



**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: 4-21-23 to 7-23-23

1. Committee I.D. Number <u>140290</u>	4. Candidate Last Name <u>Hall</u>	First Name <u>Randy</u>	M.I. <u>E</u>
2. Committee Name <u>CTE Randy Hall</u>	4a. Office Sought Including District # or Community Served (If applicable) <u>Warren City Council district 5</u>		
	4b. County of Residence <u>Macomb</u>		

5. Committee's Mailing Address <u>7203 Hudson Ave</u> <u>Warren MI 48091</u> Area Code and Phone <u>586 530 4160</u> If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	6. Treasurer's Name & Residential Address <u>Randy Hall</u> <u>7203 Hudson Ave</u> <u>Warren MI 48091</u> Area Code & Phone <u>586 530 4160</u>
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7. Treasurer's Business Address Area Code and Phone _____	8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Area Code and Phone _____
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9. TYPE OF STATEMENT 9a. ☒ Pre-Election OR 9b. ☐ Post-Election Pre-Election or Post-Election Statement relates to: ☒ Primary ☐ General ☐ Convention ☐ Special ☐ School ☐ Caucus Date of Election, Convention or Caucus <u>8-8-2023</u>	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.)	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.
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10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record keeper	<u>Randy Hall</u> Type or Print Name	<u>Randy Hall</u> Signature	Date <u>7-25-2023</u>
Candidate	<u>Randy Hall</u> Type or Print Name	<u>Randy Hall</u> Signature	Date <u>7-25-2023</u>



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140290

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE Randy Hall

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$		(18.) \$
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$		(19.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$		(20.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$		
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	1177.11	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$		(22.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$		
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$		
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$		(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$		
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$		(24.) \$
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$		
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	0	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	0	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	0	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	0	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	0	*



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number

140290

2. Committee Name

Committee To Elect: Randy Hall

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 all in-kind contributions.

4. Type of In-Kind Contribution (Check applicable box)

7. Amount or Fair Market Value

8. Cumulative for Election Cycle (Through date in Item 5)

Contribution # 1 PAC Receipt? ☐ Yes

Name & Address:

Hall Randy
7203 Hudson Ave
Warren MI 48091

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

\$ 908.41 \$

If over \$100.00 cumulative, please provide:
Occupation:

Description Yard Signs, Door Hangers, Car Magnets

Employer Name & Business Address:

I-STATE Construction
26300 Sherwood Ave
Warren MI 48091

5. Date Of Receipt: 6-7-2023

6. Vendor Name & Address:

MY CAMPAIGN STORE
304 Whittington PKWY #201
Louisville KY 40222

Click Here for Memo Itemization

☐ Fund Raiser Contribution

Contribution # 2 PAC Receipt? ☐ Yes

Name & Address:

Hall Randy
7203 Hudson Ave
Warren MI 48091

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

\$ 268.70 \$

If over \$100.00 cumulative, please provide:
Occupation:

Description BANNER

Employer Name & Address:

I-STATE Construction
26300 Sherwood Ave
Warren MI 48091

5. Date Of Receipt: 6-15-2023

6. Vendor Name & Address:

MY CAMPAIGN STORE
304 Whittington PKWY #201
Louisville KY 40222

Click Here for Memo Itemization

☐ Fund Raiser Contribution

Contribution #3 PAC Receipt? ☐ Yes

Name & Address:

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

\$ \$

If over \$100.00 cumulative, please provide:

Occupation:

Employer Name & Address:

Description

5. Date Of Receipt:

6. Vendor Name & Address:

Click Here for Memo Itemization

☐ Fund Raiser Contribution

Page Subtotal

1172.11

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

1172.11

Enter this total
on line 6 of Summary
Page