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**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: 04/25/2023 to 07/23/2023

1. Committee I.D. Number

**140311**

4. Candidate Last Name

**BOZEK**

First Name

**DANIEL**

M.I.

2. Committee Name

**CTE DANIEL BOZEK**

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

**COUNCIL DISTRICT 3, WARREN**

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

5. Committee's Mailing Address

**8708 EDGEWATER LANE  
WARREN, MI 48093**

Area Code and Phone (586) 214-4108  
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.

6. Treasurer's Name & Residential Address

**DANIEL BOZEK  
8708 EDGEWATER LANE  
WARREN, MI 48093**

Area Code & Phone (586) 214-4108

7. Treasurer's Business Address

**8708 EDGEWATER LANE  
WARREN, MI 48093**

Area Code and Phone (586) 214-4108

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

**DAVID BOZEK  
16699 COUNTRY CLUB LANE  
MACOMB, MI 48042**

Area Code and Phone (248) 765-5501

**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 140311

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name CTE DANIEL BOZEK

| RECEIPTS                                                                                        | Column I<br>This Period        | Column II<br>Cumulative this election cycle |
|-------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------|
| 3. Contributions                                                                                |                                |                                             |
| a. Itemized (Schedule 1A - Column 6)                                                            | (3a.) \$ <u>9,050.00</u>       |                                             |
| b. Unitemized (less than \$20.01 each - no Schedule)                                            | (3b.) \$ <u>NOT APPLICABLE</u> |                                             |
| c. Subtotal of "Contributions"                                                                  | (3c.) \$ <u>9,050.00</u>       | (18.) \$ <u>9,050.00</u>                    |
| 4. Other Receipts (Schedule 1A -1, Column 6)                                                    | (4.) \$ <u>0.00</u>            | (19.) \$ <u>0.00</u>                        |
| <b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b><br>(Add Line 3c + Line 4)                      | (5.) \$ <u>9,050.00</u>        | (20.) \$ <u>9,050.00</u>                    |
| <b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>                                                 |                                |                                             |
| 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>                        |
| <b>EXPENDITURES</b>                                                                             |                                |                                             |
| 8. Expenditures                                                                                 |                                |                                             |
| a. Itemized (Schedule 1B, Column 6)                                                             | (8a.) \$ <u>5,649.11</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>           |                                             |
| <b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)                                  | (9.) \$ <u>5,649.11</u>        | (23.) \$ <u>5,649.11</u>                    |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(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>          |                                             |
| <b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Add Line 10a + Line 10b)                  | (11.) \$ <u>0.00</u>           | (24.) \$ <u>0.00</u>                        |
| <b>DEBTS AND OBLIGATIONS</b>                                                                    |                                |                                             |
| 12. Debts and Obligations                                                                       |                                |                                             |
| a. Owed <b>by</b> the Committee (Schedule 1E)                                                   | (12a.) \$ <u>0.00</u>          |                                             |
| b. Owed <b>to</b> the Committee (Schedule 1E)                                                   | (12b.) \$ <u>0.00</u>          |                                             |
| <b>BALANCE STATEMENT</b>                                                                        |                                |                                             |
| 13. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.) | (13.) \$ <u>0.00</u>           |                                             |
| 14. Amount received during reporting period<br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ <u>9,050.00</u>     |                                             |
| 15. SUBTOTAL Add lines 13 and 14                                                                | (15.) = \$ <u>9,050.00</u>     |                                             |
| 16. Amount expended during reporting period<br>(Add lines 9 and 11)                             | (16.) - \$ <u>5,649.11</u>     |                                             |
| 17. ENDING BALANCE<br>(Subtract line 16 from line 15)                                           | (17.) \$ <u>3,400.89</u>       | *                                           |



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140311  
2. Committee Name CTE DANIEL BOZEK

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/2023</u> |                                                                                 |
| Name & Address:<br><b>DANIEL E BOZEK</b><br><b>8708 EDGEWATER LN</b><br><b>WARREN, MI 48093</b>                                                                                                                                                                                                                                                    |                                           | \$ <u>6,000.00</u>                   | \$ <u>6,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>POLICE OFFICER</u> Employer <u>CITY OF WARREN</u><br>Business Address <u>29900 S CIVIC CENTER BLVD, WARREN, MI 48093</u><br>Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser     |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/2023</u> |                                                                                 |
| Name & Address:<br><b>DAVID HOIN</b><br><b>52806 MUIRFIELD DR</b><br><b>CHESTERFIELD, MI 48051</b>                                                                                                                                                                                                                                                 |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                  |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                                | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/15/2023</u> |                                                                                 |
| Name & Address:<br><b>AVIS H CHOULAGH</b><br><b>48528 ISOLA DR</b><br><b>SHELBY TWP, MI 48315</b>                                                                                                                                                                                                                                                  |                                           | \$ <u>1,000.00</u>                   | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>THE LAW FIRM OF AVIS CHOULAGH, PLLC</u><br>Business Address <u>32059 UTICA RD, FRASER, MI 48026</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                                | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/15/2023</u> |                                                                                 |
| Name & Address:<br><b>JOHN E NANTAIS</b><br><b>10795 VERNON AVE</b><br><b>HUNTINGTON WOODS, MI 48070</b>                                                                                                                                                                                                                                           |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                  |                                           |                                      |                                                                                 |

Page Subtotal **7,200.00**

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 140311  
2. Committee Name CTE DANIEL BOZEK

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/27/2023</u> |                                                                                 |
| Name & Address:<br><b>FADI HANNA</b><br>11693 SQUIERS BLVD<br>UTICA, MI 48315                                                                                                                                                                                                                                                                             |                                           | \$ <u>1,000.00</u>                   | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ENGINEER</u> Employer <u>JVIS USA LLC</u><br>Business Address <u>52048 SHELBY PKWY, SHELBY TWP, MI 48315</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                        |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                        | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/15/2023</u> |                                                                                 |
| Name & Address:<br><b>DAVID T BOZEK</b><br>16699 COUNTRY CLUB DR<br>NULL<br>MACOMB, MI 48042                                                                                                                                                                                                                                                              |                                           | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ENGINEER</u> Employer <u>TC ENERGY</u><br>Business Address <u>5250 CORPORATE DR, Troy, MI 48098</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                 |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                                       | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/16/2023</u> |                                                                                 |
| Name & Address:<br><b>KENNETH A DAHER</b><br>1726 HOLLYWOOD AVE<br>GROSSE POINTE WOODS, MI 48236                                                                                                                                                                                                                                                          |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                         |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                                       | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/12/2023</u> |                                                                                 |
| Name & Address:<br><b>MICHAEL N VARLAMOS</b><br>21800 MARTER RD<br>ST CLAIR SHORES, MI 48080                                                                                                                                                                                                                                                              |                                           | \$ <u>250.00</u>                     | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>REVEREND</u> Employer <u>ASSUMPTION GREEK ORTHODOX CHURCH</u><br>Business Address <u>21800 MARTER RD, ST CLAIR SHORES, MI 48080</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |

Page Subtotal

**1,850.00**

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

**9,050.00**

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number 140311  
2. Committee Name CTE DANIEL BOZEK

| 3. Name and address of person or vendor to whom paid                                                                                                    | 4. Purpose (Required Information)                                                                                                                                                                        | 5. Date                   | 6. Amount          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------|
| Expenditure #1<br>Name <b>BANK OF AMERICA</b><br><br>Address<br>30700 SCHOENHERR RD<br>WARREN, MI 48088<br><br><input type="checkbox"/> Fund Raiser     | Purpose: <u>CTE DANIEL E BOZEK CHECK PRINTING FEE</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                      | <u>05/11/2023</u><br>Date | \$ <u>34.23</u>    |
| Expenditure #2<br>Name <b>SAWICKI AND SON</b><br><br>Address<br>1521 W LAFAYETTE BLVD<br>DETROIT, MI 48216<br><br><input type="checkbox"/> Fund Raiser  | Purpose: <u>CAMPAIGN YARD SIGNS AND MIINI BILLBOARDS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                   | <u>05/17/2023</u><br>Date | \$ <u>4,379.92</u> |
| Expenditure #3<br>Name <b>IMPACT MEDIA PROFESSIONALS LLC</b><br><br>Address<br>PO BOX 113<br>NOVI, MI 48376<br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>CAMPAIGN POSTCARDS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                                         | <u>07/18/2023</u><br>Date | \$ <u>1,234.96</u> |
| Expenditure #4<br>Name<br><br>Address<br><br><br><input type="checkbox"/> Fund Raiser                                                                   | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement<br><br><a href="#">Click Here for Memo Itemization Type</a> | _____<br>Date             | \$ _____           |
| Expenditure #5<br>Name<br><br>Address<br><br><br><input type="checkbox"/> Fund Raiser                                                                   | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement<br><br><a href="#">Click Here for Memo Itemization Type</a> | _____<br>Date             | \$ _____           |

Subtotal this page **5,649.11**  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **5,649.11**

Enter this total  
on line 8a of  
Summary Page