

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by
the treasurer (or designated record keeper) and candidate.3. This Statement covers From: 04/11/2023 to 07/23/2023

1. Committee I.D. Number

140278

2. Committee Name

Committee to Elect Michael Klinefelt

4. Candidate Last Name

Klinefelt

First Name

Michael

M.I.

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

Mayor, City of Eastpointe

4b. County of Residence **MACOMB**

5. Committee's Mailing Address

16143 Wilson Ave.

Eastpointe, MI 48021

6. Treasurer's Name & Residential Address

Michael Klinefelt

16143 Wilson Ave.

Eastpointe, MI 48021

Area Code and Phone (586) 899-3907If 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) 899-3907

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 STATEMENT9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

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

Date of Election, Convention or Caucus

08/08/2023Required ONLY if candidate
is not on the ballot for the
current year:☐ July Quarterly☐ October Quarterly9c. ☐ 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 Klinefelt

Type or Print Name

Mike Klinefelt

Signature

Date 7/28/2023Candidate Michael Klinefelt

Type or Print Name

Mike Klinefelt

Signature

Date 7/28/2023



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140278

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Michael Klinefelt

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>6,760.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$6,760.00</u>	(18.) \$ <u>\$6,760.00</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>\$6,760.00</u>	(20.) \$ <u>\$6,760.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$1,664.00</u>	(21.) \$ <u>\$1,664.00</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>\$3,910.93</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>\$3,910.93</u>	(23.) \$ <u>\$3,910.93</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>\$6,149.25</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>\$6,760.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$6,760.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$3,910.93</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$2,849.07</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140278
2. Committee Name Committee to Elect Michael Klinefelt

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 06/10/2023
Name & Address:
Sarah Lucido
19032 Spindler Ave.
Eastpointe, MI 48021

\$ 150

\$ 150

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

Occupation County Commissioner Employer Macomb County

[Click Here for Memo Itemization](#)

Business Address 1 South Main St, Mt. Clemens, MI 48043

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/10/2023
Name & Address

April Brozowski
24874 Valley Ave.
Eastpointe, MI 48021

\$ 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 06/10/2023
Name & Address:

Susan Fancett
24858 Valley Ave.
Eastpointe, MI 48021

\$ 50

\$ 50

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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/10/2023
Name & Address

Virginia Veltri
25029 Packard St.
Roseville, MI 48066

\$ 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

Page Subtotal **\$400.00**

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 140278
2. Committee Name Committee to Elect Michael Klinefelt

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 06/10/2023
Name & Address:
Alysa Diebolt
23225 Oakwood Blvd.
Eastpointe, MI 48021

\$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/10/2023
Name & Address:
Cardi Demonaco, Jr.
23225 Oakwood Blvd.
Eastpointe, MI 48021

\$ 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 06/10/2023
Name & Address:
John Caron
21700 Chalon St.
St. Clair Shores, MI 48080

\$ 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/10/2023
Name & Address:
Harvey Curley
24519 Lexington Ave.
Eastpointe, MI 48021

\$ 40

\$ 40

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

Page Subtotal **\$340.00**

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 140278
2. Committee Name Committee to Elect Michael Klinefelt

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 06/10/2023
Name & Address:
Jamie West
3658 Buckingham Ave.
Berkley, MI 48072

\$ 50

\$ 50

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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/10/2023
Name & Address:
James Frazier
16153 Wilson Ave.
Eastpointe, MI 48021

\$ 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 06/10/2023
Name & Address:
Ira Klinefelt
1004 E. Huron Ave.
Bad Axe, MI 48413

\$ 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/10/2023
Name & Address:
Sandra Delgado
16133 Wilson Ave.
Eastpointe, MI 48021

\$ 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

Page Subtotal **\$350.00**

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 140278
2. Committee Name Committee to Elect Michael Klinefelt

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 06/10/2023
Name & Address:
Carmella Bellias
16123 Wilson Ave.
Eastpointe, MI 48021

\$ 50

\$ 50

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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/10/2023
Name & Address:
Jessica Rickert
50380 Bower Dr.
Chesterfield, MI 48047

\$ 50

\$ 50

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 06/10/2023
Name & Address:
Sarah Lucas
720 East Third St.
Royal Oak, MI 48067

\$ 50

\$ 50

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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/10/2023
Name & Address:
Margaret Podsiadlik
16113 Wilson Ave.
Eastpointe, MI 48021

\$ 20

\$ 20

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

Page Subtotal **\$170.00**

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 140278
2. Committee Name Committee to Elect Michael Klinefelt

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>06/10/2023</u>	
Name & Address: Jerry Podsiadlik 16113 Wilson Ave. Eastpointe, MI 48021		\$ <u>20</u>	\$ <u>20</u>
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	
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/10/2023</u>	
Name & Address: John Podsiadlik 16113 Wilson Ave. Eastpointe, MI 48021		\$ <u>20</u>	\$ <u>20</u>
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	
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/10/2023</u>	
Name & Address: Jamie Siebenborn 21462 Kelly Rd. Eastpointe, MI 48021		\$ <u>20</u>	\$ <u>20</u>
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	
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/10/2023</u>	
Name & Address: Nick Siebenborn 21462 Kelly Rd. Eastpointe, MI 48021		\$ <u>20</u>	\$ <u>20</u>
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	

Page Subtotal \$80.00

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 140278
2. Committee Name Committee to Elect Michael Klinefelt

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>06/10/2023</u>	
Name & Address: Kat Strong 24508 Valley Ave. Eastpointe, MI 48021		\$ <u>20</u>	\$ <u>20</u>
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	
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/26/2023</u>	
Name & Address: Mike Klinefelt 16143 Wilson Ave. Eastpointe, MI 48021		\$ <u>5000</u>	\$ <u>6149.25</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Assistant Prosecuting Attorney</u> Employer <u>Wayne County Prosecutor's Office</u> Business Address <u>1441 St. Antoine St, Detroit, MI 48226</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/07/2023</u>	
Name & Address: William McLean 23 Cedar Lake Dr. Butte, MI 59701		\$ <u>100</u>	\$ <u>100</u>
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	
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/19/2023</u>	
Name & Address: Brandon Errer 404 S. Porter Saginaw, MI 48602		\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Deputy Finance Director</u> Employer <u>Michigan Senate Democrats</u> Business Address <u>100 N. Capitol Ave, Lansing, MI 48933</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$5,370.00**

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 140278
2. Committee Name Committee to Elect Michael Klinefelt

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 07/20/2023

Name & Address:

Rosemary Bayer
7442 Brookberry Ct.
West Bloomfield, MI 48322

\$ 50

\$ 50

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 #2 PAC Receipt? ☐ YES 4. Date of Receipt _____

Name & Address

\$ _____ \$ _____

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 _____

Name & Address:

\$ _____ \$ _____

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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt _____

Name & Address

\$ _____ \$ _____

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

Page Subtotal

\$50.00

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

\$6,760.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 140278

CANDIDATE COMMITTEE

2. Committee Name Committee To Elect Michael Klinefelt

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 all 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? ☐ Yes Name & Address: Mike Klinefelt 16143 Wilson Ave. Eastpointe, MI 48021 If over \$100.00 cumulative, please provide: Occupation: Assistant Prosecuting Attorney Employer Name & Business Address: Wayne County Prosecutor's Office 1441 St. Antoine St Detroit, MI 48226 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description <u>Online Domain Name Purchase</u> 5. Date Of Receipt: <u>05/18/2023</u> 6. Vendor Name & Address: GoDaddy 2155 W. GDaddy Way Tempe, Arizona 85284 Click Here for Memo Itemization	\$ <u>22.36</u>	\$ <u>22.36</u>
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: Veronica Klinefelt 16143 Wilson Ave. Eastpointe, MI 48021 If over \$100.00 cumulative, please provide: Occupation: State Senator Employer Name & Address: State of Michigan 201 Townsend St. Lansing, MI 48933 ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>Food for Fundraiser</u> 5. Date Of Receipt: <u>06/09/2023</u> 6. Vendor Name & Address: Kroger 26130 Gratiot Ave. Roseville, MI 48066 Click Here for Memo Itemization	\$ <u>178.89</u>	\$ <u>178.89</u>
Contribution #3 PAC Receipt? ☐ Yes Name & Address: Mike Klinefelt 16143 Wilson Ave. Eastpointe, MI 48021 If over \$100.00 cumulative, please provide: Occupation: Assistant Prosecuting Attorney Employer Name & Address: Wayne County Prosecutor's Office 1441 St. Antoine St Detroit, MI 48226 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description <u>Lawn Signs</u> 5. Date Of Receipt: <u>06/09/2023</u> 6. Vendor Name & Address: Sawicki and Son 1521 W. Lafayette Blvd. Detroit, MI 48216 Click Here for Memo Itemization	\$ <u>1041.45</u>	\$ <u>1063.81</u>

Page Subtotal \$1,242.70

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 140278

2. Committee Name Committee To Elect Michael Klinefelt

CANDIDATE COMMITTEE

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 all 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? ☐ Yes Name & Address: Mike Klinefelt 16143 Wilson Ave. Eastpointe, MI 48021 If over \$100.00 cumulative, please provide: Occupation: Assistant Prosecuting Attorney Employer Name & Business Address: Wayne County Prosecutor's Office 1441 St. Antoine St Detroit, MI 48226 ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description <u>Ice for Fundraiser</u> 5. Date Of Receipt: <u>06/10/2023</u> 6. Vendor Name & Address: Sunoco 23820 Gratiot Ave. Eastpointe, MI 48021 Click Here for Memo Itemization	\$ <u>20.24</u>	\$ <u>1084.05</u>
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: Mike Klinefelt 16143 Wilson Ave. Eastpointe, MI 48021 If over \$100.00 cumulative, please provide: Occupation: Assistant Prosecuting Attorney Employer Name & Address: Wayne County Prosecutor's Office 1441 St. Antoine St Detroit, MI 48226 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description <u>Stamps</u> 5. Date Of Receipt: <u>06/22/2023</u> 6. Vendor Name & Address: United States Post Office 223430 Gratiot Ave. Eastpointe, MI 48021 Click Here for Memo Itemization	\$ <u>65.20</u>	\$ <u>1149.25</u>
Contribution #3 PAC Receipt? ☐ Yes Name & Address: Veronica Klinefelt 16143 Wilson Ave. Eastpointe, MI 48021 If over \$100.00 cumulative, please provide: Occupation: <u>State Senator</u> Employer Name & Address: State of Michigan 201 Townsend St. Lansing, MI 48933 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>Literature - Walking Piece</u> 5. Date Of Receipt: <u>07/19/2023</u> 6. Vendor Name & Address: American Graphics 34895 Groesbeck Hwy. Clinton Twp, MI 48035 Click Here for Memo Itemization	\$ <u>291.50</u>	\$ <u>470.39</u>

Page Subtotal **\$376.94**

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

CANDIDATE COMMITTEE

1. Committee I. D. Number 140278

2. Committee Name Committee To Elect Michael Klinefelt

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? ☐ Yes Name & Address: Mike Klinefelt 16143 Wilson Ave. Eastpointe, MI 48021 If over \$100.00 cumulative, please provide: Occupation: Assistant Prosecuting Attorney Employer Name & Business Address: Wayne County Prosecutor's Office 1441 St. Antoine St Detroit, MI 48226 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>Business Cards</u> 5. Date Of Receipt: <u>07/20/2023</u> 6. Vendor Name & Address: Fusion 24840 Gratiot Ave. Eastpointe, MI 48021 Click Here for Memo Itemization	\$ <u>44.36</u>	\$ <u>6193.61</u>
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: Click Here for Memo Itemization	\$ _____	\$ _____
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: Click Here for Memo Itemization	\$ _____	\$ _____

Page Subtotal **\$44.36**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **\$1,664.00**

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140278**
2. Committee Name **Committee To Elect Michael Klinefelt**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Sawicki & Son Address 1521 W. Lafayette Blvd. Detroit, MI 48216 ☐ Fund Raiser	Purpose: Large Signs ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/27/2023 Date	\$ 1263.63
Expenditure #2 Name Hess Printing Address 201 Elm, Suite A Wyandotte, MI 48192 ☐ Fund Raiser	Purpose: Printing & Mailing ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/18/2023 Date	\$ 2647.30
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
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			\$3,910.93
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$3,910.93

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 140278

2. Committee Name Committee To Elect Michael Klinefelt

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: Mike Klinefelt 16143 Wilson Ave. Eastpointe, MI 48021	4. Type: <u>In-Kind Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>05/18/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>22.36</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>22.36</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: Mike Klinefelt 16143 Wilson Ave. Eastpointe, MI 48021	4. Type: <u>In-Kind Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>06/09/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>1,041.45</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>1,041.45</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: Mike Klinefelt 16143 Wilson Ave. Eastpointe, MI 48021	4. Type: <u>In-Kind Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>06/10/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>20.24</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>20.24</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$1,084.05

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 140278

2. Committee Name Committee To Elect Michael Klinefelt

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) ☐ FORGIVEN
Debt #1 Corp? ☐ Yes Owed to or by: Mike Klinefelt 16143 Wilson Ave. Eastpointe, MI 48021	4. Type: <u>In-Kind Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>06/22/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>65.20</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>65.20</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? ☐ Yes Owed to or by: Mike Klinefelt 16143 Wilson Ave. Eastpointe, MI 48021	4. Type: <u>Direct Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>06/26/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>5,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>5,000.00</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) **\$5,065.20**

Grand Total of all Schedules 1E **\$6,149.25**
(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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140278
2. Committee Name Committee to Elect Michael Klinefelt

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>06/10</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>40</u>	5. Type of Fund Raising Activity <u>Backyard Fundraiser</u>	6. Address and Name (If any) of the place where the activity was held. <u>16143 Wilson Ave.</u> <u>Eastpointe, MI 48021</u> ☒ Private Residence
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7. Total Contributions \$1,360.00
8. Other Receipts \$0.00
9. Gross Receipts (Add lines 7 and 8) \$1,360.00
10. Total Cost of Event \$199.13
(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.