



**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: 07/24/2023 to 08/28/2023

1. Committee I.D. Number

140275

4. Candidate Last Name

Hussain

First Name

Khaja

M.I.

A

2. Committee Name

CTE Khaja Hussain

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

Warren City Council District #1

4b. County of Residence **MACOMB**

5. Committee's Mailing Address

**24174 Karen Ave
Warren, MI 48091**

6. Treasurer's Name & Residential Address

**Khaja Hussain
24174 Karen Ave
Warren, MI 48091**

Area Code and Phone (586) 930-8537

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) 930-8537

7. Treasurer's Business Address

**24174 Karen Ave
Warren, MI 48091**

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

Area Code and Phone (586) 930-8537

Area Code and Phone _____

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

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

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

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement (_____) 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 hereby 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 **Khaja Hussain**

Type or Print Name

Signature

Date

09-07-23

Candidate **Khaja Hussain**

Type or Print Name

Signature

Date

09-07-23



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140275

2. Committee Name CTE Khaja Hussain

**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>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$0.00</u>	(18.) \$ <u>\$2,020.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>\$0.00</u>	(19.) \$ <u></u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$0.00</u>	(20.) \$ <u>\$2,020.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$340.80</u>	(21.) \$ <u>\$10,671.10</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>\$0.00</u>	(22.) \$ <u></u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$0.00</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>\$0.00</u>	(23.) \$ <u></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></u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$0.00</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>\$2,020.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$2,020.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$0.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$2,020.00</u>	*

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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 140275

CANDIDATE COMMITTEE

2. Committee Name CTE Khaja Hussain

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: Khaja Hussain 24174 Karen Ave Warren, MI 48091 If over \$100.00 cumulative, please provide: Occupation: Electrical Engineer Employer Name & Business Address: 300 Renaissance Dr W, Detroit, MI 48265 ☐ 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>Printing</u> 5. Date Of Receipt: <u>07/29/2023</u> 6. Vendor Name & Address: PrintyCo 8246 E Twelve Mile Road Warren, MI 48093 Click Here for Memo Itemization	\$ <u>150</u>	\$ <u>10453.30</u>
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: Khaja Hussain 24174 Karen Ave Warren, MI 48091 If over \$100.00 cumulative, please provide: Occupation: Electrical Engineer Employer Name & Address: 300 Renaissance Dr W, Detroit, MI 48265 ☐ 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>Printing</u> 5. Date Of Receipt: <u>08/03/2023</u> 6. Vendor Name & Address: PrintyCo 8246 E Twelve Mile Road Warren, MI 48093 Click Here for Memo Itemization	\$ <u>190.80</u>	\$ <u>10644.10</u>
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 **\$340.80**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **\$340.80**

Enter this total
on line 6 of Summary
Page