



FILED

30 JAN 2024 PM 08:06

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: 10/23/2023 to 11/27/2023

1. Committee I.D. Number

140260

2. Committee Name

CTE MICHELLE NARD FOR MAYOR

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.

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**

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

01/30/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

01/30/2024



**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>10/26/2023</u>	
Name & Address: PETER CHERER 21784 LA SALLE AVE WARREN, MI 48089		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/28/2023</u>	
Name & Address: FELICIA JOHNSON 26000 S KNOLLWOOD DR NEW BALTIMORE, MI 48051		\$ <u>75.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/29/2023</u>	
Name & Address: SHANTALE NARD 33574 BERVILLE COURT WESTLAND, MI 48186		\$ <u>180.00</u>	\$ <u>180.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/05/2023</u>	
Name & Address: MICHELLE M NARD 7229 HUDSON AVE WARREN, MI 48091		\$ <u>2,150.00</u>	\$ <u>2,150.00</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			

Page Subtotal 2,655.00

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

2,655.00

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 C&G PUBLISHING, INC Address 13650 E ELEVEN MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: NEWSPAPER AD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/25/2023 Date	\$ 691.00
Expenditure #2 Name MACOMB DAILY Address 6250 METRO PKWY STERLING HEIGHTS, MI 48312 ☐ Fund Raiser	Purpose: DIGITAL ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/27/2023 Date	\$ 1,092.00
Expenditure #3 Name 5 STAR BILLBOARDS Address 2187 ORCHARD LAKE RD KEEGO HARBOR, MI 48320 ☐ Fund Raiser	Purpose: BILLBOARD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/29/2023 Date	\$ 500.00
Expenditure #4 Name 5 STAR BILLBOARDS Address 2187 ORCHARD LAKE RD KEEGO HARBOR, MI 48320 ☐ Fund Raiser	Purpose: BILLBOARD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/02/2023 Date	\$ 500.00
Expenditure #5 Name HOME DEPOT Address 25879 HOOVER RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: SUPPLIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/06/2023 Date	\$ 26.54

Subtotal this page **2,809.54**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **2,809.54**

Enter this total
on line 8a of
Summary Page