

## CANDIDATE COMMITTEE

## FILED 2021 NOU 8 PM 1:03 FOR OPPICAL BECOMEY CLERK

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and compared to the treasurer (or designated record keeper).	f signed by andidate.	3. This Statement covers From	08/24/21	to 10/17/21	<del> </del>	
1, Committee I.D. Number		4. Candidate Last Name	First	t Name	M.I.	
140092		Briskey II	Eric		J	
2. Committee Name		4a. Office Sought Including District # or Community Served (If applicable)  Board Member - Local - City Council, Sterling Heights				
CTE Eric J. Briskey II		4b. County of Residence MACOMB				
5. Committee's Mailing Address		6. Treasurer's Name & Residential Address				
14974 Alma Drive		Eric J. Briskey II				
Sterling Heights, MI 48313		14974 Alma Drive				
		Sterling Heights, MI 48313				
Area Code and Phone (586) 718-0389 If the address in this box is different from the comm mailing address on the Statement of Organization, to be sent to this address by the filing official.	iittee mail may	Area Code & Phone (586) 71	8-0399			
7. Treasurer's Business Address		8. Designated Record keeper's Name and Mailing Address (If the committee has a				
14974 Alma Drive		Designated Record keeper)				
Sterling Heights, MI 48313		None				
Area Code and Phone (586) 718-0389		Area Code and Phone				
9. TYPE OF STATEMENT		Area obce and mone	9e. Dissolution o	f Candidate Commi	ttee	
9a. Pre-Election OR 9b. Post-Election	Required ONLY if candidate is not on the ballot for the current year:		By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here			
Pre-Election or Post-Election Statement relates to:			by discharged and	forgiven, and no long e committee has no o	ger collectible from	
Primary	July Quarterly			or has any oustandin		
── · XGeneral	October Q	October Quarterly		İ		
			considered a reque	olution cannot be grar est for the Reporting V	ited, that this be Naiver.	
Convention						
Special	9c. Annual Statement ()		Effective date of dissolution			
School	Coverage Year					
Caucus	gd. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)		Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.			
Date of Election, Convention or Caucus						
11/02/21						
10. Verification: I\We certify that all reasonable diligonyour knowledge and belief the contents are true,			ent and attached sch	nedules (if any) and t	o the best of	
Current Treasurer or Eric J. Briskey	v []	En 1/B	er fl	Nava	her 5, 2021	
Designated Record keeper	y 11	Signature	<del></del>	— Date	ber 5, 2021	
Type or Print Name		P 1M	~ 7T	,		
Candidate Eric J. Briskey II		ier fine	- H	DateNovem	ber 5,2021	
Type or Print Name		Signature				



## ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

<del> </del>		
ANDIDATE COMMITTEE	2. Committee Name	CTE Eric J. Briskey

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? Yes Name & Address: Paul Smith 41280 Utica Road Sterling Heights, MI 48313  If over \$100.00 cumulative, please provide: Occupation: Retired Employer Name & Business Address:	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 Promotional  5. Date Of Receipt: 10/06/21	507.00 <sub>\$</sub>	507.00
Retired  Fund Raiser Contribution	6. Vendor Name & Address:	k Here for Memo Ite	emization
Contribution # 2 PAC Receipt? Yes Name & Address	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	\$	
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	5. Date Of Receipt:  6. Vendor Name & Address: Clic	k Here for Memo Ite	emization
Fund Raiser Contribution			
Contribution #3 PAC Receipt? Yes Name & Address:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated  \$	\$_	3
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description  5. Date Of Receipt:  6. Vendor Name & Address:	k Here for Memo Ite	mization
Fund Raiser Contribution			
	Page Subtotal	\$507.00	\$507.00
	Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	\$507.00	

Enter this total on line 6 of Summary Page

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