.
TROY, MI 48085**

Area Code & Phone (586) 930-5278

7. Treasurer's Business Address

**2092 OAKWOOD DR.
TROY, MI 48085**

Area Code and Phone (586) 930-5278

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

11/04/2025

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 lates fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/24/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/24/2025



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 96883

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name ELECT DAVID HAMILTON

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>5,845.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>5,845.00</u>	(18.) \$ <u>5,845.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>5,845.00</u>	(20.) \$ <u>5,845.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>7,707.25</u>	(21.) \$ <u>7,707.25</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>0.00</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>174.14</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>174.14</u>	(23.) \$ <u>174.14</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>7,727.25</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>262.78</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>5,845.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>6,107.78</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>174.14</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>5,933.64</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 96883
2. Committee Name ELECT DAVID HAMILTON

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>12/30/2022</u> Name & Address: DAVID HAMILTON 2092 OAKWOOD DR TROY, MI 48085		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>SLATE AUTO</u> Business Address <u>2716 DALEY DR, TROY, MI 48083</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/06/2023</u> Name & Address: DAVID HAMILTON 2092 OAKWOOD DR TROY, MI 48085		\$ <u>5.00</u>	\$ <u>15.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>SLATE AUTO</u> Business Address <u>2716 DALEY DR, TROY, MI 48083</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/08/2025</u> Name & Address: DAVID HAMILTON 2092 OAKWOOD DR TROY, MI 48085		\$ <u>5.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>SLATE AUTO</u> Business Address <u>2716 DALEY DR, TROY, MI 48083</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/14/2025</u> Name & Address: DMITRI NGUYEN 13744 BRUNSWICK DR STERLING HEIGHTS, MI 48312		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>DOD</u> Business Address <u>13744 BRUNSWICK DR, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 120.00

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 96883
2. Committee Name ELECT DAVID HAMILTON

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/14/2025</u>	
Name & Address: KURTIS FERNANDEZ 41225 MILLBROOK DR STERLING HEIGHTS, MI 48314		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FIELD DIRECTOR</u> Employer <u>APIA-VOTE MICHIGAN</u> Business Address <u>PO BOX 12398, HAMTRAMCK, MI 48212</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/25/2025</u>	
Name & Address: SHARON MACDONELL 724 LONGFELLOW DR TROY, MI 48085		\$ <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>05/27/2025</u>	
Name & Address: ANNALISA BLUHM 910 BANMOOR DR TROY, MI 48084		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/27/2025</u>	
Name & Address: BILL HAMILTON 29317 LAUREL DR FARMINGTON HILLS, MI 48331		\$ <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 500.00

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 96883
2. Committee Name ELECT DAVID HAMILTON

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/28/2025</u> Name & Address: DMITRI NGUYEN 13744 BRUNSWICK DR STERLING HEIGHTS, MI 48312		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>DOD</u> Business Address <u>13744 BRUNSWICK DR, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/28/2025</u> Name & Address: KURTIS FERNANDEZ 41225 MILLBROOK DR STERLING HEIGHTS, MI 48314		\$ <u>250.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FIELD DIRECTOR</u> Employer <u>APIA-VOTE MICHIGAN</u> Business Address <u>PO BOX 12398, HAMTRAMCK, MI 48212</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/12/2025</u> Name & Address: SHUO ZHANG 104 SAVANNAH LOOP MOUNTAIN VIEW, CA 94043		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNERSHIPS</u> Employer <u>NVIDIA</u> Business Address <u>104 SAVANNAH LOOP, MOUNTAIN VIEW, CA 94043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/14/2025</u> Name & Address: MICHAEL XIA 11615 LEESBOROUGH CIR SILVER SPRING, MD 20902		\$ <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 950.00

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 96883
2. Committee Name ELECT DAVID HAMILTON

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/16/2025</u>	
Name & Address: BRETT MOLLARD 710 N KARL JOHAN AVE TACOMA, WA 98406		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: REN NUSHAJ 168 MELANIE LN TROY, MI 48098		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/22/2025</u>	
Name & Address: CALVIN CHEUNG 1109 QUEENSBORO DR ROCHESTER HILLS, MI 48307		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/26/2025</u>	
Name & Address: STEPHEN L SADLIER 300 SCONE DR TROY, MI 48098		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **400.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 96883
2. Committee Name ELECT DAVID HAMILTON

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>08/02/2025</u>	
Name & Address: DMITRI NGUYEN 13744 BRUNSWICK DR STERLING HEIGHTS, MI 48312		\$ <u>100.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>DOD</u> Business Address <u>13744 BRUNSWICK DR, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/02/2025</u>	
Name & Address: KURTIS FERNANDEZ 41225 MILLBROOK DR STERLING HEIGHTS, MI 48314		\$ <u>100.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FIELD DIRECTOR</u> Employer <u>APIA-VOTE MICHIGAN</u> Business Address <u>PO BOX 12398, HAMTRAMCK, MI 48212</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/03/2025</u>	
Name & Address: HIRAK CHANDA 3823 FADI DR TROY, MI 48084		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/24/2025</u>	
Name & Address: DMITRI NGUYEN 13744 BRUNSWICK DR STERLING HEIGHTS, MI 48312		\$ <u>100.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>DOD</u> Business Address <u>13744 BRUNSWICK DR, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 400.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 96883
2. Committee Name ELECT DAVID HAMILTON

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>09/03/2025</u>	
Name & Address: REALTORS POLITICAL ACTION COMMITTEE OF MICHIGAN I 720 N WASHINGTON AVE LANSING, MI 48906		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/08/2025</u>	
Name & Address: AARON GREEN 1835 WESTWOOD DR TROY, MI 48083		\$ <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>09/10/2025</u>	
Name & Address: PENNY LUEBS 639 HENDRICKSON BLVD CLAWSON, MI 48017		\$ <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>09/10/2025</u>	
Name & Address: JOSEPH C BERNERT 5125 SHADY CREEK DR TROY, MI 48085		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOCIAL WORKER</u> Employer <u>NEW DAY COUNSELING</u> Business Address <u>306 TOWN CENTER DR, TROY, MI 48084</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 850.00

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 96883
2. Committee Name ELECT DAVID HAMILTON

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/13/2025</u>	
Name & Address: THERESA ONEY BROOKS 2043 RED MAPLE DR TROY, MI 48098		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>SELF</u> Business Address <u>20870 MACK AVE, GROSSE POINTE, MI 48236</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/14/2025</u>	
Name & Address: SHARON MACDONELL 724 LONGFELLOW DR TROY, MI 48085		\$ <u>50.00</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>09/16/2025</u>	
Name & Address: MICHIGAN REGIONAL COUNCIL OF CARPENTERS POLITICAL ACTION COMMITTEE 11687 AMERICAN AVENUE STE 200 DETROIT, MI 48204		\$ <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>09/26/2025</u>	
Name & Address: WILLIAM SCHMIDT 4590 BENTLEY DR TROY, MI 48098		\$ <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

1,400.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 96883
2. Committee Name ELECT DAVID HAMILTON

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>10/10/2025</u>	
Name & Address: HARVEY MALLIN 3667 BOULDER DR TROY, MI 48084		\$ <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>10/14/2025</u>	
Name & Address: REGISTRARS PAC LOCAL 58, IBEW 1358 ABBOTT ST DETROIT, MI 48216		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>10/15/2025</u>	
Name & Address: REALTORS POLITICAL ACTION COMMITTEE OF MICHIGAN I 720 N WASHINGTON AVE LANSING, MI 48906		\$ <u>500.00</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>10/16/2025</u>	
Name & Address: SUE MATTHEWS 1707 WHITE BIRCH CT TROY, MI 48098		\$ <u>75.00</u>	\$ <u>75.00</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 **1,125.00**

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 96883
2. Committee Name ELECT DAVID HAMILTON

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>10/19/2025</u> Name & Address: KURTIS FERNANDEZ 41225 MILLBROOK DR STERLING HEIGHTS, MI 48314 \$ <u>100.00</u> \$ <u>550.00</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>FIELD DIRECTOR</u> Employer <u>APIA-VOTE MICHIGAN</u> Business Address <u>PO BOX 12398, HAMTRAMCK, MI 48212</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		Click Here for Memo Itemization
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		Click Here for Memo Itemization
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		Click Here for Memo Itemization



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **96883**

CANDIDATE COMMITTEE

2. Committee Name **ELECT DAVID HAMILTON**

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: DAVID HAMILTON 2092 OAKWOOD DR TROY, MI 48085 If over \$100.00 cumulative, please provide: Occupation: ENGINEER Employer Name & Business Address: SLATE AUTO 2716 DALEY DR, TROY, MI 48083 ☐ 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 VOTER FILE 5. Date Of Receipt: 06/23/2025 6. Vendor Name & Address: VAN 606 TOWNSEND ST, LANSING, MI 48933	\$ 250.00	\$ 270.00
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: DAVID HAMILTON 2092 OAKWOOD DR TROY, MI 48085 If over \$100.00 cumulative, please provide: Occupation: ENGINEER Employer Name & Address: SLATE AUTO 2716 DALEY DR, TROY, MI 48083 ☐ 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 WEBSITE 5. Date Of Receipt: 06/29/2025 6. Vendor Name & Address: WIX 100 GANSEVOORT ST, NEW YORK, NY 10014	\$ 129.60	\$ 399.60
Contribution #3 PAC Receipt? ☐ Yes Name & Address: DAVID HAMILTON 2092 OAKWOOD DR TROY, MI 48085 If over \$100.00 cumulative, please provide: Occupation: ENGINEER Employer Name & Address: SLATE AUTO 2716 DALEY DR, TROY, MI 48083 ☐ 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 VOTER DATA 5. Date Of Receipt: 08/11/2025 6. Vendor Name & Address: CITY OF TROY 500 W BIG BEAVER RD, TROY, MI 48084	\$ 26.50	\$ 426.10

Page Subtotal **406.10** **0.00**

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **96883**

CANDIDATE COMMITTEE

2. Committee Name **ELECT DAVID HAMILTON**

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: DAVID HAMILTON 2092 OAKWOOD DR TROY, MI 48085 If over \$100.00 cumulative, please provide: Occupation: ENGINEER Employer Name & Business Address: SLATE AUTO 2716 DALEY DR, TROY, MI 48083 ☐ 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 MATERIALS 5. Date Of Receipt: 08/12/2025 6. Vendor Name & Address: VISTAPRINT 95 HAYDEN AVE, LEXINGTON, MA 02421	\$ 28.60	\$ 454.70
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: DAVID HAMILTON 2092 OAKWOOD DR TROY, MI 48085 If over \$100.00 cumulative, please provide: Occupation: ENGINEER Employer Name & Address: SLATE AUTO 2706 DALEY DR, TROY, MI 48083 ☐ 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 FB ADS 5. Date Of Receipt: 09/03/2025 6. Vendor Name & Address: FACEBOOK 1 META WY, MENLO PARK, CA 94025	\$ 25.89	\$ 480.59
Contribution #3 PAC Receipt? ☐ Yes Name & Address: DAVID HAMILTON 2092 OAKWOOD DR TROY, MI 48085 If over \$100.00 cumulative, please provide: Occupation: ENGINEER Employer Name & Address: SLATE AUTO 2716 DALEY DR, TROY, MI 48083 ☐ 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 POSTCARDS 5. Date Of Receipt: 09/04/2025 6. Vendor Name & Address: ORIGINAL PRINT SHOPPE 270 S TELEGRAPH RD, PONTIAC, MI 48341	\$ 1,457.50	\$ 1,938.09

Page Subtotal **1,511.99** **0.00**

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **96883**

CANDIDATE COMMITTEE

2. Committee Name **ELECT DAVID HAMILTON**

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: DAVID HAMILTON 2092 OAKWOOD DR TROY, MI 48085 If over \$100.00 cumulative, please provide: Occupation: ENGINEER Employer Name & Business Address: SLATE AUTO 2706 DALEY DR, TROY, MI 48083 ☐ 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 DOOR KNOCKERS 5. Date Of Receipt: 09/05/2025 6. Vendor Name & Address: AMAZON 410 TERRY AVE N, SEATTLE, WA 98109	\$ 31.79	\$ 1,969.88
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: DAVID HAMILTON 2092 OAKWOOD DR TROY, MI 48085 If over \$100.00 cumulative, please provide: Occupation: ENGINEER Employer Name & Address: SLATE AUTO 2716 DALEY DR, TROY, MI 48083 ☐ 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 LITERATURE DESIGN 5. Date Of Receipt: 09/12/2025 6. Vendor Name & Address: GUERILLA POLITIC 2937 E GRAND BLVD, DETROIT, MI 48202	\$ 425.00	\$ 2,394.88
Contribution #3 PAC Receipt? ☐ Yes Name & Address: DAVID HAMILTON 2092 OAKWOOD DR TROY, MI 48085 If over \$100.00 cumulative, please provide: Occupation: ENGINEER Employer Name & Address: SLATE AUTO 2716 DALEY DR, TROY, MI 48083 ☐ 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 LAWN SIGNS 5. Date Of Receipt: 09/13/2025 6. Vendor Name & Address: SAWICKI AND SON 1521 W LAFAYETTE BLVD, DETROIT, MI 48216	\$ 873.18	\$ 3,268.06

Page Subtotal **1,329.97** **0.00**

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **96883**

CANDIDATE COMMITTEE

2. Committee Name **ELECT DAVID HAMILTON**

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: DAVID HAMILTON 2092 OAKWOOD DR TROY, MI 48085 If over \$100.00 cumulative, please provide: Occupation: ENGINEER Employer Name & Business Address: SLATE AUTO 2716 DALEY DR, TROY, MI 48083 ☐ 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 NEWSPAPER AD 5. Date Of Receipt: 09/29/2025 6. Vendor Name & Address: C&G NEWSPAPERS 13650 E 11 MILE RD, WARREN, MI 48089	\$ 691.00	\$ 3,959.06
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: DAVID HAMILTON 2092 OAKWOOD DR TROY, MI 48085 If over \$100.00 cumulative, please provide: Occupation: ENGINEER Employer Name & Address: SLATE AUTO 2716 DALEY DR, TROY, MI 48083 ☐ 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 POSTAGE AND MAILING OF POSTCARDS 5. Date Of Receipt: 10/03/2025 6. Vendor Name & Address: MASS MAILING LLC 35468 MOUND RD, STERLING HEIGHTS, MI 48310	\$ 2,956.00	\$ 6,915.06
Contribution #3 PAC Receipt? ☐ Yes Name & Address: DAVID HAMILTON 2092 OAKWOOD DR TROY, MI 48085 If over \$100.00 cumulative, please provide: Occupation: ENGINEER Employer Name & Address: SLATE AUTO 2716 DALEY DR, TROY, MI 48083 ☐ 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 FACEBOOK ADS 5. Date Of Receipt: 10/08/2025 6. Vendor Name & Address: FACEBOOK 1 META WY, MENLO PARK, CA 94025	\$ 121.19	\$ 7,036.25

Page Subtotal **3,768.19** **0.00**

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **96883**

CANDIDATE COMMITTEE

2. Committee Name **ELECT DAVID HAMILTON**

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: DAVID HAMILTON 2092 OAKWOOD DR TROY, MI 48085 If over \$100.00 cumulative, please provide: Occupation: ENGINEER Employer Name & Business Address: SLATE AUTO 2716 DALEY DR, TROY, MI 48083 ☐ 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 NEWSPAPER AD 5. Date Of Receipt: 10/15/2025 6. Vendor Name & Address: C&G NEWSPAPERS 13650 E 11 MILE RD, WARREN, MI 48089	\$ 691.00	\$ 7,727.25
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address: Click Here for Memo Itemization	\$	\$
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address: Click Here for Memo Itemization	\$	\$

Page Subtotal **691.00** **7,727.25**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **7,707.25**

Enter this total
on line 6 of Summary
Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 96883
2. Committee Name ELECT DAVID HAMILTON

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: DAVID HAMILTON 2092 OAKWOOD DR TROY, MI 48085	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>12/20/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>10.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>10.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Debt #2 Corp? ☐ Yes Owed to or by: DAVID HAMILTON 2092 OAKWOOD DR TROY, MI 48085	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>04/06/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>5.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>5.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Debt #3 Corp? ☐ Yes Owed to or by: DAVID HAMILTON 2092 OAKWOOD DR TROY, MI 48085	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>04/08/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>5.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>5.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

20.00

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

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

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 96883
2. Committee Name ELECT DAVID HAMILTON

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: DAVID HAMILTON 2092 OAKWOOD DR TROY, MI 48085	4. Type: <u>IN KIND LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/23/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>250.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>250.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? ☐ Yes Owed to or by: DAVID HAMILTON 2092 OAKWOOD DR TROY, MI 48085	4. Type: <u>IN KIND LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/29/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>129.60</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>129.60</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: DAVID HAMILTON 2092 OAKWOOD DR TROY, MI 48085	4. Type: <u>IN KIND LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>08/11/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>26.50</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>26.50</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

406.10

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

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

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 96883
2. Committee Name ELECT DAVID HAMILTON

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: DAVID HAMILTON 2092 OAKWOOD DR TROY, MI 48085	4. Type: <u>IN KIND LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>08/12/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>28.60</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>28.60</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: DAVID HAMILTON 2092 OAKWOOD DR TROY, MI 48085	4. Type: <u>IN KIND LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>09/03/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>25.89</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>25.89</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: DAVID HAMILTON 2092 OAKWOOD DR TROY, MI 48085	4. Type: <u>IN KIND LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>09/04/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>1,457.50</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>1,457.50</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

1,511.99

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

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.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 96883
2. Committee Name ELECT DAVID HAMILTON

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: DAVID HAMILTON 2092 OAKWOOD DR TROY, MI 48085	4. Type: <u>IN KIND LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>09/05/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>31.79</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>31.79</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: DAVID HAMILTON 2092 OAKWOOD DR TROY, MI 48085	4. Type: <u>IN KIND LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>09/12/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>425.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>425.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: DAVID HAMILTON 2092 OAKWOOD DR TROY, MI 48085	4. Type: <u>IN KIND LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>09/13/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>873.18</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>873.18</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

1,329.97

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

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

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 96883
2. Committee Name ELECT DAVID HAMILTON

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: DAVID HAMILTON 2092 OAKWOOD DR TROY, MI 48085	4. Type: <u>IN KIND LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>09/29/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>691.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>691.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: DAVID HAMILTON 2092 OAKWOOD DR TROY, MI 48085	4. Type: <u>IN KIND LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/03/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>2,956.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>2,956.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: DAVID HAMILTON 2092 OAKWOOD DR TROY, MI 48085	4. Type: <u>IN KIND LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/08/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>121.19</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>121.19</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

3,768.19

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

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.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 96883
2. Committee Name ELECT DAVID HAMILTON

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: DAVID HAMILTON 2092 OAKWOOD DR TROY, MI 48085	4. Type: <u>IN KIND LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/15/2025</u> 6. <u>Original Amount of Debt:</u> <u>\$ 691.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>691.00</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
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
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

691.00

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

7,727.25

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.