



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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: 10/23/2023 to 11/04/2023

1. Committee I.D. Number

139768

4. Candidate Last Name First Name M.I.

Melody Magee S

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

Warren City Council - District 1

4b. County of Residence **MACOMB**

2. Committee Name

Melody 4 Warren City Council

5. Committee's Mailing Address

**P.O. Box 5422
Warren, MI 48090**

6. Treasurer's Name & Residential Address

**P.O. Box 5422
Warren, MI 48090**

Area Code and Phone (313) 779-1666

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 (313) 779-1666

7. Treasurer's Business Address

**P.O. Box 5422
Warren, MI 48090**

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

Area Code and Phone (313) 779-1666

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

11/07/2023

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 **Melody Magee**

Type or Print Name

Signature

Date

12/07/23

Candidate **Melody Magee**

Type or Print Name

Signature

Date

12/07/23

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS**CANDIDATE COMMITTEE
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the treasurer (or designated record keeper) and candidate.3. This Statement covers From: 10/23/2023 to 11/04/2023

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139768

2. Committee Name

Melody 4 Warren City Council

5. Committee's Mailing Address

P.O. Box 5422
Warren, MI 48090Area Code and Phone (313) 779-1666If 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.

7. Treasurer's Business Address

P.O. Box 5422
Warren, MI 48090Area Code and Phone (313) 779-1666

4. Candidate Last Name

Melody

First Name

Magee

M.I.

S

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

Warren City Council - District 1

4b. County of Residence **MACOMB**

6. Treasurer's Name & Residential Address

P.O. Box 5422
Warren, MI 48090Area Code & Phone (313) 779-16668. Designated Record Keeper's Name and Address (If the committee has a
Designated Record Keeper)

Area Code and Phone _____

9. TYPE OF STATEMENT9a. ☐ 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

11/07/2023Required ONLY if candidate
is not on the ballot for the
current year:☐ July Quarterly☐ October Quarterly9c. ☐ Annual Statement (_____) Coverage Year9d. ☐ 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
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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

Melody Magee

Type or Print Name

Signature

Date

12/07/23

Candidate

Melody Magee

Type or Print Name

Signature

Date

12/07/23



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139768

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Melody Magee for Warren City Council

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>3,125.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$3,125.00</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>\$3,125.00</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>\$566.61</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>\$566.61</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>\$8,946.32</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>\$3,895.88</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$3,125.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$7,020.88</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$566.61</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$6,454.27</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139768
2. Committee Name Melody Magee 4 Warren City Council

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>10/26/2023</u>	
Name & Address: Lori Barnwell 5182 Cutty Lane 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		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/23/2023</u>	
Name & Address: Jeremy Fisher 31428 Saratoga 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		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>10/27/2023</u>	
Name & Address: UAW Region 1 27800 George Merrelli Drive Warren, MI 48092		\$ <u>3000.00</u>	\$ <u>3000.00</u>
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 \$3,125.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) \$3,125.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139768
2. Committee Name Melody Magee for Warren City Council

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Bread Basket Deli Address 29151 Dequindre Rd Madison Heights ☐ Fund Raiser	Purpose: <u>Door Knockers</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/23/2023</u> Date	<u>\$ 51.32</u> Click Here for Memo Itemization Type
Expenditure #2 Name Dollar Tree Address 23225 Michigan Ave Dearborn, MI 48124 ☐ Fund Raiser	Purpose: <u>Thank You Cards</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/24/2023</u> Date	<u>\$ 13.78</u> Click Here for Memo Itemization Type
Expenditure #3 Name BeyDunn Service Address 5500 Michigan Ave Dearborn, MI 48126 ☐ Fund Raiser	Purpose: <u>Gas</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/25/2023</u> Date	<u>\$ 45.49</u> Click Here for Memo Itemization Type
Expenditure #4 Name Amazon Address 400 9th Ave N, Seattle, WA 98109 ☐ Fund Raiser	Purpose: <u>Supplies for Poll Workers</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/27/2023</u> Date	<u>\$ 166.56</u> Click Here for Memo Itemization Type
Expenditure #5 Name Dollar Tree Address 23225 Michigan Ave Dearborn, MI 48124 ☐ Fund Raiser	Purpose: <u>Snacks for Knockers</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/28/2023</u> Date	<u>\$ 15.94</u> Click Here for Memo Itemization Type

Subtotal this page **\$293.09**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$566.61**

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139768
2. Committee Name Melody Magee for Warren City Council

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Buddy's Pizza Address 8100 Old 13 Mile Rd Warren, MI 48093 ☐ Fund Raiser	Purpose: <u>Door Knockers Meeting</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/29/2023</u> Date	<u>\$ 42.37</u> Click Here for Memo Itemization Type
Expenditure #2 Name Chili's Address 29117 Mound Rd Warren, MI 48092 ☐ Fund Raiser	Purpose: <u>Door Knockers Lunch</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/2023</u> Date	<u>\$ 47.22</u> Click Here for Memo Itemization Type
Expenditure #3 Name BeyDunn Service Address 5500 Michigan Ave Dearborn, MI 48126 ☐ Fund Raiser	Purpose: <u>Gas</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/29/2023</u> Date	<u>\$ 41.98</u> Click Here for Memo Itemization Type
Expenditure #4 Name Amazon Address 400 9th Ave N, Seattle WA 98109 ☐ Fund Raiser	Purpose: <u>Supplies for Signage</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/2023</u> Date	<u>\$ 52.40</u> Click Here for Memo Itemization Type
Expenditure #5 Name Fiverr Address 38 Greene St New York, NY 10013 ☐ Fund Raiser	Purpose: <u>Design Flyer</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31/2023</u> Date	<u>\$ 23.60</u> Click Here for Memo Itemization Type

Subtotal this page

\$207.57

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

\$566.61

Enter this total
on line 8a of
Summary Page



Duplicate

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number **139768**
2. Committee Name **Melody Magee for Warren City Council**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Bread Basket Deli Address 29151 Dequindre Rd Madison Heights ☐ Fund Raiser	Purpose: Door Knockers ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/23/2023 Date	\$ 51.32 Click Here for Memo Itemization Type
Expenditure #2 Name Dollar Tree Address 23225 Michigan Ave Dearborn, MI 48124 ☐ Fund Raiser	Purpose: Thank You Cards ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/24/2023 Date	\$ 13.78 Click Here for Memo Itemization Type
Expenditure #3 Name BeyDunn Service Address 5500 Michigan Ave Dearborn, MI 48126 ☐ Fund Raiser	Purpose: Gas ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/25/2023 Date	\$ 45.49 Click Here for Memo Itemization Type
Expenditure #4 Name Amazon Address 400 9th Ave N, Seattle, WA 98109 ☐ Fund Raiser	Purpose: Supplies for Poll Workers ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/27/2023 Date	\$ 166.56 Click Here for Memo Itemization Type
Expenditure #5 Name Dollar Tree Address 23225 Michigan Ave Dearborn, MI 48124 ☐ Fund Raiser	Purpose: Snacks for Knockers ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/28/2023 Date	\$ 15.94 Click Here for Memo Itemization Type
Subtotal this page			\$293.09
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$566.61

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 139768
2. Committee Name Melody Magee for Warren City Council

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: Melody Magee 25800 Timberline Dr. Warren, MI 48091	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>5/2-7/21</u> 6. <u>Original Amount of Debt:</u> \$ <u>100.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>100.00</u> ☐ FORGIVEN

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #2 Corp? ☐ Yes Owed to or by: Melody Magee 25800 Timberline Dr Warren, MI 48091	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$	\$ _____ ☐ FORGIVEN
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If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #3 Corp? ☐ Yes Owed to or by: Melody Magee 25800 Timberline Dr Warren, MI 48091	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$	\$ _____ ☐ FORGIVEN
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If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt) **\$100.00**

Grand Total of all Schedules 1E **\$8,946.32**
(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.