

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

FILED 2023 OCT 27 PM 4:27
MACOMB COUNTY CLERK

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: 08/01/2023 to 10/27/2023

1. Committee I.D. Number

140332

4. Candidate Last Name First Name M.I.

Podsiadlik Margaret T

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

Eastpointe City Council

4b. County of Residence **MACOMB**

2. Committee Name

CTE MARGARET PODSIADLIK

5. Committee's Mailing Address

**16113 Wilson Avenue
Eastpointe, MI 48021**

6. Treasurer's Name & Residential Address

**Margaret Podsiadlik
16113 Wilson Avenue
Eastpointe, MI 48021**

Area Code and Phone (586) 872-5373

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) 872-5373

7. Treasurer's Business Address

**16113 Wilson Avenue
Eastpointe, MI 48021**

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

Not Applicable

Area Code and Phone (586) 872-5373

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

11/07/2023

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 **Margaret Podsiadlik**

Type or Print Name

Signature

10/27/23

Candidate **Margaret Podsiadlik**

Type or Print Name

Signature

10/27/23



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140332

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE to Elect Margaret Podsiadlik

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>4,785.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$4,785.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>\$0.00</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$4,785.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$0.00</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>\$0.00</u>	(22.) \$ _____
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$2,917.50</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>\$2,917.50</u>	(23.) \$ _____
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.) \$ _____
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$10.00</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>\$4,785.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$4,785.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$2,917.50</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$1,867.50</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140332
2. Committee Name Committee To Elect Margaret Podsiadlik

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>09/22/2023</u> Name & Address: <u>Veronica Klinefelt</u> <u>16143 Wilson Avenue</u> <u>Eastpointe, MI 48021</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Senator</u> Employer <u>State of Michigan</u> Business Address <u>201 Townsend Street, Lansing, MI 48933</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	\$ <u>300.00</u>	\$ <u>300.00</u>
Click Here for Memo Itemization		
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/22/2023</u> Name & Address: <u>Margaret Podsiadlik</u> <u>16113 Wilson Avenue</u> <u>Eastpointe, MI 48021</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Secretary</u> Employer <u>County of Macomb</u> Business Address <u>10 N. Main Street, Mt. Clemens, MI 48043</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser	\$ <u>1485.00</u>	\$ <u>1,485.00</u>
Click Here for Memo Itemization		
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/25/2023</u> Name & Address: <u>Margaret Podsiadlik</u> <u>16113 Wilson Avenue</u> <u>Eastpointe, MI 48021</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Secretary</u> Employer <u>County of Macomb</u> Business Address <u>10 N. Main Street, Mt. Clemens, MI 48043</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser	\$ <u>3,000.00</u>	\$ <u>3,000.00</u>
Click Here for Memo Itemization		
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name & Address: _____ _____ _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	\$ _____	\$ _____
Click Here for Memo Itemization		

Page Subtotal \$4,785.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) \$4,785.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140332
2. Committee Name Committee To Elect Margaret Podsiadlik

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Sawicki & Son Address 1521 W. Lafayette 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>10/06/2023</u> Date	\$ <u>907.63</u>
Expenditure #2 Name Hess Printing Address 201 Elm Suite A Wyandotte, MI 4192 ☐ Fund Raiser	Purpose: <u>Printing/Mailer</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/07/2023</u> Date	\$ <u>2009.87</u>
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	\$2,917.50
Grand Total of all Schedules 1B (Complete on last page of Schedule)	\$2,917.50

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140332
2. Committee Name Committee To Elect Margaret Podsiadlik

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: Christian Financial Credit Union 27454 Gratiot Avenue Roseville, MI 48066	4. Type: <u>Svc fee</u> 5. <u>Date Debt Was Incurred:</u> <u>10/01/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 10.00</u>	10/01/2023 \$ 10.00 \$ \$ \$ \$	\$ 10.00	\$ 0.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ 10.00				
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)

\$0.00

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

\$10.00

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.