



FILED

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**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

140305

4. Candidate Last Name

First Name

M.I.

DWYER

DAVID

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

COUNCIL AT LARGE, WARREN

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

2. Committee Name

CTE DAVID DWYER

5. Committee's Mailing Address

**P O BOX 855
WARREN, MI 48090**

6. Treasurer's Name & Residential Address

**PEGGYANN DWYER
29529 CUNNINGHAM DRIVE
WARREN, MI 48092**

Area Code and Phone (586) 665-0705

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) 524-4488

7. Treasurer's Business Address

**29529 CUNNINGHAM DRIVE
WARREN, MI 48092**

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

Area Code and Phone (586) 524-4488

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

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

12/15/2023

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

12/15/2023



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 140305
2. Committee Name CTE DAVID DWYER

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 <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: MARK ZARKIN 27925 GOLF POINTE BLVD FARMINGTON HILLS, MI 48331 If over \$100.00 cumulative, please provide: Occupation: BUSINESS OWNER Employer Name & Business Address: LELLIS ON THE GREEN, LLC 27925 GOLF POINTE BLVD, FARMINGTON HILLS, MI 48331 ☒ Fund Raiser Contribution	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 Description <u>FOOD AND BANQUET ROOM FOR FUNDRAISER</u> 5. Date Of Receipt: <u>09/12/2023</u> 6. Vendor Name & Address: Memo Itemization Below	\$ <u>1,300.00</u>	\$ <u>1,300.00</u>
Contribution # 2 PAC Receipt? ☒ Yes Name & Address: MACOMB BUSINESS UNITED 32068 MARGARET CT WARREN, MI 48093 If over \$100.00 cumulative, please provide: Occupation: Employer 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 Description <u>WARREN WEEKLY ELECTION NEWS ADVERTISEMENT</u> 5. Date Of Receipt: <u>09/12/2023</u> 6. Vendor Name & Address: C & G NEWSPAPERS 13650 E ELEVEN MILE RD, WARREN, MI 48089 Memo Itemization Below	\$ <u>2,032.00</u>	\$ <u>2,032.00</u>
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer 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 Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: Click Here for Memo Itemization	\$ _____	\$ _____
☐ Fund Raiser Contribution			

Page Subtotal **3,332.00** **3,332.00**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **3,332.00**

Enter this total
on line 6 of Summary
Page