



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

27 OCT 2022 PM 08:19

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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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.

1. Committee I.D. Number 140147		3. This Statement covers From: 08/23/2022 to 10/23/2022	
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 11/08/2022		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 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 Type or Print Name _____ Signature _____		Submitted electronically, signature on file _____ Date 10/27/2022	
Candidate Type or Print Name _____ Signature _____		Submitted electronically, signature on file _____ Date 10/27/2022	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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.) \$ <u>1,190.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1,190.00</u>	(18.) \$ <u>1,850.00</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>1,190.00</u>	(20.) \$ <u>1,850.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</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>7,171.83</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>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>7,171.83</u>	(23.) \$ <u>7,171.83</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>11,000.00</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>660.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1,190.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1,850.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>7,171.83</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>-5,321.83</u> *	



**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 <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? ☐ YES	4. Date of Receipt <u>09/16/2022</u>	
Name & Address: SIMPLE PALATE, LLC 27380 VAN DYKE AVE WARREN, MI 48093		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/23/2022</u>	
Name & Address: GARRY W WATTS 30246 ROSENBUSCH DR WARREN, MI 48088		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/23/2022</u>	
Name & Address: CECIL D SAINTPIERRE JR 32595 SABRINA CT WARREN, MI 48093		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT CITY ATTORNEY</u> Employer <u>CITY OF WARREN</u> Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/24/2022</u>	
Name & Address: DELORES PRANTERA 32302 SHAWN DR WARREN, MI 48088		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **635.00**

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 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 <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? ☐ YES	4. Date of Receipt <u>09/24/2022</u>	
Name & Address: GREG CHILDS 30247 LUND AVE WARREN, MI 48093		\$ <u>80.00</u>	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/24/2022</u>	
Name & Address: CHARLES ANGLIN 11164 CHICAGO RD WARREN, MI 48093		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/28/2022</u>	
Name & Address: CECIL D SAINTPIERRE JR 32595 SABRINA CT WARREN, MI 48093		\$ <u>200.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT CITY ATTORNEY</u> Employer <u>CITY OF WARREN</u> Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/17/2022</u>	
Name & Address: MACOMB COUNTY REPUBLICAN COMMITTEE PO BOX 380962 CLINTON TOWNSHIP, MI 48038		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **555.00**

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

1,190.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140147
2. Committee Name CTE BILL CLIFT

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name COPY COPY CENTER Address 3681 E 12 MILE RD WARREN, MI 48092 ☐ Fund Raiser	Purpose: <u>PRINTED MATERIALS AND POSTAGE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/02/2022</u> Date	\$ <u>2,467.57</u>
Expenditure #2 Name VALUE FRESH MARKETPLACE Address 24800 HOOVER RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: <u>CAMPAIGN KICKOFF PARTY FOOD AND SUPPLIES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/03/2022</u> Date	\$ <u>156.51</u>
Expenditure #3 Name HARBOR FREIGHT Address 26475 HOOVER RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: <u>CAMPAIGN SIGN MOUNTING SUPPLIES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/09/2022</u> Date	\$ <u>27.77</u>
Expenditure #4 Name SAWICKI AND SON Address 1521 W LAFAYETTE BLVD DETROIT, MI 48216 ☐ Fund Raiser	Purpose: <u>CAMPAIGN SIGNS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/10/2022</u> Date	\$ <u>1,523.24</u>
Expenditure #5 Name SAWICKI AND SON Address 1521 W LAFAYETTE BLVD DETROIT, MI 48216 ☐ Fund Raiser	Purpose: <u>CAMPAIGN SIGNS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/10/2022</u> Date	\$ <u>814.88</u>

Subtotal this page

4,989.97

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 140147
2. Committee Name CTE BILL CLIFT

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name COZY CABIN RESTAURANT Address 2129 E TWELVE MILE RD WARREN, MI 48092 ☐ Fund Raiser	Purpose: <u>CAMPAIGN VOLUNTEER BREAKFAST</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/10/2022</u> Date	\$ <u>35.29</u>
Expenditure #2 Name COPY COPY CENTER Address 3681 E 12 MILE RD WARREN, MI 48092 ☐ Fund Raiser	Purpose: <u>PRINTED WALKING CARDS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/16/2022</u> Date	\$ <u>250.00</u>
Expenditure #3 Name C&G NEWSPAPERS Address 13650 E ELEVEN MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: <u>PRINT AD IN WARREN WEEKLY</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/21/2022</u> Date	\$ <u>898.00</u>
Expenditure #4 Name GREAT LAKES ACE HARDWARE Address 4200 E 9 MILE RD WARREN, MI 48091 ☒ Fund Raiser	Purpose: <u>BBQ FUND RAISER SUPPLIES 9/24</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/24/2022</u> Date	\$ <u>180.09</u>
Expenditure #5 Name DAVE'S MARKETPLACE Address 22700 RYAN RD WARREN, MI 48091 ☒ Fund Raiser	Purpose: <u>BBQ FUNDRAISER SUPPLIES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/24/2022</u> Date	\$ <u>18.48</u>

Subtotal this page

1,381.86

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 140147
2. Committee Name CTE BILL CLIFT

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name UNCLE PAT'S GRILL Address 24055 VIRGINIA WARREN, MI 48091 ☒ Fund Raiser	Purpose: <u>FOOD AND PREP FOR BBQ FUNDRAISER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/24/2022</u> Date	\$ <u>200.00</u>
Expenditure #2 Name FIVE STAR OUTDOOR Address PO BOX 252755 WEST BLOOMFIELD, MI 48325 ☐ Fund Raiser	Purpose: <u>BILLBOARD ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/06/2022</u> Date	\$ <u>600.00</u>
Expenditure #3 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #4 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #5 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type

Subtotal this page **800.00**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **7,171.83**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140147
2. Committee Name CTE BILL CLIFT

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: WILLIAM G CLIFT 24067 VIRGINIA DR WARREN, MI 48091	4. Type: <u>LOAN TO COMMITTEE</u> 5. <u>Date Debt Was Incurred:</u> <u>08/18/2022</u> 6. <u>Original Amount of Debt:</u> <u>\$ 11,000.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 11,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

11,000.00

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

11,000.00

Enter this total
on line 12a "owed
by" or line 12b
"owed to" of the
Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140147
2. Committee Name CTE BILL CLIFT

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>09/24/2022</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>11</u>	5. Type of Fund Raising Activity <u>BBQ DINNER</u>	6. Address and Name (If any) of the place where the activity was held. <u>WILLIAM G. CLIFT</u> <u>24067 VIRGINIA DR</u> <u>WARREN, MI 48091</u> ☒ Private Residence
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7. Total Contributions 955.00
8. Other Receipts 0.00
9. Gross Receipts (Add lines 7 and 8) 955.00
10. Total Cost of Event 398.57
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.