



FILED

27 OCT 2023 AM 12:02

MACOMB COUNTY CLERK
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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: 08/29/2023 to 10/22/2023

1. Committee I.D. Number

140260

2. Committee Name

CTE MICHELLE NARD FOR MAYOR

4. Candidate Last Name

NARD

First Name

MICHELLE

M.I.

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

MAYOR, WARREN

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

5. Committee's Mailing Address

**P O BOX 5161
WARREN, MI 48090**

Area Code and Phone (586) 339-6165
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

**MICHELLE NARD
7229 HUDSON AVE
WARREN, MI 48091**

Area Code & Phone (586) 339-6165

7. Treasurer's Business Address

**7229 HUDSON AVE
WARREN, MI 48091**

Area Code and Phone (586) 339-6165

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

**MICHELLE NARD
P O BOX 5161
WARREN, MI 48090**

Area Code and Phone (586) 339-6165

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

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/27/2023

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/27/2023



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140260

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE MICHELLE NARD FOR MAYOR

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>2,250.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>2,250.00</u>	(18.) \$ <u>11,870.00</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>2,250.00</u>	(20.) \$ <u>11,870.00</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>4,884.34</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>4,884.34</u>	(23.) \$ <u>11,715.46</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>0.00</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>2,788.88</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>2,250.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>5,038.88</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>4,884.34</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>154.54</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140260
2. Committee Name CTE MICHELLE NARD FOR MAYOR

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>09/15/2023</u> Name & Address: MICHELLE NARD 7229 HUDSON AVE WARREN, MI 48091	\$ <u>2,000.00</u>	\$ <u>4,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMISSIONER</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/08/2023</u> Name & Address: FELICIA JOHNSON 26000 S KNOLLWOOD DR NEW BALTIMORE, MI 48051	\$ <u>75.00</u>	\$ <u>75.00</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>10/13/2023</u> Name & Address: LANAY HARRIS 17458 PARKE LN GROSSE ILE TOWNSHIP, MI 48138	\$ <u>175.00</u>	\$ <u>2,175.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE AGENT</u> Employer <u>C-RED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		
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		

Page Subtotal

2,250.00

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

2,250.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140260
2. Committee Name CTE MICHELLE NARD FOR MAYOR

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name VISTA PRINT Address 100 HAYDEN AVE LEXINGTON, MA 02421 ☐ Fund Raiser	Purpose: <u>DOOR HANGERS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/22/2023</u> Date	\$ <u>153.00</u>
Expenditure #2 Name VISTA PRINT Address 100 HAYDEN AVE LEXINGTON, MA 02421 ☐ Fund Raiser	Purpose: <u>CAMPAIGN STICKERS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/23/2023</u> Date	\$ <u>36.66</u>
Expenditure #3 Name TEMU Address 31 ST JAMES AVE BOSTON, MA 02116 ☐ Fund Raiser	Purpose: <u>HAND SANITIZER BOTTLES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/23/2023</u> Date	\$ <u>24.70</u>
Expenditure #4 Name JRNN Address PO BOX 8003 WILLOUGHBY, OH 44096 ☐ Fund Raiser	Purpose: <u>NEWS ADS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/02/2023</u> Date	\$ <u>525.00</u>
Expenditure #5 Name C&G PUBLISHING, INC Address 13650 E ELEVEN MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: <u>NEWS AD</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/04/2023</u> Date	\$ <u>691.00</u>

Subtotal this page

1,430.36

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 140260
2. Committee Name CTE MICHELLE NARD FOR MAYOR

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name VISTA PRINT Address 100 HAYDEN AVE LEXINGTON, MA 02421 ☐ Fund Raiser	Purpose: <u>YARD SIGNS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/14/2023</u> Date	\$ <u>189.16</u>
Expenditure #2 Name RONALD MOORE Address 1001 SAGINAW ST FLINT, MI 48503 ☐ Fund Raiser	Purpose: <u>CAMPAIGN JINGLE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/15/2023</u> Date	\$ <u>250.00</u>
Expenditure #3 Name JRNN Address PO BOX 8003 WILLOUGHBY, OH 44096 ☐ Fund Raiser	Purpose: <u>NEWS PAPER ADS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/19/2023</u> Date	\$ <u>2,280.00</u>
Expenditure #4 Name C&G PUBLISHING, INC Address 13650 E ELEVEN MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: <u>NEWS AD</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/19/2023</u> Date	\$ <u>691.00</u>
Expenditure #5 Name VISTA PRINT Address 100 HAYDEN AVE LEXINGTON, MA 02421 ☐ Fund Raiser	Purpose: <u>CAMPAIGN STICKERS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/23/2023</u> Date	\$ <u>43.82</u>

Subtotal this page	3,453.98
Grand Total of all Schedules 1B (Complete on last page of Schedule)	4,884.34

Enter this total
on line 8a of
Summary Page