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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

**RADTKE**

First Name

**MICHAEL**

M.I.

**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**

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.

6. Treasurer's Name & Residential Address

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

Area Code & Phone (586) 739-8885

7. Treasurer's Business Address

**13515 PARKRIDGE  
SHELBY TWP, MI 48315**

Area Code and Phone (586) 739-8885

8. Designated Record keeper's Name and Mailing 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  
\_\_\_\_\_

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.)

**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

**12/06/2023**

Candidate

Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

**12/06/2023**



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>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>16,290.00</u>	(20.) \$ <u>27,930.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>1,063.75</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>
<b>EXPENDITURES</b>		
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>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>387.96</u>	(23.) \$ <u>12,227.20</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (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>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed <b>by</b> the Committee (Schedule 1E)	(12a.) \$ <u>30,682.08</u>	
b. Owed <b>to</b> the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
<b>BALANCE STATEMENT</b>		
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 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: <b>MICHAEL RADTKE JR.</b> <b>34205 BARRETT DR</b> <b>STERLING HEIGHTS, MI 48312</b> If over \$100.00 cumulative, please provide: Occupation: <b>CONSULTANT</b> Employer Name & Business Address: <b>WOLVERINE STRATEGIES</b> <b>13515 PARKRIDGE DR,</b> <b>SHELBY TWP, MI 48315</b> <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- <b>LOAN</b> Description <b>EMAIL</b> 5. Date Of Receipt: <b>08/02/2023</b> 6. Vendor Name & Address: <b>G SUITE</b> <b>1600 AMPHITHEATRE PKWY,</b> <b>MOUNTAIN VIEW, CA 94043</b>	\$ <b>6.00</b>	\$ <b>3,217.93</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MICHAEL RADTKE JR.</b> <b>34205 BARRETT DR</b> <b>STERLING HEIGHTS, MI 48312</b> If over \$100.00 cumulative, please provide: Occupation: <b>CONSULTANT</b> Employer Name & Address: <b>WOLVERINE STRATEGIES</b> <b>13515 PARKRIDGE DR,</b> <b>SHELBY TWP, MI 48315</b> <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- <b>LOAN</b> Description <b>FOOD AT MUSIC IN THE PARK</b> 5. Date Of Receipt: <b>08/05/2023</b> 6. Vendor Name & Address: <b>SUCREE FOOD TRUCK</b> <b>NO STREET ADDRESS,</b> <b>New Baltimore, MI 48051</b>	\$ <b>12.72</b>	\$ <b>3,230.65</b>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MICHAEL RADTKE JR.</b> <b>34205 BARRETT DR</b> <b>STERLING HEIGHTS, MI 48312</b> If over \$100.00 cumulative, please provide: Occupation: <b>CONSULTANT</b> Employer Name & Address: <b>WOLVERINE STRATEGIES</b> <b>13515 PARKRIDGE DR,</b> <b>SHELBY TWP, MI 48315</b> <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- <b>LOAN</b> Description <b>CAMPAIGN GIFTS</b> 5. Date Of Receipt: <b>08/18/2023</b> 6. Vendor Name & Address: <b>TOTAL WINE</b> <b>13801 LAKESIDE CIR,</b> <b>STERLING HEIGHTS, MI 48313</b>	\$ <b>123.99</b>	\$ <b>3,354.64</b>

Page Subtotal

**142.71**

**0.00**

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

Enter this total  
on line 6 of Summary  
Page