



**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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>3. This Statement covers From: <u>10/18/2021</u> to <u>11/22/2021</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                    |
| <p>1. Committee I.D. Number<br/><b>139523</b></p> <p>2. Committee Name<br/><b>CTE Steven Wietecha</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p>4. Candidate Last Name <b>Wietecha</b> First Name <b>Steven</b> M.I. _____</p> <p>4a. Office Sought Including District # or Community Served (If applicable)<br/><b>Roseville City Council</b></p> <p>4b. County of Residence <b>MACOMB</b></p> |
| <p>5. Committee's Mailing Address<br/><b>19395 Shadowoods<br/>Roseville, MI 48066</b></p> <p>Area Code and Phone <u>(586) 296-9334</u><br/>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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p>6. Treasurer's Name &amp; Residential Address<br/><b>Mary Wietecha<br/>19395 Shadowoods<br/>Roseville, MI 48066</b></p> <p>Area Code &amp; Phone <u>(586) 296-9334</u></p>                                                                      |
| <p>7. Treasurer's Business Address<br/><b>N/A</b></p> <p>Area Code and Phone _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p>8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)<br/><b>N/A</b></p> <p>Area Code and Phone _____</p>                                                                                            |
| <div style="display: flex;"> <div style="flex: 1; border-right: 1px solid black; padding-right: 5px;"> <p><b>9. TYPE OF STATEMENT</b></p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary</p> <p><input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Convention</p> <p><input type="checkbox"/> Special</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus<br/><u>11/02/2021</u></p> </div> <div style="flex: 1; border-right: 1px solid black; padding-right: 5px;"> <p>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input type="checkbox"/> July Quarterly</p> <p><input type="checkbox"/> October Quarterly</p> <p>9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</p> </div> <div style="flex: 1; padding-left: 5px;"> <p><b>9e. Dissolution of Candidate Committee</b></p> <p><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 late fees or has any outstanding debt.</p> <p>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Effective date of dissolution<br/>_____</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p> </div> </div> |                                                                                                                                                                                                                                                    |
| <p>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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                    |
| <p>Current Treasurer or Designated Record keeper <u>Mary Wietecha</u> Date <u>11/22/2021</u><br/>Type or Print Name Signature</p> <p>Candidate <u>Steven Wietecha</u> Date <u>11/22/2021</u><br/>Type or Print Name Signature</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                    |



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 139523

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name CTE Steven Wietecha

| RECEIPTS                                                                                               | Column I<br>This Period        | Column II<br>Cumulative this election cycle |
|--------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------|
| <b>3. Contributions</b>                                                                                |                                |                                             |
| a. Itemized (Schedule 1A - Column 6)                                                                   | (3a.) \$ <u>1,000.00</u>       |                                             |
| b. Unitemized (less than \$20.01 each - no Schedule)                                                   | (3b.) \$ <u>NOT APPLICABLE</u> |                                             |
| c. Subtotal of "Contributions"                                                                         | (3c.) \$ <u>\$1,000.00</u>     | (18.) \$ <u>\$1,020.00</u>                  |
| <b>4. Other Receipts (Schedule 1A -1, Column 6)</b>                                                    | (4.) \$ <u></u>                | (19.) \$ <u></u>                            |
| <b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b><br>(Add Line 3c + Line 4)                             | (5.) \$ <u>\$1,000.00</u>      | (20.) \$ <u>\$1,020.00</u>                  |
| <b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>                                                        |                                |                                             |
| <b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>                                              | (6.) \$ <u></u>                | (21.) \$ <u></u>                            |
| <b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>                                              | (7.) \$ <u></u>                | (22.) \$ <u></u>                            |
| <b>EXPENDITURES</b>                                                                                    |                                |                                             |
| <b>8. Expenditures</b>                                                                                 |                                |                                             |
| a. Itemized (Schedule 1B, Column 6)                                                                    | (8a.) \$ <u></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>               |                                             |
| <b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>                                         | (9.) \$ <u></u>                | (23.) \$ <u>\$600.00</u>                    |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Officeholders Only)                                        |                                |                                             |
| <b>10. Disbursements</b>                                                                               |                                |                                             |
| a. Itemized (Schedule 1C, Column 6)                                                                    | (10a.) \$ <u>\$34.43</u>       |                                             |
| b. Unitemized (less than \$50.01 each - no Schedule)                                                   | (10b.) \$ <u></u>              |                                             |
| <b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Add Line 10a + Line 10b)                         | (11.) \$ <u>\$34.43</u>        | (24.) \$ <u>\$34.43</u>                     |
| <b>DEBTS AND OBLIGATIONS</b>                                                                           |                                |                                             |
| <b>12. Debts and Obligations</b>                                                                       |                                |                                             |
| a. Owed by the Committee (Schedule 1E)                                                                 | (12a.) \$ <u></u>              |                                             |
| b. Owed to the Committee (Schedule 1E)                                                                 | (12b.) \$ <u></u>              |                                             |
| <b>BALANCE STATEMENT</b>                                                                               |                                |                                             |
| <b>13. Ending Balance of last report filed</b><br>(Enter zero if no previous reports have been filed.) | (13.) \$ <u>\$9.50</u>         |                                             |
| <b>14. Amount received during reporting period</b><br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ <u>\$1,000.00</u>   |                                             |
| <b>15. SUBTOTAL Add lines 13 and 14</b>                                                                | (15.) = \$ <u>\$1,009.50</u>   |                                             |
| <b>16. Amount expended during reporting period</b><br>(Add lines 9 and 11)                             | (16.) - \$ <u>\$34.43</u>      |                                             |
| <b>17. ENDING BALANCE</b><br>(Subtract line 16 from line 15)                                           | (17.) \$ <u>\$975.07</u>       | *                                           |



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139523  
2. Committee Name CTE Steven Wietecha

| 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? <input checked="" type="checkbox"/> YES | 4. Date of Receipt <u>11/01/2021</u>            |                                                                                 |
| Name & Address:<br>UAW Region 1<br>27800 George Merrelli Drive<br>Warren, MI 48092                                                                                                                                                                                                    |                                                      | \$ <u>1000.00</u>                               | \$ <u>1000.00</u>                                                               |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |                                                      | <a href="#">Click Here for Memo Itemization</a> |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES            | 4. Date of Receipt _____                        |                                                                                 |
| Name & Address _____                                                                                                                                                                                                                                                                  |                                                      | \$ _____                                        | \$ _____                                                                        |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                |                                                      | <a href="#">Click Here for Memo Itemization</a> |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES            | 4. Date of Receipt _____                        |                                                                                 |
| Name & Address _____                                                                                                                                                                                                                                                                  |                                                      | \$ _____                                        | \$ _____                                                                        |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                |                                                      | <a href="#">Click Here for Memo Itemization</a> |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES            | 4. Date of Receipt _____                        |                                                                                 |
| Name & Address _____                                                                                                                                                                                                                                                                  |                                                      | \$ _____                                        | \$ _____                                                                        |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                |                                                      | <a href="#">Click Here for Memo Itemization</a> |                                                                                 |

Page Subtotal **\$1,000.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule) **\$1,000.00**

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE**  
(For use by officeholders only)

1. Committee I. D. Number 139523  
2. Committee Name CTE Steven Wietecha

| 3. Name and address of person to whom disbursement was made                                                             | 4. Description of Disbursement<br>(Be specific & you may assign a disbursement code*) | 5. Date                   | 6. Amount of Disbursement |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------|---------------------------|
| Disbursement # 1<br>Name & Address:<br>Amazon                                                                           | Purpose<br><u>Printer Ink Cartridges</u>                                              | <u>10/27/2021</u><br>Date | <u>\$34.43</u>            |
| Click for Memo Itemization Type <input checked="" type="checkbox"/>                                                     |                                                                                       |                           |                           |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code <u>BO</u><br><input type="checkbox"/> Fund Raiser                   |                           |                           |
| Disbursement # 2<br>Name & Address:                                                                                     | Purpose<br>_____                                                                      | _____<br>Date             | \$ _____                  |
| Click for Memo Itemization Type                                                                                         |                                                                                       |                           |                           |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code _____<br><input type="checkbox"/> Fund Raiser                       |                           |                           |
| Disbursement # 3<br>Name & Address:                                                                                     | Purpose<br>_____                                                                      | _____<br>Date             | \$ _____                  |
| Click for Memo Itemization Type                                                                                         |                                                                                       |                           |                           |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code _____<br><input type="checkbox"/> Fund Raiser                       |                           |                           |
| Disbursement # 4<br>Name & Address:                                                                                     | Purpose<br>_____                                                                      | _____<br>Date             | \$ _____                  |
| Click for Memo Itemization Type                                                                                         |                                                                                       |                           |                           |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code _____<br><input type="checkbox"/> Fund Raiser                       |                           |                           |
| Subtotal this page                                                                                                      |                                                                                       |                           | <b>\$34.43</b>            |
| Grand Total of all Schedules 1C<br>(Complete on last page of Schedule)                                                  |                                                                                       |                           | <b>\$34.43</b>            |

Enter this total  
on line 10a of  
Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY