



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: 01/19/21 to 07/18/21

1. Committee I.D. Number

140077

2. Committee Name

Committee to Elect Kelley Skillin

4. Candidate Last Name

Skillin

First Name

Kelley

M.I.

M

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

Sterling Heights City Council

4b. County of Residence **MACOMB**

5. Committee's Mailing Address

PO Box 1381

Sterling Heights, MI 48311

Area Code and Phone (586) 482-8642

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

Amy Young

53281 Suzanne Ave

Shelby Twp, MI 48312

Area Code & Phone (313) 673-3493

7. Treasurer's Business Address

N/A

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

N/A

Area Code and Phone _____

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

08/03/21

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 Amy Young
Type or Print Name

Signature

Date

07/23/21

Candidate Kelley Skillin
Type or Print Name

Signature

Date

07/23/21



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140077

2. Committee Name Committee to Elect Kelley Skillin

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>4,515.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$4,515.00</u>	(18.) \$ <u>\$4,515.00</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>\$4,515.00</u>	(20.) \$ <u>\$4,515.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$1,389.21</u>	(21.) \$ <u>\$1,389.21</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>\$2,592.98</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>\$209.47</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$2,802.45</u>	(23.) \$ <u>\$2,802.45</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>\$4,515.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$4,515.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$2,802.45</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$1,712.55</u>	*



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 140077

CANDIDATE COMMITTEE

2. Committee Name CTE Kelley Skillin

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 all 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: Kelley Skillin 36515 Bagdad Dr Sterling Heights, MI 48312 If over \$100.00 cumulative, please provide: Occupation: Business Owner Employer Name & Business Address: Self-employed <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 <u>Stamps</u> 5. Date Of Receipt: <u>06/08/21</u> 6. Vendor Name & Address: USPS 7007 Metro Pkwy, Sterling Heights, MI 48311 Click Here for Memo Itemization	\$ <u>275.00</u>	\$ <u>1050.87</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Kelley Skillin 36515 Bagdad Dr Sterling Heights, MI 48312 If over \$100.00 cumulative, please provide: Occupation: Business owner Employer Name & Address: Self-employed <input checked="" 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 <u>Food for fundraiser</u> 5. Date Of Receipt: <u>06/08/21</u> 6. Vendor Name & Address: Meijer 36600 Van Dyke Ave, Sterling Heights, MI 48312 Click Here for Memo Itemization	\$ <u>58.34</u>	\$ <u>1109.21</u>
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: Click Here for Memo Itemization	\$ _____	\$ _____

Page Subtotal **\$333.34** **\$1,109.21**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **\$1,389.21**

Enter this total
on line 6 of Summary
Page