



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE
COVER PAGE

FOR OFFICIAL USE ONLY

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

3. This Statement covers From: 08/25/2020 to 10/18/2020

1. Committee I.D. Number 139894	4. Candidate Last Name VanSyckel First Name Don M.I.
2. Committee Name CTE Don VanSyckel	4a. Office Sought Including District # or Community Served (If applicable) Macomb County Commissioner District 5
5. Committee's Mailing Address 41128 Ginger Court Sterling Heights, MI 48314 Area Code and Phone <u>586-731-9232</u> If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	4b. County of Residence MACOMB
7. Treasurer's Business Address Don VanSyckel 41128 Ginger Court Sterling Heights, MI 48314 Area Code and Phone <u>586-731-9232</u>	6. Treasurer's Name & Residential Address Don VanSyckel 41128 Ginger Court Sterling Heights, MI 48314 Area Code & Phone <u>586-731-9232</u>
	8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)

FILED
20 OCT 27 AM 8:01
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

9. TYPE OF STATEMENT 9a. ☒ Pre-Election OR 9b. ☐ Post-Election Pre-Election or Post-Election Statement relates to: ☐ Primary ☒ General ☐ Convention ☐ Special ☐ School ☐ Caucus Date of Election, Convention or Caucus <u>11/03/2020</u>	Required ONLY if candidate is not on the ballot for the current year: ☐ July Quarterly ☐ October Quarterly 9c. ☐ Annual Statement () Coverage Year 9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	9e. Dissolution of Candidate Committee ☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
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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 Don VanSyckel Type or Print Name	 Signature	Date 10/26/2020
Candidate Don VanSyckel Type or Print Name	 Signature	Date 10/26/2020



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139894

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE Don VanSyckel

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1600.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1600.00</u>	(18.) \$ <u>3825.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ <u>0</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>1600.00</u>	(20.) \$ <u>3825.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0</u>	(21.) \$ <u>0</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ <u>0</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>973.20</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u></u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u></u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>973.20</u>	(23.) \$ <u>3157.34</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ <u>0</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>2025.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u></u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>40.86</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1600.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1640.86</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>973.20</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>667.66</u>	



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 139894

2. Committee Name CTE Don VanSyckel

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 09/10/2020

Name & Address:

Macomb County Republican Committee
PO Box 380962
Clinton Township, MI 48038

\$ 1000.00

\$ 1000.00

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

Occupation political party Employer N/A

[Click Here for Memo Itemization](#)

Business Address

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 09/21/2020

Name & Address

Spectrum Investment Holdings, LLC
440 Burroughs Street Suite 129
Detroit, MI 48202

\$ 100.00

\$ 100.00

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/09/2020

Name & Address:

Macomb County Republican Committee
PO Box 380962
Clinton Township, MI 48038

\$ 500.00

\$ 1500.00

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

Occupation political party Employer N/A

[Click Here for Memo Itemization](#)

Business Address

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt _____

Name & Address

\$ _____

\$ _____

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address

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

Page Subtotal 1600.00

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

1600.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number **139894**
2. Committee Name **CTE Don VanSyckel**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name TCF Bank Address 40770 Dequindre Road Sterling Heights, MI ☐ Fund Raiser	Purpose: fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/19/2020 Date	\$ 3.00
Expenditure #2 Name C& G Publishing Address 13650 11 Mile Road Warren, MI 48089 ☐ Fund Raiser	Purpose: advertising ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/28/2020 Date	\$ 485.10
Expenditure #3 Name C& G Publishing Address 13650 11 Mile Road Warren, MI 48089 ☐ Fund Raiser	Purpose: advertising ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/13/2020 Date	\$ 485.10
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	973.20
Grand Total of all Schedules 1B (Complete on last page of Schedule)	973.20
Enter this total on line 8a of Summary Page	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139894
2. Committee Name CTE Don VanSyckel

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: Don VanSyckel 41128 Ginger Court Sterling Heights, MI 48314	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ <u>2025.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0.00</u>	\$ <u>2025.00</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)

2025.00

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

2025.00

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

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