



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

25 OCT 2022 PM 04:14

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**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: 07/21/2022 to 10/20/2022

1. Committee I.D. Number

139377

4. Candidate Last Name First Name M.I.

RADTKE MICHAEL V

2. Committee Name

CITIZENS FOR MICHAEL RADTKE

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

COUNCIL, STERLING HEIGHTS

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

5. Committee's Mailing Address

**34205 BARRETT
STERLING HEIGHTS, MI 48312**

6. Treasurer's Name & Residential Address

**VIRGINIA LA ROSA
13515 PARKRIDGE
SHELBY TWP, MI 48315**

Area Code and Phone (586) 873-8427
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.

Area Code & Phone (586) 739-8885

7. Treasurer's Business Address

**13515 PARKRIDGE
SHELBY TWP, MI 48315**

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

Area Code and Phone (586) 739-8885

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

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☒ October Quarterly

9c. ☐ Annual Statement (2022)
Coverage Year

9d. ☐ Amendment to Campaign Statement
(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

Date of Election, Convention or Caucus

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

10/25/2022

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/25/2022



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139377

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CITIZENS FOR MICHAEL RADTKE

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>11,515.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>11,515.00</u>	(18.) \$ <u>11,540.00</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>11,515.00</u>	(20.) \$ <u>11,540.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>846.53</u>	(21.) \$ <u>1,578.32</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>482.71</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>482.71</u>	(23.) \$ <u>6,221.93</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>27,379.41</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>7,151.82</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>11,515.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>18,666.82</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>482.71</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>18,184.11</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139377
2. Committee Name CITIZENS FOR MICHAEL RADTKE

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 type="checkbox"/> YES	4. Date of Receipt <u>08/23/2022</u>	
Name & Address: LINDA KOCH 30563 RIDGEFIELD AVE WARREN, MI 48088		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/24/2022</u>	
Name & Address: PAMELA KELLAR 59987 CARLTON N WASHINGTON, MI 48094		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/24/2022</u>	
Name & Address: PAMELA DENNINGS 25196 INDEPENDENCE TR WARREN, MI 48089		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/11/2022</u>	
Name & Address: ALA N CASMERE 28836 PANAMA ST WARREN, MI 48092		\$ <u>370.00</u>	\$ <u>370.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>FRIENDLY OUTDOOR STORAGE</u> Business Address <u>33400 MAPLE LN DR, STERLING HEIGHTS, MI 48312</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 570.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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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 type="checkbox"/> YES	4. Date of Receipt <u>09/13/2022</u>	
Name & Address: STEPHEN PANGORI 8106 ROSEBUD LN CLARKSTON, MI 48348		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CIVIL ENGINEER</u> Employer <u>ANDERSON ECKSTEIN AND WESTRICK</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TWP, MI 48315</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/15/2022</u>	
Name & Address: LORENZO CAVALIERE 30078 SCHOENHERR RD WARREN, MI 48088		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/16/2022</u>	
Name & Address: GARY CYNOWA 45451 FIELDING ST MACOMB, MI 48042		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/19/2022</u>	
Name & Address: CONSTANCE MACIEJEWSKI 11224 FORRER DR STERLING HEIGHTS, MI 48312		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 600.00

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 139377
2. Committee Name CITIZENS FOR MICHAEL RADTKE

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 type="checkbox"/> YES	4. Date of Receipt <u>09/19/2022</u>	
Name & Address: TIMOTHY ZOLLNER 54421 IROQUOIS LN SHELBY TWP, MI 48315		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: CYNTHIA DENARDIS 36664 RIDGECROFT DR STERLING HEIGHTS, MI 48312		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/21/2022</u>	
Name & Address: RICH PEACOCK 40198 RIVERBEND DR STERLING HEIGHTS, MI 48310		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/21/2022</u>	
Name & Address: DOLORES THOMAS 28287 DOWLAND CT WARREN, MI 48092		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 235.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/21/2022</u>	
Name & Address: PATRICIA BELANGER 14938 ALMA DR STERLING HEIGHTS, MI 48313		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/21/2022</u>	
Name & Address: LARRY FACIONE 12570 NOONAN CT UTICA, MI 48315		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/21/2022</u>	
Name & Address: JIM MCNULTY 5065 BAYLEAF DR STERLING HEIGHTS, MI 48314		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/21/2022</u>	
Name & Address: GORDON WILSON 49572 COMPASS POINT DR CHESTERFIELD, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 400.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/21/2022</u>	
Name & Address: JOHN BOLOGNA 19135 SAXON DR BEVERLY HILLS, MI 48025		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE DEVELOPER</u> Employer <u>FAMILY PLAZA</u> Business Address <u>33100 SCHOENHERR RD, STERLING HEIGHTS, MI 48312</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/21/2022</u>	
Name & Address: GARY KOTLARZ 33626 SCHOENHERR RD STERLING HEIGHTS, MI 48312		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RESTAURANT OWNER</u> Employer <u>ROGER'S ROOST</u> Business Address <u>33626 SCHOENHERR RD, STERLING HEIGHTS, MI 48312</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>09/21/2022</u>	
Name & Address: BRICKLAYERS LOCAL NO. 1 MICHIGAN PAC 21031 RYAN RD WARREN, MI 48091		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/21/2022</u>	
Name & Address: JOHN DINKA 37279 FIORE TRAIL CLINTON TWP, MI 48036		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DENTIST</u> Employer <u>DINKA DENTAL</u> Business Address <u>35100 TIFFANY DR, STERLING HEIGHTS, MI 48312</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **1,100.00**

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

Enter this total on
line 3a of Summary
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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 type="checkbox"/> YES	4. Date of Receipt <u>09/22/2022</u>	
Name & Address: CHARLES ARMSTRONG 976 Warburton Ave Yonkers, NY 10701		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/28/2022</u>	
Name & Address: AVIS CHOULAGH 48528 ISOLA DR SHELBY TWP, MI 48315		\$ <u>370.00</u>	\$ <u>370.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LAW FIRM OF AVIS CHOULAGH</u> Business Address <u>32059 UTICA RD, FRASER, MI 48026</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/28/2022</u>	
Name & Address: AMBER LEE 4727 S KNOLL RD WEST BLOOMFIELD, MI 48323		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/28/2022</u>	
Name & Address: JOEL RUTHERFORD 5683 STORROW CT WARREN, MI 48092		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 595.00

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/28/2022</u>	
Name & Address: ASHLEY BURCROFF 5509 STAUNTON CT WILLIAMSBURG, VA 23188		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/28/2022</u>	
Name & Address: JOE ORAM 4585 ARLINE DR WEST BLOOMFIELD, MI 48323		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/28/2022</u>	
Name & Address: LARRY SCOTT 12900 HALL RD STERLING HEIGHTS, MI 48313		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/28/2022</u>	
Name & Address: GLORIA GRZEGORZEWSKI 11125 HANNA DR STERLING HEIGHTS, MI 48312		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 320.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/30/2022</u>	
Name & Address: NATE HATTON 22844 ROXANA AVE EASTPOINTE, MI 48021		\$ <u>370.00</u>	\$ <u>370.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONDUCTOR</u> Employer <u>AMTRAK</u> Business Address <u>23908 TALBOT, ST CLAIR SHORES, MI 48082</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/02/2022</u>	
Name & Address: AGHOGHO EDEVBIE 111 CADILLAC SQUARE DETROIT, MI 48226		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY / DIRECTOR</u> Employer <u>LEADERSHIP CONFERENCE ON CIVIL AND HUMAN RIGHTS</u> Business Address <u>1620 L ST NW, WASHINGTON, DC 20036</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/03/2022</u>	
Name & Address: DIANE YOUNG 13250 IRVINGTON DR WARREN, MI 48088		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/05/2022</u>	
Name & Address: CAROLE CHI 35325 MORAVIAN DR STERLING HEIGHTS, MI 48312		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 700.00

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 139377
2. Committee Name CITIZENS FOR MICHAEL RADTKE

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 type="checkbox"/> YES	4. Date of Receipt <u>10/05/2022</u>	
Name & Address: JOSEPH MUNEM 36327 GREGORY DR STERLING HEIGHTS, MI 48312		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/05/2022</u>	
Name & Address: AUGUST GITSCHLAG 22101 FRANCIS ST ST CLAIR SHORES, MI 48082		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/05/2022</u>	
Name & Address: PHILIP RUGGERI 55764 ST REGIS DR SHELBY TWP, MI 48315		\$ <u>370.00</u>	\$ <u>370.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>PHILIP P. RUGGERI AND ASSOCIATES</u> Business Address <u>43231 SCHOENHERR RD, STERLING HEIGHTS, MI 48313</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/05/2022</u>	
Name & Address: NATE SHANNON 43313 INTERLAKEN DR STERLING HEIGHTS, MI 48313		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 620.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 139377
2. Committee Name CITIZENS FOR MICHAEL RADTKE

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 type="checkbox"/> YES	4. Date of Receipt <u>10/05/2022</u>	
Name & Address: MINDY MOORE 11530 SHORT DR WARREN, MI 48093		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/05/2022</u>	
Name & Address: MELODY MAGEE 25800 TIMBERLINE DR WARREN, MI 48091		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/05/2022</u>	
Name & Address: PATRICK GREEN 3929 MARLENE DR WARREN, MI 48092		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/05/2022</u>	
Name & Address: DENNIS BRUCK 19637 LLOYD ST CLINTON TWP, MI 48038		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 270.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139377
2. Committee Name CITIZENS FOR MICHAEL RADTKE

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 type="checkbox"/> YES	4. Date of Receipt <u>10/05/2022</u>	
Name & Address: CTE JOHN CHIRKUN 31229 MERRILY ST ROSEVILLE, MI 48066		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/05/2022</u>	
Name & Address: MAHMOOD FAROOQI 34648 FONTANA DR STERLING HEIGHTS, MI 48312		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RESEARCH CHEMIST</u> Employer <u>ALDOA COMPANY</u> Business Address <u>12727 WESTWOOD ST, DETROIT, MI 48223</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/05/2022</u>	
Name & Address: MARC KASZUBSKI 1096 BROMPTON RD ROCHESTER HILLS, MI 48309		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/05/2022</u>	
Name & Address: MARTHA O'KRAY 49849 HIDDEN VALLEY DR MACOMB, MI 48044		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 550.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139377
2. Committee Name CITIZENS FOR MICHAEL RADTKE

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 type="checkbox"/> YES	4. Date of Receipt <u>10/05/2022</u>	
Name & Address: MARIO SPAGNUOLO 21373 RAINTREE DR MACOMB, MI 48044		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MANNINO'S BAKERY</u> Business Address <u>4062 17 MILE RD, STERLING HEIGHTS, MI 48310</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/05/2022</u>	
Name & Address: AUDREY SPEZIA 4786 LUCERNE DR STERLING HEIGHTS, MI 48310		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/05/2022</u>	
Name & Address: ZVONKO BLAZEVSKE 31253 GAY ST ROSEVILLE, MI 48066		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LEGISLATIVE AIDE</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>124 N CAPITOL AVE, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/05/2022</u>	
Name & Address: LISA BLAZEVSKE 31253 GAY ST ROSEVILLE, MI 48066		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 600.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139377
2. Committee Name CITIZENS FOR MICHAEL RADTKE

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 type="checkbox"/> YES 4. Date of Receipt <u>10/05/2022</u> Name & Address: HIETHEM CHOULAGH 43798 HOLMES DR STERLING HEIGHTS, MI 48314		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/05/2022</u> Name & Address: NATHAN INKS 11848 ANGUS CIR STERLING HEIGHTS, MI 48312		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAW CLERK</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>3034 W GRAND BLVD, DETROIT, MI 48202</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/05/2022</u> Name & Address: DAVID METZLER 29567 PARK PL DR WARREN, MI 48093		\$ <u>15.00</u>	\$ <u>15.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/05/2022</u> Name & Address: ANGELINE RUDOLPH 41991 DUXBURY DR STERLING HEIGHTS, MI 48313		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **415.00**

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139377
2. Committee Name CITIZENS FOR MICHAEL RADTKE

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 type="checkbox"/> YES	4. Date of Receipt <u>10/05/2022</u>	
Name & Address: JEFFREY SCHRODER 1592 E LINCOLN ST BIRMINGHAM, MI 48009		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/05/2022</u>	
Name & Address: LISA STEENBERGH 11244 ALGER ST WARREN, MI 48093		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/05/2022</u>	
Name & Address: SHEET METAL WORKERS LOCAL 80 PAC 17100 W 12 MILE RD SOUTHFIELD, MI 48076		\$ <u>480.00</u>	\$ <u>480.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/07/2022</u>	
Name & Address: JOHN FENN 13288 LILLIAN LN STERLING HEIGHTS, MI 48313		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 880.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139377
2. Committee Name CITIZENS FOR MICHAEL RADTKE

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/07/2022</u>	
Name & Address: ROSE FESSLER 13652 AMANDA DR STERLING HEIGHTS, MI 48313		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/07/2022</u>	
Name & Address: DENISE MENTZER 1399 KINGSLEY ST MT CLEMENS, MI 48043		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/07/2022</u>	
Name & Address: NICK NAJJAR 436 MAYAPPLE CT ROCHESTER HILLS, MI 48307		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/07/2022</u>	
Name & Address: MICHAEL SCHODOWSKI 29275 STEPHENSON HWY MADISON HEIGHTS, MI 48071		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SHELVING INC</u> Business Address <u>29275 STEPHENSON HWY, MADISON HEIGHTS, MI 48071</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 370.00

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

Enter this total on
line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139377
2. Committee Name CITIZENS FOR MICHAEL RADTKE

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3. Contribution # 1	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/07/2022</u>	
Name & Address: MICHIGAN LABORERS' POLITICAL LEAGUE PAC 1118 CENTENNIAL WAY LANSING, MI 48917		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/11/2022</u>	
Name & Address: ZAK ESSAK 47653 ROBINS NEST DR SHELBY TWP, MI 48315		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/11/2022</u>	
Name & Address: SABAH GARMO 4412 BENNINGTON DR STERLING HEIGHTS, MI 48310		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>AL SHOROQ RESTAURANT</u> Business Address <u>33120 RYAN RD, STERLING HEIGHTS, MI 48310</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/11/2022</u>	
Name & Address: JACKIE KELLY 2524 CHALK FARM RD N WARREN, MI 48091		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **1,340.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139377
2. Committee Name CITIZENS FOR MICHAEL RADTKE

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/11/2022</u>	
Name & Address: PAUL SLIFCO 36623 MASS DR STERLING HEIGHTS, MI 48312		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/11/2022</u>	
Name & Address: ERIN TAYLOR 5531 PLYMOUTH ST STERLING HEIGHTS, MI 48310		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/11/2022</u>	
Name & Address: PASHKO UJKIC 38346 PHYLLIS CT STERLING HEIGHTS, MI 48312		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/11/2022</u>	
Name & Address: MICHIGAN REGIONAL COUNCIL OF CARPENTERS PAC 11687 AMERICAN AVENUE DETROIT, MI 48204		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **1,300.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

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2. Committee Name CITIZENS FOR MICHAEL RADTKE

<small>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.</small>		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/18/2022</u> Name & Address: BARBARA GECK 39526 WALDORF DR CLINTON TWP, MI 48038		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/18/2022</u> Name & Address: CTE PAUL WOJNO FOR STATE SENATE 32025 MARGARET CT WARREN, MI 48093		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/18/2022</u> Name & Address: DED JUNCEZIC 52756 BLUERIDGE DR SHELBY TWP, MI 48316		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>UTICA VAN DYKE TOWING</u> Business Address <u>43500 UTICA RD, STERLING HEIGHTS, MI 48314</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **650.00**

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

11,515.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **139377**

CANDIDATE COMMITTEE

2. Committee Name **CITIZENS FOR MICHAEL RADTKE**

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 <u>all</u> 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: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Business Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TWP, MI 48315 <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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description MUSIC IN THE PARK 5. Date Of Receipt: 07/21/2022 6. Vendor Name & Address: LITTLE LOU'S HOT CHICKEN TRAILER 40620 UTICA RD, STERLING HEIGHTS, MI 48313	\$ 20.00	\$ 20.00
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TWP, MI 48315 <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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description EMAIL 5. Date Of Receipt: 08/03/2022 6. Vendor Name & Address: G SUITE 1600 AMPHITHEATRE PKWY, MOUNTAIN VIEW, CA 94043	\$ 6.00	\$ 6.00
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TWP, MI 48315 <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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description MUSIC IN THE PARK 5. Date Of Receipt: 08/11/2022 6. Vendor Name & Address: ALL CITY DOGS 1684 ALMA AVE, WATERFORD TWP, MI 48327	\$ 10.60	\$ 10.60

Page Subtotal

36.60

0.00

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **139377**

CANDIDATE COMMITTEE

2. Committee Name **CITIZENS FOR MICHAEL RADTKE**

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 <u>all</u> 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: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Business Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TWP, MI 48315 <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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description MUSIC IN THE PARK 5. Date Of Receipt: 08/11/2022 6. Vendor Name & Address: THE LITTLE DONUT FACTORY 323 HIGHLAND AVE, ROCHESTER, MI 48307	\$ 8.00	\$ 8.00
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TWP, MI 48315 <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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description CAMPAIGN MTG 5. Date Of Receipt: 08/18/2022 6. Vendor Name & Address: STARBUCKS 36350 VAN DYKE AVE, STERLING HEIGHTS, MI 48312	\$ 5.25	\$ 5.25
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TWP, MI 48315 <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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description CAMPAIGN MTG 5. Date Of Receipt: 08/22/2022 6. Vendor Name & Address: STARBUCKS 36350 VAN DYKE AVE, STERLING HEIGHTS, MI 48312	\$ 7.90	\$ 7.90

Page Subtotal

21.15

0.00

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **139377**

CANDIDATE COMMITTEE

2. Committee Name **CITIZENS FOR MICHAEL RADTKE**

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 <u>all</u> 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: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Business Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TWP, MI 48315 <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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description CAMPAIGN MTG 5. Date Of Receipt: 08/23/2022 6. Vendor Name & Address: COMERICA PARK 2100 WOODWARD AVE, DETROIT, MI 48201	\$ 33.74	\$ 33.74
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TWP, MI 48315 <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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description MUSIC IN THE PARK 5. Date Of Receipt: 08/25/2022 6. Vendor Name & Address: THE LITTLE DONUT FACTORY 323 HIGHLAND AVE, ROCHESTER, MI 48307	\$ 8.00	\$ 8.00
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TWP, MI 48315 <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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description MUSIC IN THE PARK 5. Date Of Receipt: 08/26/2022 6. Vendor Name & Address: LITTLE LOU'S HOT CHICKEN TRAILER 40620 UTICA RD, STERLING HEIGHTS, MI 48313	\$ 15.00	\$ 15.00

Page Subtotal **56.74** **0.00**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **139377**

CANDIDATE COMMITTEE

2. Committee Name **CITIZENS FOR MICHAEL RADTKE**

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 <u>all</u> 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: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Business Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TWP, MI 48315 <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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description BENEFIT ON THE BAY 5. Date Of Receipt: 08/26/2022 6. Vendor Name & Address: MACRAY HARBOR 30675 N RIVER RD, HARRISON TWP, MI 48045	\$ 3.00	\$ 3.00
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TWP, MI 48315 <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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description EMAIL 5. Date Of Receipt: 09/03/2022 6. Vendor Name & Address: G SUITE 1600 AMPHITHEATRE PKWY, MOUNTAIN VIEW, CA 94043	\$ 6.00	\$ 6.00
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TWP, MI 48315 <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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description FOOD TRUCK RODEO 5. Date Of Receipt: 09/09/2022 6. Vendor Name & Address: SWEET AND STICKY BBQ LLC 14305 ABINGTON AVE, DETROIT, MI 48227	\$ 16.66	\$ 16.66

Page Subtotal

25.66

0.00

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **139377**

CANDIDATE COMMITTEE

2. Committee Name **CITIZENS FOR MICHAEL RADTKE**

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 <u>all</u> 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: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Business Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TWP, MI 48315 <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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description WEBSITE 5. Date Of Receipt: 09/19/2022 6. Vendor Name & Address: SQUARESPACE 225 WARICK ST, NEW YORK, NY 10014	\$ 252.00	\$ 252.00
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TWP, MI 48315 <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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description MTG WITH PLANNING COMMISSIONERS 5. Date Of Receipt: 09/20/2022 6. Vendor Name & Address: JOHNNY BLACKS PUBLIC HOUSE 35000 MORAVIAN DR, STERLING HEIGHTS, MI 48312	\$ 100.27	\$ 100.27
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TWP, MI 48315 <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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description CAMPAIGN 5. Date Of Receipt: 09/23/2022 6. Vendor Name & Address: RANDAZZO MEN'S SOCIAL 49800 HAYES RD, MACOMB, MI 48044	\$ 29.00	\$ 29.00

Page Subtotal **381.27** **0.00**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **139377**

CANDIDATE COMMITTEE

2. Committee Name **CITIZENS FOR MICHAEL RADTKE**

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 <u>all</u> 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: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Business Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TWP, MI 48315 <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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description MEETING WITH MAYOR OF UTICA 5. Date Of Receipt: 09/27/2022 6. Vendor Name & Address: SAVORY GRILL 45288 VAN DYKE AVE, UTICA, MI 48317	\$ 33.56	\$ 33.56
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TWP, MI 48315 <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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description CHALDEAN COMMUNITY FOUNDATION DINNER 5. Date Of Receipt: 09/29/2022 6. Vendor Name & Address: PALAZZO GRANDE 54660 VAN DYKE AVE, SHELBY TWP, MI 48316	\$ 4.00	\$ 4.00
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TWP, MI 48315 <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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description EMAIL 5. Date Of Receipt: 10/03/2022 6. Vendor Name & Address: G SUITE 1600 AMPHITHEATRE PKWY, MOUNTAIN VIEW, CA 94043	\$ 6.00	\$ 6.00

Page Subtotal

43.56

0.00

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **139377**

CANDIDATE COMMITTEE

2. Committee Name **CITIZENS FOR MICHAEL RADTKE**

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 <u>all</u> 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: DOMINIC LA ROSA 13515 PARKRIDGE DR SHELBY TWP, MI 48315 If over \$100.00 cumulative, please provide: Occupation: ADVERTISING EXECUTIVE 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 FUNDRAISER FOOD 5. Date Of Receipt: 10/05/2022 6. Vendor Name & Address: COSTCO 45460 MARKET ST, SHELBY TWP, MI 48315	\$ 24.99	\$ 24.99
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TWP, MI 48315 <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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description CAMPAIGN MTG 5. Date Of Receipt: 10/06/2022 6. Vendor Name & Address: STARBUCKS 36350 VAN DYKE AVE, STERLING HEIGHTS, MI 48312	\$ 5.25	\$ 5.25
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TWP, MI 48315 <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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description WEBSITE 5. Date Of Receipt: 10/10/2022 6. Vendor Name & Address: GO DADDY 14455 N HAYDEN RD, SCOTTSDALE, AZ 85260	\$ 60.51	\$ 60.51

Page Subtotal

90.75

24.99

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

Enter this total
on line 6 of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **139377**

CANDIDATE COMMITTEE

2. Committee Name **CITIZENS FOR MICHAEL RADTKE**

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 <u>all</u> 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: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Business Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TWP, MI 48315 <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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description MML CONFERENCE 5. Date Of Receipt: 10/19/2022 6. Vendor Name & Address: DELTA HOTELS 939 3RD ST, MUSKEGON, MI 49440	\$ 98.00	\$ 98.00
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TWP, MI 48315 <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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description MML CONFERENCE 5. Date Of Receipt: 10/20/2022 6. Vendor Name & Address: DELTA HOTELS 939 3RD ST, MUSKEGON, MI 49440	\$ 56.80	\$ 56.80
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TWP, MI 48315 <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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description MML CONFERENCE 5. Date Of Receipt: 10/20/2022 6. Vendor Name & Address: DELTA HOTELS 939 3RD ST, MUSKEGON, MI 49440	\$ 36.00	\$ 36.00

Page Subtotal **190.80** **36.00**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **846.53**

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139377
2. Committee Name CITIZENS FOR MICHAEL RADTKE

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CROSSROADS FOR YOUTH Address 930 E DRAHNER RD OXFORD, MI 48371 <input type="checkbox"/> Fund Raiser	Purpose: <u>CHARITY</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/22/2022</u> Date	\$ <u>100.00</u>
Expenditure #2 Name FRIENDS OF NATE SHANNON Address 43313 INTERLAKEN DR STERLING HEIGHTS, MI 48313 <input type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER TICKET</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/18/2022</u> Date	\$ <u>50.00</u>
Expenditure #3 Name ACTBLUEDONATE Address PO BOX 441146 SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>PROCESSING FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/06/2022</u> Date	\$ <u>3.00</u>
Expenditure #4 Name MAILCHIMP Address 675 PONCE DE LEON AVE NE ATLANTA, GA 30308 <input type="checkbox"/> Fund Raiser	Purpose: <u>EMAIL SERVICE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/09/2022</u> Date	\$ <u>69.99</u>
Expenditure #5 Name VANTIVE ECOMMERCE Address 8500 GOVERNORS HILL DRIVE SYMMES TWP, OH 45249 <input type="checkbox"/> Fund Raiser	Purpose: <u>PROCESSING FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/09/2022</u> Date	\$ <u>5.27</u>

Subtotal this page

228.26

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 139377
2. Committee Name CITIZENS FOR MICHAEL RADTKE

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name COMMITTEE TO RETAIN JUDGE DENNINGS Address PO BOX 46528 MOUNT CLEMENS, MI 48046 <input type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER TICKET</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/13/2022</u> Date	\$ <u>100.00</u>
Expenditure #2 Name ACTBLUEDONATE Address PO BOX 441146 SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>PROCESSING FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/05/2022</u> Date	\$ <u>31.06</u>
Expenditure #3 Name MAILCHIMP Address 675 PONCE DE LEON AVE NE ATLANTA, GA 30308 <input type="checkbox"/> Fund Raiser	Purpose: <u>EMAIL SERVICE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/07/2022</u> Date	\$ <u>69.99</u>
Expenditure #4 Name VANTIVE ECOMMERCE Address 8500 GOVERNORS HILL DRIVE SYMMES TWP, OH 45249 <input type="checkbox"/> Fund Raiser	Purpose: <u>PROCESSING FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/12/2022</u> Date	\$ <u>53.40</u>
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **254.45**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **482.71**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139377
2. Committee Name CITIZENS FOR MICHAEL RADTKE

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? <input type="checkbox"/> Yes Owed to or by: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/27/2018</u> 6. <u>Original Amount of Debt:</u> \$ <u>700.00</u>	11/22/21 \$ <u>656.99</u> \$ \$ \$ \$	\$ <u>656.99</u>	\$ <u>43.01</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: VIRGINIA LA ROSA 13515 PARKRIDGE DR SHELBY TWP, MI 48315	4. Type: <u>IN-KIND</u> 5. <u>Date Debt Was Incurred:</u> <u>08/24/2018</u> 6. <u>Original Amount of Debt:</u> \$ <u>650.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>650.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312	4. Type: <u>IN-KIND</u> 5. <u>Date Debt Was Incurred:</u> <u>12/24/2018</u> 6. <u>Original Amount of Debt:</u> \$ <u>485.17</u>	11/20/19 \$ <u>334.73</u> \$ \$ \$ \$	\$ <u>334.73</u>	\$ <u>150.44</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				

Page Subtotal (Outstanding debt)

843.45

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

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.

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139377
2. Committee Name CITIZENS FOR MICHAEL RADTKE

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? <input type="checkbox"/> Yes Owed to or by: DOMINIC LA ROSA 13515 PARKRIDGE DR SHELBY TWP, MI 48315	4. Type: <u>IN-KIND</u> 5. <u>Date Debt Was Incurred:</u> <u>01/23/2019</u> 6. <u>Original Amount of Debt:</u> <u>\$ 497.50</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>497.50</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: VIRGINIA LA ROSA 13515 PARKRIDGE DR SHELBY TWP, MI 48315	4. Type: <u>IN-KIND</u> 5. <u>Date Debt Was Incurred:</u> <u>01/24/2019</u> 6. <u>Original Amount of Debt:</u> <u>\$ 746.25</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>746.25</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>04/03/2019</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>1,000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				

Page Subtotal (Outstanding debt)

2,243.75

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

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.

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139377
2. Committee Name CITIZENS FOR MICHAEL RADTKE

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? <input type="checkbox"/> Yes Owed to or by: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312	4. Type: <u>IN-KIND</u> 5. <u>Date Debt Was Incurred:</u> <u>09/20/2019</u> 6. <u>Original Amount of Debt:</u> \$ <u>386.96</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>386.96</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/18/2019</u> 6. <u>Original Amount of Debt:</u> \$ <u>2,500.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>2,500.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312	4. Type: <u>IN-KIND</u> 5. <u>Date Debt Was Incurred:</u> <u>10/19/2019</u> 6. <u>Original Amount of Debt:</u> \$ <u>3,473.24</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>3,473.24</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				

Page Subtotal (Outstanding debt)

6,360.20

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

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.

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139377
2. Committee Name CITIZENS FOR MICHAEL RADTKE

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? <input type="checkbox"/> Yes Owed to or by: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312	4. Type: <u>IN-KIND</u> 5. <u>Date Debt Was Incurred:</u> <u>11/25/2019</u> 6. <u>Original Amount of Debt:</u> <u>\$ 2,058.96</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>2,058.96</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312	4. Type: <u>IN-KIND</u> 5. <u>Date Debt Was Incurred:</u> <u>07/20/2020</u> 6. <u>Original Amount of Debt:</u> <u>\$ 836.48</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>836.48</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312	4. Type: <u>IN-KIND</u> 5. <u>Date Debt Was Incurred:</u> <u>10/20/2020</u> 6. <u>Original Amount of Debt:</u> <u>\$ 322.97</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>322.97</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				

Page Subtotal (Outstanding debt)

3,218.41

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

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.

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139377
2. Committee Name CITIZENS FOR MICHAEL RADTKE

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.
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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? <input type="checkbox"/> Yes Owed to or by: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312	4. Type: <u>IN-KIND</u> 5. <u>Date Debt Was Incurred:</u> <u>12/31/2020</u> 6. <u>Original Amount of Debt:</u> \$ <u>618.61</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>618.61</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312	4. Type: <u>IN-KIND</u> 5. <u>Date Debt Was Incurred:</u> <u>07/18/2021</u> 6. <u>Original Amount of Debt:</u> \$ <u>3,625.96</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>3,625.96</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312	4. Type: <u>IN-KIND</u> 5. <u>Date Debt Was Incurred:</u> <u>08/23/2021</u> 6. <u>Original Amount of Debt:</u> \$ <u>1,227.48</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>1,227.48</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				

Page Subtotal (Outstanding debt)

5,472.05

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

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.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139377
2. Committee Name CITIZENS FOR MICHAEL RADTKE

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? <input type="checkbox"/> Yes Owed to or by: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312	4. Type: <u>IN-KIND</u> 5. <u>Date Debt Was Incurred:</u> <u>10/17/2021</u> 6. <u>Original Amount of Debt:</u> \$ <u>4,618.98</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>4,618.98</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312	4. Type: <u>IN-KIND</u> 5. <u>Date Debt Was Incurred:</u> <u>11/02/2021</u> 6. <u>Original Amount of Debt:</u> \$ <u>3,362.54</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>3,362.54</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312	4. Type: <u>IN-KIND</u> 5. <u>Date Debt Was Incurred:</u> <u>07/20/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>408.79</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>408.79</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				

Page Subtotal (Outstanding debt)

8,390.31

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

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.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139377
2. Committee Name CITIZENS FOR MICHAEL RADTKE

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? <input type="checkbox"/> Yes Owed to or by: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312	4. Type: <u>IN-KIND</u> 5. <u>Date Debt Was Incurred:</u> <u>10/20/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>851.24</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>851.24</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

851.24

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

27,379.41

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 **139377**
2. Committee Name **CITIZENS FOR MICHAEL RADTKE**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 10/05/2022	4. Number of Individuals Attending or Participating (whichever is greater) 72	5. Type of Fund Raising Activity 37TH BIRTHDAY BASH	6. Address and Name (If any) of the place where the activity was held. CENTURY BANQUET CENTER 33204 MAPLE LN DR STERLING HEIGHTS, MI 48312 <input type="checkbox"/> Private Residence
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7. Total Contributions **11,515.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **11,515.00**
10. Total Cost of Event **24.99**
(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.