



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.

1. Committee I.D. Number 140089		3. This Statement covers From: <u>04/22/21</u> to <u>07/18/21</u>	
2. Committee Name Committee to Elect Russell Cleary		4. Candidate Last Name Cleary First Name Russell M.I. A 4a. Office Sought Including District # or Community Served (If applicable) City Council, Sterling Heights ▼ 4b. County of Residence MACOMB ▼	
5. Committee's Mailing Address PO Box 7023 Sterling Heights, MI, 48311 Area Code and Phone <u>(586) 718-8143</u> <small>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.</small>		6. Treasurer's Name & Residential Address Russell Cleary 14242 Wedgewood Road, Sterling Heights, MI, 48312 Area Code & Phone <u>(586) 718-8143</u>	
7. Treasurer's Business Address N/A Area Code and Phone _____		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) N/A Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus <u>07/20/21</u>		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	
		9e. Dissolution of Candidate Committee <input type="checkbox"/> 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 Russell Cleary Type or Print Name		 Signature Date <u>7/20/21</u>	
Candidate Russell Cleary Type or Print Name		 Signature Date <u>7/20/21</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140089

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Russell Cleary

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>2,123.25</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$2,123.25</u>	(18.) \$ <u>\$2,123.25</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>\$2,123.25</u>	(20.) \$ <u>\$2,123.25</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$975.00</u>	(21.) \$ <u>\$975.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$1,563.25</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>\$61.86</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$1,625.11</u>	(23.) \$ <u>\$1,625.11</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>\$0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$2,123.25</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$2,123.25</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$1,625.11</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$498.14</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140089
2. Committee Name Committee to Elect Russell Cleary

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)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/18/21</u></p> <p>Name & Address: Russell Cleary 14242 Wedgewood Road Sterling Heights, MI 48312</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Grounds Crew</u> Employer <u>Detroit Tigers</u> Business Address <u>2100 Woodward Ave., Detroit, MI 48021</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>878.25</u>	\$ <u>878.25</u>
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/26/21</u></p> <p>Name & Address: Constance Cleary 14242 Wedgewood Road Sterling Heights, MI 48312</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Human Resources</u> Employer <u>BNP Media</u> Business Address <u>2401 Big Beaver Rd, Troy, MI 48084</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>500</u>	\$ <u>500</u>
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/14/21</u></p> <p>Name & Address: Jeffrey C. Grabiell, DDS 2425 East Lincoln Street Birmingham, MI 48009</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Dentistry</u> Employer <u>Legacy Dental Group</u> Business Address <u>2425 East Lincoln Street, Birmingham, MI 48009</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>300</u>	\$ <u>300</u>
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/12/21</u></p> <p>Name & Address: Gabi Grossbard 25428 Woodvilla Place Southfield, MI 48075</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>100</u>	\$ <u>100</u>

Page Subtotal **\$1,778.25**

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 140089
2. Committee Name Committee to Elect Russell Cleary

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 06/16/21

Name & Address:

Jack Harrison
3310 Yellowstone Drive
Ann Arbor, MI 48105

\$ 25

\$ 25

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

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 07/16/21

Name & Address

Paul Smith
41280 Utica Rd
Sterling Heights, MI 48313

\$ \$250

\$ \$250

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

[Click Here for Memo Itemization](#)

Occupation Retired Employer _____

Business Address _____

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 07/15/21

Name & Address:

Natalie Waske
11212 Alger St
Warren, MI 48093

\$ 70

\$ 70

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

[Click Here for Memo Itemization](#)

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:

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

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

Page Subtotal

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

348

2123.25

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **140089**

2. Committee Name **Committee to Elect Russell Cleary**

CANDIDATE COMMITTEE

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? <input type="checkbox"/> Yes Name & Address: Eric Briskey 14974 Alma Sterling Heights, MI 48313 If over \$100.00 cumulative, please provide: Occupation: Utilities Employer Name & Business Address: AT&T 208 S. Akard St, Ste 110 Dallas, TX, 75202-4209 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description Sterling Heights Sentry Ad 5. Date Of Receipt: 07/14/21 6. Vendor Name & Address: C and G News 13650 E Eleven Mile Rd, Warren, MI 48089	\$ 975	\$ 975
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	\$	\$
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	\$	\$

Page Subtotal

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

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140089
2. Committee Name Committee to Elect Russell Cleary

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Egi Solutions Address 6029 14 Mile Rd Sterling Heights, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: <u>Signs and Stakes</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/27/21</u> Date	<u>\$ 680</u>
Expenditure #2 Name USPS Address 36600 Van Dyke Ave Sterling Heights, MI 48311 <input type="checkbox"/> Fund Raiser	Purpose: <u>PO Box</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/11/21</u> Date	<u>\$ 134</u>
Expenditure #3 Name UPrinting Address 8000 Haskell Ave. Van Nuys, CA 91406 <input type="checkbox"/> Fund Raiser	Purpose: <u>Banners</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/04/21</u> Date	<u>\$ 217.32</u>
Expenditure #4 Name Menards Address 32501 Van Dyke Ave Warren, MI 48093 <input type="checkbox"/> Fund Raiser	Purpose: <u>Stakes and Zipties</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/07/21</u> Date	<u>\$ 69</u>
Expenditure #5 Name Vistaprint Address 275 Wyman Street Waltham, MA 02451 <input type="checkbox"/> Fund Raiser	Purpose: <u>Business Cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/06/21</u> Date	<u>\$ 67.09</u>
Subtotal this page			\$1,167.41
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140089
2. Committee Name Committee to Elect Russell Cleary

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>UPrinting</u> Address <u>8000 Haskell Ave</u> <u>Van Nuys, CA 91406</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Car Magnets</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/21/21</u> Date	\$ <u>109.96</u>
Expenditure #2 Name <u>UPrinting</u> Address <u>8000 Haskell Ave</u> <u>Van Nuys, CA 91406</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Bumper Stickers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/20/21</u> Date	\$ <u>58.08</u>
Expenditure #3 Name <u>Cand G News</u> Address <u>13650 E Eleven Mile Rd</u> <u>Warren, MI 48099</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Sterling Setry Ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/16/21</u> Date	\$ <u>227.80</u>
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page \$395.84
Grand Total of all Schedules 1B
(Complete on last page of Schedule) \$1567.25
Enter this total on line 8a of Summary Page