



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

28 JUL 2023 PM 01:28

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: 04/05/2023 to 07/23/2023

1. Committee I.D. Number

140273

2. Committee Name

JAY MICHAEL JACKSON FOR WARREN CITY COUNCIL DISTRICT 5

4. Candidate Last Name

JACKSON

First Name

JAY

M.I.

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

COUNCIL DISTRICT 5, WARREN

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

5. Committee's Mailing Address

**P. O. BOX 72
WARREN, MI 48090**

Area Code and Phone (586) 438-3007
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

**TONYA M JACKSON
11320 HUPP AVENUE
WARREN, MI 48089**

Area Code & Phone (586) 459-7861

7. Treasurer's Business Address

**11320 HUPP AVENUE
WARREN, MI 48089**

Area Code and Phone (586) 459-7861

8. Designated Record keeper's Name and Mailing 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

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 140273

2. Committee Name JAY MICHAEL JACKSON FOR WARREN CITY COUNCIL DISTRICT 5

**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>5,200.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>5,200.00</u>	(18.) \$ <u>5,200.00</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>5,200.00</u>	(20.) \$ <u>5,200.00</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>5,092.24</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>5,092.24</u>	(23.) \$ <u>5,092.24</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>2,100.00</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>5,200.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>5,200.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>5,092.24</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>107.76</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 140273

2. Committee Name JAY MICHAEL JACKSON FOR WARREN CITY COUNCIL DISTRICT 5

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>04/07/2023</u>	
Name & Address: JAY MICHAEL JACKSON 11320 HUPP AVE WARREN, MI 48089		\$ <u>2,100.00</u>	\$ <u>2,100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HEALTHCARE</u> Employer <u>ASCENSION</u> Business Address <u>800 TOWER DR, TROY, MI 48098</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/01/2023</u>	
Name & Address: PATRICK GREEN 3929 MARLENE DR WARREN, MI 48092		\$ <u>750.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE</u> Employer <u>FIRST INDEPENDENT</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>05/18/2023</u>	
Name & Address: PATRICK GREEN 3929 MARLENE DR WARREN, MI 48092		\$ <u>250.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE</u> Employer <u>FIRST INDEPENDENT</u> Business Address <u>15945 CANAL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/18/2023</u>	
Name & Address: NAJIM AHMED 26630 WEXFORD DR WARREN, MI 48091		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EDUCATION</u> Employer <u>FRONTIER INTERNATIONAL ACADEMY</u> Business Address <u>13200 CONANT, HAMTRAMCK, MI 48212</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **3,300.00**

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 140273
2. Committee Name JAY MICHAEL JACKSON FOR WARREN CITY COUNCIL DISTRICT 5

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>05/18/2023</u> Name & Address: PAUL JERZY 31408 PINTO DR WARREN, MI 48093		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>THE PARADE COMPANY</u> Business Address <u>9500 MT ELLIOTT ST, DETROIT, MI 48211</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/18/2023</u> Name & Address: VALARIA HARRIS CARTER 22100 CLOVERLAWN ST OAK PARK, MI 48237		\$ <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>05/18/2023</u> Name & Address: MELVIN LOGAN 21531 BRIARCLIFF ST ST CLAIR SHORES, MI 48082		\$ <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>05/18/2023</u> Name & Address: MARIE ADKINS 13742 HOBART AVE WARREN, MI 48089		\$ <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
(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 140273
2. Committee Name JAY MICHAEL JACKSON FOR WARREN CITY COUNCIL DISTRICT 5

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>05/18/2023</u>	
Name & Address: LORIE 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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/18/2023</u>	
Name & Address: WARREN POLICE COMMAND OFFICER ASSOCIATION PAC 29900 S CIVIC CENTER BLVD 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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/18/2023</u>	
Name & Address: JONATHAN LAFFERTY 28727 CUNNINGHAM DR WARREN, MI 48092		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BANKER</u> Employer <u>COMERICA BANK</u> Business Address <u>29409 RYAN 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>05/18/2023</u>	
Name & Address: PAUL WONJO 32025 MARGARET CT WARREN, MI 48093		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SENATOR</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>201 TOWNSEND ST, LANSING, MI 48933</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 450.00

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

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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 140273
2. Committee Name JAY MICHAEL JACKSON FOR WARREN CITY COUNCIL DISTRICT 5

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>05/18/2023</u> Name & Address: WARREN POLICE OFFICERS ASSOC SEPARATE SEGREGATED FUND 11304 E 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>05/18/2023</u> Name & Address: WILLIE HARRIS 606 WILLIAMS ST APT 719 ROYAL OAK, MI 48067		\$ <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>05/18/2023</u> Name & Address: JOSEPH TURNER 13066 KARL DR PLYMOUTH TWP, MI 48170		\$ <u>150.00</u>	\$ <u>150.00</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/18/2023</u> Name & Address: TRACY ANTRIKIN 27842 ROAN AVE 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			

Page Subtotal 300.00

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 140273
2. Committee Name JAY MICHAEL JACKSON FOR WARREN CITY COUNCIL DISTRICT 5

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>05/18/2023</u>	
Name & Address: MICHELE MARTIN 21855 NUMMER 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>06/09/2023</u>	
Name & Address: MINDY MOORE 11530 SHORT DR WARREN, MI 48093		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address <u>11530 SHORT DR, 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>06/29/2023</u>	
Name & Address: FRIENDS OF LORIE BARNWELL 5182 CUTTY LN WARREN, MI 48092		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/30/2023</u>	
Name & Address: LORIE BARNWELL 30130 GRUENBURG DR WARREN, MI 48092		\$ <u>300.00</u>	\$ <u>450.00</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			

Page Subtotal 925.00

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

5,200.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140273**
2. Committee Name **JAY MICHAEL JACKSON FOR WARREN CITY COUNCIL DISTRICT 5**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name WIX Address 500 TERRY A FRANCOIS BLVD SF, CA 94158 ☐ Fund Raiser	Purpose: WEB SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/24/2023 Date	\$ 23.00
Expenditure #2 Name WIX Address 500 TERRY A FRANCOIS BLVD SF, CA 94158 ☐ Fund Raiser	Purpose: WEB SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/24/2023 Date	\$ 17.35
Expenditure #3 Name PRINT MASTERS Address 26039 DEQUINDRE RD MADISON HEIGHTS, MI 48071 ☐ Fund Raiser	Purpose: WALKING LIT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/02/2023 Date	\$ 719.28
Expenditure #4 Name CHARISSE LEVERETT Address 7625 WESTMINSTER AVE WARREN, MI 48091 ☒ Fund Raiser	Purpose: CATERING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/18/2023 Date	\$ 425.00
Expenditure #5 Name SAWICKI & SONS Address 1521 W LAFAYETTE BLVD DETROIT, MI 48216 ☐ Fund Raiser	Purpose: LAWN SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/19/2023 Date	\$ 398.82

Subtotal this page

1,583.45

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

Enter this total
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140273**
2. Committee Name **JAY MICHAEL JACKSON FOR WARREN CITY COUNCIL DISTRICT 5**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name DOLLAR CASTLE Address 25005 VAN DYKE AVE CENTER LINE, MI 48015 ☐ Fund Raiser	Purpose: <u>VOLUNTEER SNACKS AND DRINKS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/19/2023</u> Date	\$ <u>96.45</u>
Expenditure #2 Name WIX Address 500 TERRY A FRANCOIS BLVD SF, CA 94158 ☐ Fund Raiser	Purpose: <u>WEB SERVICES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/22/2023</u> Date	\$ <u>23.00</u>
Expenditure #3 Name DUNLOP HOLDING Address 200 W 2ND ST ROYAL OAK, MI 48068 ☐ Fund Raiser	Purpose: <u>GRAPHIC DESIGN</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/22/2023</u> Date	\$ <u>162.50</u>
Expenditure #4 Name MEIJER Address 25225 SCHOENHERR RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: <u>FOOD AND PLATES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/25/2023</u> Date	\$ <u>53.00</u>
Expenditure #5 Name SAWICKI & SONS Address 1521 W LAFAYETTE BLVD DETROIT, MI 48216 ☐ Fund Raiser	Purpose: <u>LAWN SIGNS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/31/2023</u> Date	\$ <u>398.83</u>

Subtotal this page

733.78

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 **140273**
2. Committee Name **JAY MICHAEL JACKSON FOR WARREN CITY COUNCIL DISTRICT 5**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MASS MAILING Address 35468 MOUND RD STERLING HEIGHTS, MI 48310 ☐ Fund Raiser	Purpose: PRINT & MAILING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/22/2023 Date	\$ 813.13
Expenditure #2 Name DUNLOP HOLDING Address 200 W 2ND ST ROYAL OAK, MI 48068 ☐ Fund Raiser	Purpose: GRAPHIC DESIGN ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/26/2023 Date	\$ 65.00
Expenditure #3 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: VENDOR FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/30/2023 Date	\$ 26.05
Expenditure #4 Name GRAPHICS EAST Address 16005 STURGEON ST ROSEVILLE, MI 48066 ☐ Fund Raiser	Purpose: PRINT AND MAILING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/06/2023 Date	\$ 1,347.83
Expenditure #5 Name MASS MAILING Address 35468 MOUND RD STERLING HEIGHTS, MI 48310 ☐ Fund Raiser	Purpose: PRINT & MAILING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/19/2023 Date	\$ 500.00

Subtotal this page **2,752.01**

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 **140273**
2. Committee Name **JAY MICHAEL JACKSON FOR WARREN CITY COUNCIL DISTRICT 5**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name WIX Address 500 TERRY A FRANCOIS BLVD SF, CA 94158 ☐ Fund Raiser	Purpose: WIX ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/21/2023 Date	\$ 23.00
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
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 **23.00**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **5,092.24**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140273
2. Committee Name JAY MICHAEL JACKSON FOR WARREN CITY COUNCIL DISTRICT 5

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: JAY MICHAEL JACKSON 11320 HUPP AVE WARREN, MI 48089	4. Type: <u>LOAN TO SELF</u> 5. <u>Date Debt Was Incurred:</u> <u>04/07/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 2,100.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 2,100.00</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> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</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> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

2,100.00

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

2,100.00

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 **140273**
2. Committee Name **JAY MICHAEL JACKSON FOR WARREN CITY COUNCIL DISTRICT 5**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 05/18/2023	4. Number of Individuals Attending or Participating (whichever is greater) 6	5. Type of Fund Raising Activity CAMPAIGN KICKOFF DINNER	6. Address and Name (If any) of the place where the activity was held. WARREN POLICE HALL 11304 E 14 MILE RD WARREN, MI 48093 ☐ Private Residence
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7. Total Contributions **1,450.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **1,450.00**
10. Total Cost of Event **425.00**
(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.