MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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MACOMB COUNTY CLERK
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CANDIDATE COMMITTEE COVER PAGE

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: 07/18/2022 to 08/22/2022

1. Committee I.D. Number
140147

2. Committee Name
CTE BILL CLIFT

4. Candidate Last Name: CLIFT First Name: WILLIAM M.I.: G

4a. Office Sought Including District # or Community Served (If applicable)
12 COUNTY COMMISSIONER, MACOMB COUNTY

4b. County of Residence **MACOMB COUNTY**

5. Committee's Mailing Address
24067 VIRGINIA
WARREN, MI 48091

Area Code and Phone (586) 524-4741
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
DAVID STRUNK
8589 LINDA STREET
WARREN, MI 48093

Area Code & Phone (586) 489-3582

7. Treasurer's Business Address
8589 LINDA STREET
WARREN, MI 48093

Area Code and Phone (586) 489-3582

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

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
08/02/2022

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 oustanding assets, owes no lates fees or has any oustanding 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 _____ / _____ Submitted electronically, signature on file Date 09/01/2022
Type or Print Name Signature

Candidate _____ / _____ Submitted electronically, signature on file Date 09/01/2022
Type or Print Name Signature

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
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1. Committee I.D. Number 140147

SUMMARY PAGE
CANDIDATE COMMITTEE

2. Committee Name CTE BILL CLIFT

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) $	510.00	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $	510.00	(18.) $ 660.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $	0.00	(19.) $ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $	510.00	(20.) $ 660.00
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $	0.00	(21.) $ 0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $	0.00	(22.) $ 0.00
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) $	0.00	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) $	0.00	
c. Unitemized (less than $50.01 each - no Schedule)	(8c.) $	0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) $	0.00	(23.) $ 0.00
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) $	0.00	
b. Unitemized (less than $50.01 each - no Schedule)	(10b.) $	0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) $	0.00	(24.) $ 0.00
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed **by** the Committee (Schedule 1E)	(12a.) $	0.00	
b. Owed **to** the Committee (Schedule 1E)	(12b.) $	0.00	

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $	150.00
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	510.00
15. SUBTOTAL Add lines 13 and 14	(15.) = $	660.00
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	0.00
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	660.00 *

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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140147

2. Committee Name CTE BILL CLIFT

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 08/08/2022 Name & Address: MARY P MATACZYNSKI 28572 ASPEN WARREN, MI 48093 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 50.00	$ 50.00
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/13/2022 Name & Address RICHARD WALKER 24075 KAREN AVE WARREN, MI 48091 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 60.00	$ 60.00
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/13/2022 Name & Address: TERRY L WISNIEWSKI 21725 PANAMA AVE WARREN, MI 48091 5. If over $100.00 cumulative, please provide: Occupation RETIRED Employer ____ Business Address ____ Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 300.00	$ 300.00
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/13/2022 Name & Address DELORES PRANTERA 32302 SHAWN DR WARREN, MI 48088 5. If over $100.00 cumulative, please provide: Occupation RETIRED Employer ____ Business Address ____ Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 100.00	$ 100.00

Page Subtotal 510.00

Grand Total of All Schedules 1A (Complete on last page of Schedule) 510.00

Enter this total on line 3a of Summary Page.