



FILED

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MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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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: 07/21/2023 to 10/20/2023

1. Committee I.D. Number

139377

4. Candidate Last Name First Name M.I.

RADTKE MICHAEL V

2. Committee Name

CITIZENS FOR MICHAEL RADTKE

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

COUNCIL, STERLING HEIGHTS

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

5. Committee's Mailing Address

**34205 BARRETT
STERLING HEIGHTS, MI 48312**

6. Treasurer's Name & Residential Address

**VIRGINIA LA ROSA
13515 PARKRIDGE
SHELBY TWP, MI 48315**

Area Code and Phone (586) 873-8427
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) 739-8885

7. Treasurer's Business Address

**13515 PARKRIDGE
SHELBY TWP, MI 48315**

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

Area Code and Phone (586) 739-8885

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 (2023)
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

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 lates 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

12/01/2023

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

12/01/2023



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139377

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CITIZENS FOR MICHAEL RADTKE

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>16,290.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>16,290.00</u>	(18.) \$ <u>27,930.00</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>16,290.00</u>	(20.) \$ <u>27,930.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>1,057.75</u>	(21.) \$ <u>3,935.68</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>387.96</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>387.96</u>	(23.) \$ <u>12,227.20</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>30,682.08</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>12,666.80</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>16,290.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>28,956.80</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>387.96</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>28,568.84</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139377
2. Committee Name CITIZENS FOR MICHAEL RADTKE

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? <input type="checkbox"/> YES	4. Date of Receipt <u>07/24/2023</u>	
Name & Address: TERESA BOROWSKI 243 HARROW LN SAGINAW, MI 48638		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/24/2023</u>	
Name & Address: PASHKO UJKIC 38346 PHYLLIS CT STERLING HEIGHTS, MI 48312		\$ <u>200.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>DODGE PARK CONEY ISLAND</u> Business Address <u>35252 DODGE PARK RD, STERLING HEIGHTS, MI 48312</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/24/2023</u>	
Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312		\$ <u>300.00</u>	\$ <u>3,177.93</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>WOLVERINE STRATEGIES</u> Business Address <u>13515 PARKRIDGE DR, SHELBY TWP, MI 48315</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/19/2023</u>	
Name & Address: SOLTIS JOSEPH 301 W LENAWEE ST LANSING, MI 48933		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 560.00

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

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **139377**

CANDIDATE COMMITTEE

2. Committee Name **CITIZENS FOR MICHAEL RADTKE**

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? <input type="checkbox"/> Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Business Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TWP, MI 48315 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description FOOD AT STERLING FEST 5. Date Of Receipt: 07/29/2023 6. Vendor Name & Address: THE NUT SHELL 4210 82ND ST SW, BYRON CENTER, MI 49315	\$ 5.00	\$ 3,182.93
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TWP, MI 48315 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description FOOD AT STERLING FEST 5. Date Of Receipt: 07/29/2023 6. Vendor Name & Address: DETROIT WING COMPANY 36741 VAN DYKE AVE, STERLING HEIGHTS, MI 48312	\$ 15.00	\$ 3,197.93
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TWP, MI 48315 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description FOOD AT STERLING FEST 5. Date Of Receipt: 07/31/2023 6. Vendor Name & Address: DETROIT WING COMPANY 36741 VAN DYKE AVE, STERLING HEIGHTS, MI 48312	\$ 14.00	\$ 3,211.93

Page Subtotal **34.00** **0.00**

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **139377**

CANDIDATE COMMITTEE

2. Committee Name **CITIZENS FOR MICHAEL RADTKE**

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 Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	\$ \$	
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2 Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TWP, MI 48315	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description FOOD AT MUSIC IN THE PARK 5. Date Of Receipt: 08/05/2023 6. Vendor Name & Address: SUCREE FOOD TRUCK NO STREET ADDRESS, New Baltimore, MI 48051	\$ 12.72 \$ 3,224.65	
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3 Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TWP, MI 48315	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description CAMPAIGN GIFTS 5. Date Of Receipt: 08/18/2023 6. Vendor Name & Address: TOTAL WINE 13801 LAKESIDE CIR, STERLING HEIGHTS, MI 48313	\$ 123.99 \$ 3,348.64	
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal

136.71

0.00

Grand Total of all Schedules 1-IK
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

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Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Business Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TWP, MI 48315 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description LEADERSHIP MACOMB EVENT 5. Date Of Receipt: 08/23/2023 6. Vendor Name & Address: BLACK CAT COFFEE 55 MACOMB PL, MT CLEMENS, MI 48043	\$ 5.09	\$ 3,353.73
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TWP, MI 48315 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description FOOD AT MUSIC IN THE PARK 5. Date Of Receipt: 08/24/2023 6. Vendor Name & Address: GREAT GREEK FOOD TRUCK 40620 UTICA RD, STERLING HEIGHTS, MI 48313	\$ 20.00	\$ 3,373.73
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TWP, MI 48315 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description FOOD AT MUSIC IN THE PARK 5. Date Of Receipt: 08/31/2023 6. Vendor Name & Address: BARISTA FOOD TRUCK 567 SUKAAN, Saint Clair Shores, MI 48080	\$ 7.42	\$ 3,381.15

Page Subtotal **32.51** **0.00**

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

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CANDIDATE COMMITTEE

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Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Business Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TWP, MI 48315 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description MML MEETING FOOD & BEVERAGE 5. Date Of Receipt: 10/18/2023 6. Vendor Name & Address: GRAND TRAVERSE RESORT 100 GRAND TRAVERSE VILLAGE BLV, ACME, MI 49610	\$ 107.76	\$ 3,884.76
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address: Click Here for Memo Itemization	\$	\$
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address: Click Here for Memo Itemization	\$	\$

Page Subtotal

107.76

0.00

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

1,057.75

Enter this total
on line 6 of Summary
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