



**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: <u>5.8.23</u> to <u>7.28.23</u>	
1. Committee I.D. Number <u>140292</u>	4. Candidate Last Name <u>Reilly</u> First Name <u>Michael</u> M.I. <u>K</u>
2. Committee Name <u>CTE Mike Reilly</u>	4a. Office Sought Including District # or Community Served (If applicable) <u>City Council At Large, warren, MI</u>
5. Committee's Mailing Address <u>31408 Hoover Rd. warren, MI 48093</u> Area Code and Phone <u>586.419.0972</u> 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.	4b. County of Residence <u>Macomb</u>
6. Treasurer's Name & Residential Address <u>Danielle Bell 31408 Hoover Rd. warren, MI 48093</u> Area Code & Phone <u>248 410-6772</u>	7. Treasurer's Business Address <u>N/A</u> Area Code and Phone _____
8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Area Code and Phone _____	9. TYPE OF STATEMENT 9a. ☒ Pre-Election OR 9b. ☐ Post-Election Pre-Election or Post-Election Statement relates to: ☒ Primary ☐ General ☐ Convention ☐ Special ☐ School ☐ Caucus Date of Election, Convention or Caucus <u>8.8.23</u>
9c. ☐ July Quarterly ☐ October Quarterly 9c. ☐ Annual Statement (_____) Coverage Year 9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	9e. Dissolution of Candidate Committee ☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution _____ Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.	
Current Treasurer or Designated Record keeper <u>Danielle Bell</u> , <u>Danielle Bell</u> Date <u>7.25.23</u> Type or Print Name Signature	
Candidate <u>Michael Reilly</u> , <u>Michael Reilly</u> Date <u>7/25/23</u> Type or Print Name Signature	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140292

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE Mike Reilly

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>3115</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>3115</u>	(18.) \$ <u>3115</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>0</u>	(19.) \$ <u>0</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>3115</u>	(20.) \$ <u>3115</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>0</u>	(21.) \$ <u>0</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>0</u>	(22.) \$ <u>0</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>3081.76</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>0</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>3081.76</u>	(23.) \$ <u>3081.76</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>0</u>	(24.) \$ <u>0</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>0</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>0</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>0</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>3115</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>3115</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>3081.76</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>33.24</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140292
2. Committee Name CTE Mike Reilly

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>5.15.23</u>	
Name & Address: <u>Chris & Kristine Dubay</u> <u>5124 Dorsetfield Ct.</u> <u>Clarkston, MI 48348</u>		\$ <u>400.</u>	\$ <u>400.</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>7.4.23</u>	
Name & Address: <u>Kristine Dubay</u> <u>5124 Dorsetfield Ct.</u> <u>Clarkston, MI 48348</u>		\$ <u>200.</u>	\$ <u>200.</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>5.15.23</u>	
Name & Address: <u>Daniel Finwall</u> <u>70 Maywood Ave</u> <u>Pleasant Ridge MI 48069</u>		\$ <u>100.</u>	\$ <u>100.</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>5.25.23</u>	
Name & Address: <u>Karyn Guevara</u> <u>6886 Cubbage Dr.</u> <u>CO Springs, CO 80924</u>		\$ <u>200.</u>	\$ <u>200.</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Homemaker</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal

900

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 140292

2. Committee Name CTE Mike Reilly

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>5.15.23</u> Name & Address: <u>Robert Salvatore</u> <u>15823 Winchester Dr.</u> <u>Northville, MI 48168</u>		\$ <u>50.</u>	\$ <u>50.</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Counselor</u> 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>5.25.23</u> Name & Address: <u>Dennis Giblin</u> <u>22955 Gaukler</u> <u>St. Clair Shores, MI 48080</u>		\$ <u>200.</u>	\$ <u>200.</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	
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	
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	

Page Subtotal

250

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 140292

2. Committee Name CTE Mike Reilly

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>5/8/23</u>	
Name & Address: <u>Mike Reilly</u> <u>31408 Hoover</u> <u>Warren MI 48093</u>		\$ <u>1000.</u>	\$ <u>1000.</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>N/A</u> 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>5/18/23</u>	
Name & Address: <u>Mike Reilly</u> <u>31408 Hoover</u> <u>Warren MI 48093</u>		\$ <u>500.</u>	\$ <u>1500.</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>N/A</u> 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>6/19/23</u>	
Name & Address: <u>Mike Reilly</u> <u>31408 Hoover</u> <u>Warren, MI 48093</u>		\$ <u>100.</u>	\$ <u>1600.</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>N/A</u> 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>7/18/23</u>	
Name & Address: <u>Mike Reilly</u> <u>31408 Hoover</u> <u>Warren, MI 48093</u>		\$ <u>350.</u>	\$ <u>1950</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>N/A</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

1950

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 140292
2. Committee Name CTE Mike Reilly

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 7/23/23

Name & Address:

Mike Reilly
31408 Hoover
Warren, MI 48093

\$ 5 \$ 1965

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

Occupation N/A Employer _____

[Click Here for Memo Itemization](#)

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:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

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:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

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:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

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

Page Subtotal

15

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

3115.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

140292

1. Committee I. D. Number _____
2. Committee Name CTE Mike Reilly

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>American Graphics Printing Co.</u> Address <u>34895 Groesbeck</u> <u>Clinton Twp MI 48035</u> ☐ Fund Raiser	Purpose: <u>Handouts</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/26/23</u> Date	<u>\$ 355.10</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>printed promotional products</u> Address <u>16821 Josephine</u> <u>Fraser, MI 48026</u> ☐ Fund Raiser	Purpose: <u>t-shirts</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/19/23</u> Date	<u>\$ 110.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>A.G.E. Graphics</u> Address <u>52231 State Route 248</u> <u>Long Bottom, OH 45743</u> ☐ Fund Raiser	Purpose: <u>magnets</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/14/23</u> Date	<u>\$ 55.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>C & G Publishing</u> Address <u>13650 E. Eleven Mile Rd</u> <u>Warren, MI 48089</u> ☐ Fund Raiser	Purpose: <u>Warren Weekly Ad</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/7/23</u> Date	<u>\$ 632.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>Sawicki & Son</u> Address <u>1521 W. Lafayette</u> <u>Detroit MI 48216</u> ☐ Fund Raiser	Purpose: <u>political lawn signs</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/8/23</u> Date	<u>\$ 496.61</u> Click Here for Memo Itemization Type

Subtotal this page 1648.71

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

140292

1. Committee I. D. Number _____
2. Committee Name CTE Mike Reilly

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Sawicki & Son</u> Address <u>1521 W. Lafayette</u> <u>Detroit MI 48216</u> ☐ Fund Raiser	Purpose: <u>political yard signs</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/6/23</u> Date	<u>\$496.61</u>
Expenditure #2 Name <u>C&G Publishing</u> Address <u>13650 E. Eleven Mile Rd.</u> <u>Warren MI 48089</u> ☐ Fund Raiser	Purpose: <u>Warren Weekly Ad</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/27/23</u> Date	<u>\$654.00</u>
Expenditure #3 Name <u>PNC Bank</u> Address <u>31200 Mound Rd.</u> <u>Warren, MI</u> ☐ Fund Raiser	Purpose: <u>Clover Device</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/8/23</u> Date	<u>\$175.49</u>
Expenditure #4 Name <u>Cousino Sideliners</u> <u>(Football Booster program)</u> Address <u>30333 Hoover Rd.</u> <u>Warren, MI 48093</u> ☐ Fund Raiser	Purpose: <u>Sign at Golf fundraiser</u> <u>Football program</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/10/23</u> Date	<u>\$100.00</u>
Expenditure #5 Name <u>PNC Bank</u> Address <u>31200 Mound Rd.</u> <u>Warren, MI</u> ☐ Fund Raiser	Purpose: <u>Fee for Clover Device</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/1/23</u> Date	<u>\$6.95</u>

Subtotal this page 1433.05

Grand Total of all Schedules 1B
(Complete on last page of Schedule) 3081.76

Enter this total
on line 8a of
Summary Page