



FILED

28 JUL 2023 PM 01:23

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: 04/06/2023 to 07/23/2023

1. Committee I.D. Number

140274

4. Candidate Last Name

SKOP

First Name

GARY

M.I.

D

2. Committee Name

CTE GARY SKOP

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

COUNCIL AT LARGE, WARREN

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

5. Committee's Mailing Address

**31634 LEXINGTON
WARREN, MI 48092**

6. Treasurer's Name & Residential Address

**GARY D SKOP
31634 LEXINGTON
WARREN, MI 48092**

Area Code and Phone (586) 276-5413
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) 276-5413

7. Treasurer's Business Address

**31634 LEXINGTON
WARREN, MI 48092**

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

**GARY D SKOP
31634 LEXINGTON
WARREN, MI 48092**

Area Code and Phone (586) 276-5413

Area Code and Phone (586) 276-5413

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 ()
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

08/08/2023

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

07/28/2023

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/28/2023



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140274

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE GARY SKOP

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>11,900.18</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>11,900.18</u>	(18.) \$ <u>11,900.18</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>11,900.18</u>	(20.) \$ <u>11,900.18</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>11,723.09</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>11,723.09</u>	(23.) \$ <u>11,723.09</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>7,200.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>11,900.18</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>11,900.18</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>11,723.09</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>177.09</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140274
2. Committee Name CTE GARY SKOP

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>04/06/2023</u> Name & Address: GARY SKOP 31634 LEXINGTON ST WARREN, MI 48092 5. If over \$100.00 cumulative, please provide: Occupation <u>9TH GRADE SUCCESS COORDINATOR</u> Employer <u>FITZGERALD PUBLIC SCHOOLS</u> Business Address <u>23200 RYAN RD, WARREN, MI 48091</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser		\$ <u>7,200.00</u>	\$ <u>7,200.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/11/2023</u> Name & Address: VITO DELIA 3129 OAKWOOD ST ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>25.00</u>	\$ <u>25.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/20/2023</u> Name & Address: DIANE ZOLDOS 6356 THORNEYCROFT DR SHELBY TWP, MI 48316 5. If over \$100.00 cumulative, please provide: Occupation <u>HOME MAKER</u> Employer <u>SELF</u> Business Address <u>6356 THORNEYCROFT DR, SHELBY TWP, MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/20/2023</u> Name & Address: JOSHUA GULECKI 21191 BRIAR ROSE DR MACOMB, MI 48044 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>40.18</u>	\$ <u>40.18</u>

Page Subtotal 7,365.18

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 140274
2. Committee Name CTE GARY SKOP

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>04/24/2023</u> Name & Address: MARY SWAN 31720 LEXINGTON ST WARREN, MI 48092		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/28/2023</u> Name & Address: AUSTIN QUILL 2453 FRED ST WARREN, MI 48092		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/01/2023</u> Name & Address: FRANK VOGT 11214 CHICAGO RD WARREN, MI 48093		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTANT</u> Employer <u>MICHIGAN BUSINESS CONSULTANTS</u> Business Address <u>31698 MOUND RD, WARREN, MI 48092</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/02/2023</u> Name & Address: JOSEPH GENNERO 31616 ACTON DR 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: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 510.00

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

1. Committee I.D. Number 140274
2. Committee Name CTE GARY SKOP

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>05/03/2023</u>	
Name & Address: SUSAN COOPER 25004 URSULINE ST ST CLAIR SHORES, MI 48080		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address <u>MI</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/06/2023</u>	
Name & Address: WILLIAM BROWN 31319 GILBERT DR WARREN, MI 48093		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/07/2023</u>	
Name & Address: KEITH SADOWSKI 4759 HAYMAN DR WARREN, MI 48092		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES REP</u> Employer <u>CUTTING EDGE COUNTERTOPS</u> Business Address <u>30475 WIXOM RD, WIXOM, MI 48393</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/09/2023</u>	
Name & Address: SANDY CLEGHORN 21281 SYRACUSE AVE 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: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 225.00

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/10/2023</u>	
Name & Address: WARREN POLICE OFFICERS ASSOC 11304 14 MILE RD 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: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/10/2023</u>	
Name & Address: KEVIN HABERSKI 31639 BLAIR DR WARREN, MI 48092		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES MANAGER</u> Employer <u>SPARTAN CARBIDE</u> Business Address <u>31140 RIVIERA DR, FRASER, MI 48026</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/10/2023</u>	
Name & Address: LORIE W BARNWELL 30130 GRUENBURG DR WARREN, MI 48092		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TREASURER</u> Employer <u>CITY OF WARREN</u> Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/10/2023</u>	
Name & Address: TERRY WISNIEWSKI 21725 PANAMA AVE WARREN, MI 48091		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **450.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/10/2023</u> Name & Address: JEFFREY SCHRODER 1592 E LINCOLN ST BIRMINGHAM, MI 48009		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>PLUNKETT & COONEY</u> Business Address <u>38505 WOODWARD AVE, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/10/2023</u> Name & Address: PATRICIA SKOP 2962 SARATOGA DR TROY, MI 48083		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/10/2023</u> Name & Address: GLEN D SKOP 34347 DEQUINDRE RD TROY, MI 48083		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INTEGRATION MANAGER</u> Employer <u>TARUS PRODUCTS INC</u> Business Address <u>38100 COMMERCE DR, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/10/2023</u> Name & Address: SCOTT SHORTER 30505 FRED A DR WARREN, MI 48093		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 570.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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1. Committee I.D. Number 140274
2. Committee Name CTE GARY SKOP

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>05/10/2023</u> Name & Address: PAUL SALYERS 2211 RUSHMORE DR TROY, MI 48083		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>SALYERS,HUGO, & ASSOC</u> Business Address <u>1133 E MAPLE RD, TROY, MI 48083</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/10/2023</u> Name & Address: JONATHAN LAFFERTY 28727 CUNNINGHAM DR WARREN, MI 48092		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CITY COUNCIL</u> Employer <u>CITY OF WARREN</u> Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/10/2023</u> Name & Address: ROBERT CALLENDER 29120 W NOTTINGHAM CIR WARREN, MI 48092		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/10/2023</u> Name & Address: DAVID A SKOP 32626 GRINSELL DR WARREN, MI 48092		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **675.00**

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

1. Committee I.D. Number 140274
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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? ☐ YES 4. Date of Receipt <u>05/10/2023</u> Name & Address: CANDYCE P BEST 31625 FLYNN AVE WARREN, MI 48092		\$ <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: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/10/2023</u> Name & Address: KYLE GUZOWSKI 1269 AUDUBON RD GROSSE POINTE, MI 48230		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/10/2023</u> Name & Address: CHAD SKOP 17585 OAK DR DETROIT, MI 48221		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENTREPRENEUR</u> Employer <u>SELF EMPLOYED</u> Business Address <u>17585 OAK DR, DETROIT, MI 48221</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/10/2023</u> Name & Address: JACOB STANOWSKI 4254 NICKOLAS DR STERLING HEIGHTS, MI 48310		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **460.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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1. Committee I.D. Number 140274
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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? ☐ YES	4. Date of Receipt <u>05/10/2023</u>	
Name & Address: DANIEL LINE 23124 JOY ST ST CLAIR SHORES, MI 48082		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/10/2023</u>	
Name & Address: FRANK MERCURIO 22955 21 MILE RD MACOMB, MI 48042		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/10/2023</u>	
Name & Address: KATIE VANORDER 4126 SAMOSET RD ROYAL OAK, MI 48073		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/10/2023</u>	
Name & Address: ANGELA GILCHRIST 19140 CHESTER DETROIT, MI 48236		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 150.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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1. Committee I.D. Number 140274
2. Committee Name CTE GARY SKOP

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>05/10/2023</u> Name & Address: ANDREW JOHNSON 23736 FEDERAL AVE WARREN, MI 48089		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/10/2023</u> Name & Address: PATRICK GREEN 3929 MARLENE DR WARREN, MI 48092		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CO-OWNER</u> Employer <u>DESCAMPS INSURANCE</u> Business Address <u>15945 CANAL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/10/2023</u> Name & Address: AARON CROWNTON 26738 SYRACUSE AVE WARREN, MI 48091		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/10/2023</u> Name & Address: RONYA BELL 27662 PARKVIEW BLVD APT 908 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: ☐ 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 140274
2. Committee Name CTE GARY SKOP

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>05/10/2023</u> Name & Address: KAY PATTERSON 285 LASALLE AVE BUFFALO, NY 14215		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/10/2023</u> Name & Address: JOE COCHRAN 13310 HIGHLAND CIR STERLING HEIGHTS, MI 48312		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/11/2023</u> Name & Address: MEREDITH MASSMAN 6525 GREENWAY DR APT A11 ROANOKE, VA 24019		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CIVIL RIGHTS INVESTIGATOR</u> Employer <u>VIRGINIA TECH UNIVERSITY</u> Business Address <u>220 GILBERT ST, BLACKSBURG, VA 24060</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/14/2023</u> Name & Address: PATRICK GREEN 3929 MARLENE DR WARREN, MI 48092		\$ <u>1,000.00</u>	\$ <u>1,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CO-OWNER</u> Employer <u>DESCAMPS INSURANCE</u> Business Address <u>14500 LAKESIDE CIR, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,145.00**

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

11,900.18

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140274
2. Committee Name CTE GARY SKOP

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name WARREN CIVIC THEATRE Address 5464 ARDEN AVE WARREN, MI 48092 ☐ Fund Raiser	Purpose: <u>AD IN PROGRAM</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/17/2023</u> Date	\$ <u>60.00</u>
Expenditure #2 Name WIX.COM Address 500 TERRY A FRANCOIS BLVD SF, CA 94158 ☐ Fund Raiser	Purpose: <u>WEB SITE HOSTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/24/2023</u> Date	\$ <u>40.35</u>
Expenditure #3 Name MASS MAILING LLC Address 35468 MOUND RD STERLING HEIGHTS, MI 48310 ☐ Fund Raiser	Purpose: <u>WALKING LIT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/28/2023</u> Date	\$ <u>2,130.60</u>
Expenditure #4 Name DUNLOP PRINTING Address PO BOX 2098 ROYAL OAK, MI 48068 ☐ Fund Raiser	Purpose: <u>LIT DESIGN AND PRODUCTION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/30/2023</u> Date	\$ <u>260.00</u>
Expenditure #5 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>ACTBLUE FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/01/2023</u> Date	\$ <u>2.64</u>

Subtotal this page **2,493.59**

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 140274
2. Committee Name CTE GARY SKOP

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SAWICKI & SONS Address 1521 W LAFAYETTE BLVD DETROIT, MI 48216 ☐ Fund Raiser	Purpose: <u>SIGNS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/02/2023</u> Date	\$ <u>1,242.86</u>
Expenditure #2 Name COSTCO Address 30550 STEPHENSON HWY MADISON HEIGHTS, MI 48071 ☒ Fund Raiser	Purpose: <u>FUNDRAISER SUPPLIES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/06/2023</u> Date	\$ <u>259.00</u>
Expenditure #3 Name OFFICE MAX Address 32251 JOHN R RD MADISON HEIGHTS, MI 48071 ☐ Fund Raiser	Purpose: <u>OFFICE SUPPLIES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/07/2023</u> Date	\$ <u>40.00</u>
Expenditure #4 Name GORDON FOODS Address 7835 CONVENTION BLVD WARREN, MI 48092 ☒ Fund Raiser	Purpose: <u>FUNDRAISER SUPPLIES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/09/2023</u> Date	\$ <u>220.00</u>
Expenditure #5 Name CHARISSE LEVERETT Address 7625 WESTMINSTER AVE WARREN, MI 48091 ☒ Fund Raiser	Purpose: <u>FUNDRAISER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/15/2023</u> Date	\$ <u>850.00</u>

Subtotal this page **2,611.86**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140274
2. Committee Name CTE GARY SKOP

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name WIX.COM Address 500 TERRY A FRANCOIS BLVD SF, CA 94158 ☐ Fund Raiser	Purpose: WEBSITE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/22/2023 Date	\$ 23.00
Expenditure #2 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/01/2023 Date	\$ 21.93
Expenditure #3 Name MASS MAILING LLC Address 35468 MOUND RD STERLING HEIGHTS, MI 48310 ☐ Fund Raiser	Purpose: MAILER PRINTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/22/2023 Date	\$ 2,321.40
Expenditure #4 Name WIX.COM Address 500 TERRY A FRANCOIS BLVD SF, CA 94158 ☐ Fund Raiser	Purpose: WEBSITE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/22/2023 Date	\$ 23.00
Expenditure #5 Name DUNLOP PRINTING Address PO BOX 2098 ROYAL OAK, MI 48068 ☐ Fund Raiser	Purpose: GRAPHIC DESIGN ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/24/2023 Date	\$ 243.75

Subtotal this page **2,633.08**

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 140274
2. Committee Name CTE GARY SKOP

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MASS MAILING LLC Address 35468 MOUND RD STERLING HEIGHTS, MI 48310 ☐ Fund Raiser	Purpose: POSTAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/27/2023 Date	\$ <u>2,961.56</u>
Expenditure #2 Name MASS MAILING LLC Address 35468 MOUND RD STERLING HEIGHTS, MI 48310 ☐ Fund Raiser	Purpose: MAILER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/21/2023 Date	\$ <u>1,000.00</u>
Expenditure #3 Name WIX.COM Address 500 TERRY A FRANCOIS BLVD SF, CA 94158 ☐ Fund Raiser	Purpose: WEBSITE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/22/2023 Date	\$ <u>23.00</u>
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____

Subtotal this page **3,984.56**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **11,723.09**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140274
2. Committee Name CTE GARY SKOP

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: GARY SKOP 31634 LEXINGTON ST WARREN, MI 48092	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>04/24/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 7,200.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>7,200.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ 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)

7,200.00

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

7,200.00

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

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



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **140274**
2. Committee Name **CTE GARY SKOP**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 05/10/2023	4. Number of Individuals Attending or Participating (whichever is greater) 75	5. Type of Fund Raising Activity RECEPTION	6. Address and Name (If any) of the place where the activity was held. FOP HALL 11304 E 14 MILE RD ☐ WARREN, MI 48093 Private Residence
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7. Total Contributions **3,430.18**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **3,430.18**
10. Total Cost of Event **1,329.00**
(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.