

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONSCANDIDATE COMMITTEE
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by
the treasurer (or designated record keeper) and candidate.3. This Statement covers From: 01/01/2022 to 10/23/2022

1. Committee I.D. Number

139113

4. Candidate Last Name

Fitzpatrick

First Name

Michael

M.I.

2. Committee Name

CTE Michael Fitzpatrick

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

Warren Woods Public School Board Trustee

4b. County of Residence **MACOMB**

5. Committee's Mailing Address

14703 Brohl

Warren, MI 48088

6. Treasurer's Name & Residential Address

Michael Fitzpatrick

14703 Brohl

Warren, MI 48088

Area Code and Phone (586) 214-1455If 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) 214-1455

7. Treasurer's Business Address

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

Area Code and Phone _____

Area Code and Phone _____

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☐ Primary
- ☒ General
- ☐ Convention
- ☐ Special
- ☐ School
- ☐ Caucus

Date of Election, Convention or Caucus

11/08/2022Required ONLY if candidate
is not on the ballot for the
current year:

- ☐ July Quarterly
- ☐ October Quarterly

9c. ☐ Annual Statement (_____) Coverage Year9d. ☐ Amendment to Campaign Statement
(Complete Item 9a, 9b, 9c or 9e to
indicate which Statement is being
amended.)

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt
by the committee to the candidate or his or her spouse is here
by discharged and forgiven, and no longer collectible from
the committee. The committee has no outstanding assets,
owes no late fees or has any outstanding debt.Further, if the dissolution cannot be granted, that this be
considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on
Schedule 1B and the Summary Page.10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of
my/our knowledge and belief the contents are true, accurate and complete.Current Treasurer or
Designated Record keeper Michael Fitzpatrick

Type or Print Name

Signature *M. Fitzpatrick*

Date

10/24/2022

Candidate

Michael Fitzpatrick

Type or Print Name

Signature *M. Fitzpatrick*

Date

10/24/2022



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139113

2. Committee Name CTE Michael Fitzpatrick

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1,700.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1,700.00</u>	(18.) \$ <u>1,700.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>1,700.00</u>	(20.) \$ <u>1,700.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ <u>\$0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$2,588.77</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>\$2,588.77</u>	(23.) \$ <u>\$2,588.77</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>\$888.77</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>\$0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$2,588.77</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$2,588.77</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$2,588.77</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$0.00</u> *	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 139113
2. Committee Name CTE Michael Fitzpatrick

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/01/2022</u> Name & Address: Brad Filavro 18018 Tatara Macomb MI 48042 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>BFE Trucking</u> Business Address <u>18018 Tatara, Macomb, MI 48042</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>250</u>	\$ <u>250</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/01/2022</u> Name & Address: Jose Fanego 39 Danforth White Lake, MI 48386 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>LAW OFFICES OF JOSÉ R. FANEGO</u> Business Address <u>39520 Woodward Ave., #230 Bloomfield Hills, MI 48304</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>200</u>	\$ <u>200</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/01/2022</u> Name & Address: John Gierak 19305 Afton Detroit, MI 48203 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self Employed</u> Business Address <u>19305 Afton Detroit, MI 48203</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>250</u>	\$ <u>250</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/01/2022</u> Name & Address: Larry Robinson 23241 Dale Allen Ct Clinton Twp., MI 48035 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100</u>	\$ <u>100</u>

Page Subtotal \$800.00

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 139113

2. Committee Name CTE Michael Fitzpatrick

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/02/2022

Name & Address:
Mike Schulte
30778 Moroso
Warren, MI 48088

\$ 50

\$ 50

5. If over \$100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation Union Rep Employer Communications Workers of America

Business Address 20525 Center Ridge Road, #700, Cleveland OH 44116

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☒ YES 4. Date of Receipt 10/02/2022

Name & Address
Communication Workers of America Michigan Action Committee
20525 Center Ridge Road, #700
Cleveland OH 44116

\$ 100

\$ 100

5. If over \$100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/02/2022

Name & Address:
Ronald Syme
38690 Long
Harrison Twp., MI 48045

\$ 100

\$ 100

5. If over \$100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation Owner Employer Wakely & Associates

Business Address 30500 Van Dyke, Warren, MI 48093

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/02/2022

Name & Address
Shawn Hillard
14957 Cavour
Livonia MI 48154

\$ 200

\$ 200

5. If over \$100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation Retired Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal \$ 450.00

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 139113
2. Committee Name CTE Michael Fitzpatrick

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/04/2022</u> Name & Address: <u>Patrick Green</u> <u>3929 Marlene</u> <u>Warren, MI 48092</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>First Independent Agency</u> Business Address <u>15945 Canal, Clinton Twp., MI 48035</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100</u>	\$ <u>100</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/04/2022</u> Name & Address: <u>Steve Mills</u> <u>39068 Zofia</u> <u>Sterling Heights MI 48313</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>150</u>	\$ <u>150</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/04/2022</u> Name & Address: <u>Katie Freeman</u> <u>12264 Howland Park</u> <u>Plymouth Twp., MI 48170</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Business Manager</u> Employer <u>Delta Dental</u> Business Address <u>27500 Stansbury St, Farmington Hills, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100</u>	\$ <u>100</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/04/2022</u> Name & Address: <u>Glenn Graber</u> <u>3919 Starshine Trail</u> <u>Brighton, MI 48114</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100</u>	\$ <u>100</u>

Page Subtotal \$450.00

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 139113
2. Committee Name CTE Michael Fitzpatrick

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/07/2022</u> Name & Address: <u>Michael Fitzpatrick</u> <u>14703 Bohm</u> <u>Warren, MI 48088</u>		\$ <u>888.77</u>	\$ <u>888.77</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization v	

Page Subtotal \$888.77

Grand Total of All Schedules 1A
(Complete on last page of Schedule) \$888.77

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139113
2. Committee Name CTE Michael Fitzpatrick

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Bluefish Creative Address 32350 Parker Circle Warren, MI 48088 ☐ Fund Raiser	Purpose: <u>Literature Design</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/09/2022</u> Date	\$ <u>50.91</u>
Expenditure #2 Name American Graphics Address 34895 Groesbeck Hwy, Clinton Twp, MI 48035 ☐ Fund Raiser	Purpose: <u>Signs</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/14/2022</u> Date	\$ <u>781.75</u>
Expenditure #3 Name American Graphics Address 34895 Groesbeck Hwy, Clinton Twp, MI 48035 ☐ Fund Raiser	Purpose: <u>Mailer</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/20/2022</u> Date	\$ <u>1411.11</u>
Expenditure #4 Name C & G Publishing Address 13650 E Eleven Mile Rd, Warren, MI 48089 ☐ Fund Raiser	Purpose: <u>Ad</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/27/2022</u> Date	\$ <u>345</u>
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **\$2,588.77**

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

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139113

2. Committee Name CTE Michael Fitzpatrick

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: Michael Fitzpatrick 14703 Brohl Warren MI 48088	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10/07/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>888.77</u>	\$ \$ \$ \$ \$	\$	\$ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$	\$ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$	\$ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

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.