



FILED 2023 OCT 24 AM 8:09
MACOMB COUNTY CLERK

**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.

1. Committee I.D. Number 140278		3. This Statement covers From: 8/29/2023 to 10/22/2023	
2. Committee Name Committee to Elect Michael Klinefelt		4. Candidate Last Name Klinefelt First Name Michael M.I. 4a. Office Sought Including District # or Community Served (If applicable) Mayor, City of Eastpointe 4b. County of Residence MACOMB	
5. Committee's Mailing Address 16143 Wilson Ave. Eastpointe, MI 48021 Area Code and Phone (586) 899-3907 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 Michael Klinefelt 16143 Wilson Ave. Eastpointe, MI 48021 Area Code & Phone (586) 899-3907	
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	
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 11-7-2023		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.	
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 Michael Klinefelt Type or Print Name		Signature: Mike Klinefelt Date: 10/23/2023	
Candidate Michael Klinefelt Type or Print Name		Signature: Mike Klinefelt Date: 10/23/2023	



1. Committee I.D. Number 140278

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Michael Klinefelt

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>5,100.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>5,100.00</u>	(18.) \$ <u>12,760</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>0</u>	(19.) \$ <u>0</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>5,100.00</u>	(20.) \$ <u>12,760</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>0</u>	(21.) \$ <u>1,664.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>0</u>	(22.) \$ <u>0</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>693.16</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>37.23</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>730.39</u>	(23.) \$ <u>730.39</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>0</u>	(24.) \$ <u>0</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>6,149.25</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>0</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>3,674.26</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>5,100.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>8,774.26</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>730.39</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>8,043.87</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140278
2. Committee Name Committee To Elect Michael Klinefelt

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>9/3/2023</u> Name & Address: Unity Fund 426 Albany Ferndale, MI 48220		1,000.00 \$	1,000.00 \$
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	
3. Contribution #2 PAC Receipt? ☒ YES 4. Date of Receipt <u>9/13/2023</u> Name & Address: Realtors PAC of Michigan 720 N. Washington Ave. Lansing, MI 48906		500.00 \$	500.00 \$
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	
3. Contribution # 3 PAC Receipt? ☒ YES 4. Date of Receipt <u>9/24/2023</u> Name & Address: Michigan Regional Council of Carpenters PAC 400 Renaissance Center, Ste. 1010 Detroit, MI 48243		2,500.00 \$	2,500.00 \$
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	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/11/2023</u> Name & Address: Ira Klinefelt 1004 E. Huron Ave. Bad Axe, MI 48413		50.00 \$	150.00 \$
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		Click Here for Memo Itemization	

Page Subtotal **4,050.00**

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 140278

2. Committee Name Committee To Elect Michael Klinefelt

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>10/11/2023</u>	
Name & Address: Joseph DeFelice 15447 Curtis St. Roseville, MI 48066		\$ 300.00	\$ 900.00
5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>J.J. Mich</u> Business Address <u>15447 Curtis st, Roseville, MI 40866</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2	PAC Receipt? ☒ YES	4. Date of Receipt <u>10/17/2023</u>	
Name & Address: Realtors PAC of Michigan 720 N. Washington Ave. Lansing, MI 48906		\$ 250.00	\$ 750.00
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	
3. Contribution # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>10/11/2023</u>	
Name & Address: Intl. Association of Firefighters L1561 PAC 16730 E. 9 Mile Rd. Eastpointe, MI 48021		\$ 500	\$ 500
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	
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 1,050.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) 5,100.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

140278

1. Committee I. D. Number _____
2. Committee Name Committee To Michael Klinefelt

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Amazon</u> Address <u>440 Terry Ave N.</u> <u>Seattle, WA 98109</u> ☐ Fund Raiser	Purpose: <u>Zip Ties for Signs</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/1/2023</u> Date	\$ <u>14.81</u>
Expenditure #2 Name <u>Amazon</u> Address <u>440 Terry Ave N.</u> <u>Seattle, WA 98109</u> ☐ Fund Raiser	Purpose: <u>Zip Ties for Signs</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/3/2023</u> Date	\$ <u>6.35</u>
Expenditure #3 Name <u>City of Eastpointe</u> Address <u>23200 Gratiot Ave.</u> <u>Eastpointe, MI 48021</u> ☐ Fund Raiser	Purpose: <u>Voter List</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/11/2023</u> Date	\$ <u>20.00</u>
Expenditure #4 Name <u>Poppy Designs, LLC</u> Address <u>23225 Oakwood Ave.</u> <u>Eastpointe, MI 48021</u> ☐ Fund Raiser	Purpose: <u>Website Design & Hosting</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/26/2023</u> Date	\$ <u>500.00</u>
Expenditure #5 Name <u>United States Post Office</u> Address <u>22430 Gratiot Ave.</u> <u>Eastpointe, MI 48021</u> ☐ Fund Raiser	Purpose: <u>Stamps</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/18/2023</u> Date	\$ <u>132.00</u>

Subtotal this page **673.16**

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

140278

1. Committee I. D. Number _____
2. Committee Name Committee To Michael Klinefelt

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>City of Eastpointe</u> Address <u>23200 Gratiot Ave.</u> <u>Eastpointe, MI 48021</u> ☐ Fund Raiser	Purpose: <u>Voter List</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/20/2023</u> Date	\$ <u>20.00</u>
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	<u>10/18/2023</u> Date	\$ _____

Subtotal this page **20.00**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **693.16**

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140278
2. Committee Name Committee To Elect Michael Klinefelt

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: Mike Klinefelt 16143 Wilson Ave. Eastpointe, MI 48021	4. Type: <u>In-Kind Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>05/18/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>22.36</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>22.36</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: Mike Klinefelt 16143 Wilson Ave. Eastpointe, MI 48021	4. Type: <u>In-Kind Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>06/09/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>1,041.45</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>1,041.45</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: Mike Klinefelt 16143 Wilson Ave. Eastpointe, MI 48021	4. Type: <u>In-Kind Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>06/10/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>20.24</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>20.24</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$1,084.05

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

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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140278

2. Committee Name Committee To Elect Michael Klinefelt

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: Mike Klinefelt 16143 Wilson Ave. Eastpointe, MI 48021	4. Type: <u>In-Kind Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>06/22/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 65.20</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 65.20 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: Mike Klinefelt 16143 Wilson Ave. Eastpointe, MI 48021	4. Type: <u>Direct Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>06/26/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 5,000.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 5,000.00 ☐ 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)

\$5,065.20

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

\$6,149.25

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.