



FILED

26 JUL 2024 AM 10:01

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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: 04/23/2024 to 07/21/2024

1. Committee I.D. Number

140429

4. Candidate Last Name First Name M.I.

KEYS MICHAEL V

2. Committee Name

MIKE KEYS FOR TREASURER

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

TREASURER, CLINTON TWP

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

5. Committee's Mailing Address

**P.O. BOX 380282
CLINTON TOWNSHIP, MI 48038**

6. Treasurer's Name & Residential Address

**ALYSA DIEBOLT
23225 OAKWOOD
EASTPOINTE, MI 48021**

Area Code and Phone (586) 925-9797
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 (906) 399-9861

7. Treasurer's Business Address

**23225 OAKWOOD
EASTPOINTE, MI 48021**

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

Area Code and Phone (906) 399-9861

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

08/06/2024

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

07/26/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/26/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140429

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name MIKE KEYS FOR TREASURER

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>15,880.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>15,880.00</u>	(18.) \$ <u>15,880.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>2,000.00</u>	(19.) \$ <u>2,000.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>17,880.00</u>	(20.) \$ <u>17,880.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>7,952.94</u>	(21.) \$ <u>7,952.94</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>11,864.25</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>11,864.25</u>	(23.) \$ <u>11,864.25</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>3,570.72</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>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>17,880.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>17,880.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>11,864.25</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>6,015.75</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

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>04/23/2024</u> Name & Address: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FISCAL POLICY ANALYST</u> Employer <u>OAKLAND COUNTY</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: ☒ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/28/2024</u> Name & Address: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035		\$ <u>1.00</u>	\$ <u>1,076.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FISCAL POLICY ANALYST</u> Employer <u>OAKLAND COUNTY</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/30/2024</u> Name & Address: SUSAN DILIBERTI 41202 WORTHINGTON CLINTON TWP, MI 48038		\$ <u>12.00</u>	\$ <u>12.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>05/04/2024</u> Name & Address: SHEILA STRUNK 24106 MEADOWBRIDGE DR CLINTON TWP, MI 48035		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal

1,063.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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1. Committee I.D. Number 140429
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/05/2024</u>	
Name & Address: LINDA KOCH 30563 RIDGEFIELD AVE WARREN, MI 48088		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>05/06/2024</u>	
Name & Address: JULIE MATUZAK 38290 FAIRWAY CT #71B CLINTON TWP, MI 48038		\$ <u>100.00</u>	\$ <u>100.00</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>05/08/2024</u>	
Name & Address: ANTHONY CARDAMONE 16826 ST PAUL ST GROSSE POINTE, MI 48230		\$ <u>100.00</u>	\$ <u>100.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/14/2024</u>	
Name & Address: JEAN-PHILIPPE FALETTA 41101 WORTHINGTON CLINTON TWP, MI 48038		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 260.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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1. Committee I.D. Number 140429
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2024</u>	
Name & Address: ABDALLAH KHODER 38229 PINEBROOK DR STERLING HEIGHTS, MI 48310		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>JUAN MIGUELS</u> Business Address <u>21342 HALL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2024</u>	
Name & Address: DENNIS BRUCK 19637 LLOYD ST CLINTON TWP, MI 48038		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>05/20/2024</u>	
Name & Address: LYNN BUCCIARELLI 29345 MILTON AVE MADISON HEIGHTS, MI 48071		\$ <u>30.00</u>	\$ <u>30.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2024</u>	
Name & Address: L. ANN CAFAGNA 15320 SHERWOOD LN FRASER, MI 48026		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 590.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2024</u>	
Name & Address: LAURA CARDAMONE 16826 ST PAUL ST GROSSE POINTE, MI 48230		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOCIAL WORKER</u> Employer <u>VENTURE COUNSELING GROUP</u> Business Address <u>36401 HARPER AVE, CLINTON TWP, MI 48035</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2024</u>	
Name & Address: SHERMAN COTTINGHAM 17488 CANVASBACK DR CLINTON TWP, MI 48038		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>05/20/2024</u>	
Name & Address: MICHELLE DEBEAUSSAERT 39856 BRYLOR CT CLINTON TWP, MI 48038		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>05/20/2024</u>	
Name & Address: DEBRA DOROSH 44188 RINA LN CLINTON TWP, MI 48038		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 430.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2024</u>	
Name & Address: NANCY DUEMLING 20776 MOXON DR CLINTON TWP, MI 48036		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>05/20/2024</u>	
Name & Address: RICK FLYNN 43225 CHARDONNAY DR STERLING HEIGHTS, MI 48314		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>05/20/2024</u>	
Name & Address: JOYCE LALONDE 24801 ROSALIND AVE EASTPOINTE, MI 48021		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>05/20/2024</u>	
Name & Address: DANIEL MAHER 19706 WESTCHESTER DR CLINTON TWP, MI 48038		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADJUNCT PROFESSOR</u> Employer <u>OAKLAND UNIVERSITY</u> Business Address <u>318 MEADOW BROOK RD, AUBURN HILLS, MI 48326</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **480.00**

Grand Total of All Schedules 1A
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/20/2024</u> Name & Address: GWEN MARKHAM 45540 VIOLET LN NOVI, MI 48374		\$ <u>50.00</u>	\$ <u>50.00</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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/20/2024</u> Name & Address: BIRDIE NASH PO BOX 46541 MT CLEMENS, MI 48046		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>05/20/2024</u> Name & Address: IRENE NEY 39375 DRAKE ST CLINTON TWP, MI 48036		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>05/20/2024</u> Name & Address: RON ROBINSON 43341 POINTE DR CLINTON TWP, MI 48038		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 230.00

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/20/2024</u> Name & Address: DAVID TIRSELL 292 JONES ST MT CLEMENS, MI 48043		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>05/20/2024</u> Name & Address: NANCY VENTIMIGLIA 20141 WOODWARD ST CLINTON TWP, MI 48035		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>05/21/2024</u> Name & Address: NANCY BACKHURST 275 RIVERSIDE DR CLINTON TWP, MI 48036		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>05/21/2024</u> Name & Address: GARY CYNOWA 45451 FIELDING ST MACOMB, MI 48042		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **330.00**

Grand Total of All Schedules 1A
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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>05/21/2024</u>	
Name & Address: HENRY YANEZ 14052 BERY DR STERLING HEIGHTS, MI 48312		\$ <u>30.00</u>	\$ <u>30.00</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/22/2024</u>	
Name & Address: DAVID BURCAR 36087 EATON DR CLINTON TWP, MI 48035		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>05/25/2024</u>	
Name & Address: SUSAN DILIBERTI 41202 WORTHINGTON CLINTON TWP, MI 48038		\$ <u>100.00</u>	\$ <u>112.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>05/25/2024</u>	
Name & Address: ZENA FERRARA 29312 GILBERT DR WARREN, MI 48093		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 190.00

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2. Committee Name MIKE KEYS FOR TREASURER

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>05/25/2024</u> Name & Address: JUDY HARTWELL 25921 MARITIME CIR S HARRISON TWP, MI 48045		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>05/25/2024</u> Name & Address: FLORENCE HAYMAN 53540 GRACE DR NEW BALTIMORE, MI 48047		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>05/25/2024</u> Name & Address: LINDA PIDUTTI 37649 CHARTER OAKS BLVD CLINTON TWP, MI 48036		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>05/28/2024</u> Name & Address: GINA AIUTO 29167 E ROSE ROSEVILLE, MI 48066		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 250.00

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

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>05/28/2024</u>	
Name & Address: DENISE AQUINO 16940 FRANZISKA CT MACOMB, MI 48044		\$ <u>60.00</u>	\$ <u>60.00</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/28/2024</u>	
Name & Address: CORINNE BEDARD 16360 NORTHVIEW ST ROSEVILLE, MI 48066		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>05/28/2024</u>	
Name & Address: ALEX BRONSON 8 NORTHBOUND GRATIOT AVE MT CLEMENS, MI 48043		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>BLACKOUT PAINT</u> Business Address <u>8 NORTHBOUND GRATIOT AVE, MT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/28/2024</u>	
Name & Address: DAVID BURCAR 36087 EATON DR CLINTON TWP, MI 48035		\$ <u>30.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 370.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

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>05/28/2024</u>	
Name & Address: NANCY DUEMLING 20776 MOXON DR CLINTON TWP, MI 48036		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>05/28/2024</u>	
Name & Address: PATRICIA GERMAIN 25912 SALEM ST ROSEVILLE, MI 48066		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>05/28/2024</u>	
Name & Address: IONA MEANS 34183 VINITA ST CLINTON TWP, MI 48035		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>05/28/2024</u>	
Name & Address: AARON SQUEO 20211 ABRAHM ST CLINTON TWP, MI 48035		\$ <u>33.00</u>	\$ <u>33.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 263.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

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>05/28/2024</u>	
Name & Address: DEBBIE STALLER 57697 BROUGHTON RD RAY, MI 48096		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>05/28/2024</u>	
Name & Address: GEORGE THOMPSON 18431 MESLE ST ROSEVILLE, MI 48066		\$ <u>25.00</u>	\$ <u>25.00</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>05/28/2024</u>	
Name & Address: DONTAE WALKER 163 N RIVER RD MT CLEMENS, MI 48043		\$ <u>30.00</u>	\$ <u>30.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/28/2024</u>	
Name & Address: JENIFER WEST 6384 WHISPERING LAKE DR GAYLORD, MI 49735		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 180.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

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>05/29/2024</u>	
Name & Address: CAROLE BANNISTER 18877 S HIGHLITE DR CLINTON TWP, MI 48035		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>05/29/2024</u>	
Name & Address: DARREN BROWN 34151 VINITA ST CLINTON TWP, MI 48035		\$ <u>30.00</u>	\$ <u>30.00</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>05/29/2024</u>	
Name & Address: ROSELYN CAFAGNA-LUSK 41722 MERRIMAC CIR CLINTON TWP, MI 48038		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>05/29/2024</u>	
Name & Address: CONNIE CLAYTON 35079 CONCORD CT CLINTON TWP, MI 48035		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 190.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

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>05/29/2024</u> Name & Address: JOSEPH CUSMANO 23547 KIM DR CLINTON TWP, MI 48035		\$ <u>50.00</u>	\$ <u>50.00</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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/29/2024</u> Name & Address: CARDI A DEMONACO 23225 OAKWOOD AVE EASTPOINTE, MI 48021		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOFTWARE DEVELOPER</u> Employer <u>MI COURT OF APPEALS</u> Business Address <u>3044 W GRAND BLVD, DETROIT, MI 48202</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/29/2024</u> Name & Address: VALERIE DUSTY 56380 MEADOWLAWN DR MACOMB, MI 48042		\$ <u>100.00</u>	\$ <u>100.00</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/29/2024</u> Name & Address: SARAH ECKERT 23775 LINNE ST CLINTON TWP, MI 48035		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 290.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

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>05/29/2024</u>	
Name & Address: BARBARA GECK 39526 WALDORF DR CLINTON TWP, MI 48038		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>05/29/2024</u>	
Name & Address: SARA GIELEGHEM 37905 E HORSESHOE DR CLINTON TWP, MI 48036		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>CHIPPEWA VALLEY SCHOOL DISTRICT</u> Business Address <u>19120 CASS AVE, CLINTON TWP, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/29/2024</u>	
Name & Address: RASHIDAH HAMMOND 290 CLINTON RIVER DR MT CLEMENS, MI 48043		\$ <u>60.00</u>	\$ <u>60.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/29/2024</u>	
Name & Address: KARL HAYE 21 2ND ST MT CLEMENS, MI 48043		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **340.00**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

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>05/29/2024</u> Name & Address: GEORGE HIGGINS 18331 BREEZEWAY FRASER, MI 48026		\$ <u>40.00</u>	\$ <u>40.00</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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/29/2024</u> Name & Address: JUDITH HOUK 41032 ROSE LN CLINTON TWP, MI 48036		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>05/29/2024</u> Name & Address: ERIC JACKSON 22615 THOMSON ST CLINTON TWP, MI 48035		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>05/29/2024</u> Name & Address: MICHELE KEYS 36458 SUFFOLK ST CLINTON TWP, MI 48035		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SLOT TECH</u> Employer <u>MGM CASINO DETROIT</u> Business Address <u>1777 3RD AVE, DETROIT, MI 48226</u> Type of Contribution: ☒ Direct ☒ Loan from a person ☐ Fund Raiser			

Page Subtotal 660.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/29/2024</u>	
Name & Address: SHANNON KING 41328 RUGOSA DR CLINTON TWP, MI 48038		\$ <u>100.00</u>	\$ <u>100.00</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/29/2024</u>	
Name & Address: JIM KOPAS 126 NEW ST MT CLEMENS, MI 48043		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>05/29/2024</u>	
Name & Address: BRET KUHNHENN 5919 CHICAGO RD WARREN, MI 48092		\$ <u>100.00</u>	\$ <u>100.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/29/2024</u>	
Name & Address: JAMIE LOBDELL 23703 15 MILE RD CLINTON TWP, MI 48035		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 280.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

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>05/29/2024</u> Name & Address: DENISE MENTZER 1399 KINGSLEY ST MT CLEMENS, MI 48043		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STATE REPRESENTATIVE</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>100 N CAPITOL AVE, LANSING, MI 48933</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/29/2024</u> Name & Address: ROBERT MIJAC 43710 VIA ANTONIO DR STERLING HEIGHTS, MI 48314		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MASS MAILING LLC</u> Business Address <u>35468 MOUND RD, STERLING HEIGHTS, MI 48310</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/29/2024</u> Name & Address: LUKE MISKOKOMON 7 LESLIE ST MT CLEMENS, MI 48043		\$ <u>60.00</u>	\$ <u>60.00</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/29/2024</u> Name & Address: MEHMED MUHAREMOVIC BARNES CT MACOMB, MI 48042		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 440.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

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>05/29/2024</u>	
Name & Address: PAULINE NORWOOD 10 INCHES ST MT CLEMENS, MI 48043		\$ <u>50.00</u>	\$ <u>50.00</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/29/2024</u>	
Name & Address: KEN PEARL 38316 SANTA BARBARA ST CLINTON TWP, MI 48036		\$ <u>50.00</u>	\$ <u>50.00</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>05/29/2024</u>	
Name & Address: ANNETTE RUSSELL 20943 LANTZ ST CLINTON TWP, MI 48035		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>DAYCARE</u> Business Address <u>20943 LANTZ ST, CLINTON TWP, MI 48035</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/29/2024</u>	
Name & Address: LINDA SAFIAN 49437 NORTHWOOD CT SHELBY TWP, MI 48315		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 230.00

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

Enter this total on
line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

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>05/29/2024</u>	
Name & Address: ANGELE SMITH 38562 PALM MEADOW DR CLINTON TWP, MI 48036		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>05/29/2024</u>	
Name & Address: JOHN VECELLIO 57519 COPPER CREEK DR W WASHINGTON, MI 48094		\$ <u>30.00</u>	\$ <u>30.00</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>05/29/2024</u>	
Name & Address: KAREN VECELLIO 1741 HIGH MEADOWS BLVD OAKLAND TWP, MI 48363		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>05/29/2024</u>	
Name & Address: MIKE WARD 15977 WHITE WATER DR MACOMB, MI 48042		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **165.00**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

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>05/29/2024</u>	
Name & Address: COMMITTEE TO ELECT MIKE NOTTE PO BOX 182444 SHELBY TOWNSHIP, MI 48318		\$ <u>100.00</u>	\$ <u>100.00</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 #2	PAC Receipt? ☒ YES	4. Date of Receipt <u>05/29/2024</u>	
Name & Address: HERTEL FOR MICHIGAN 22401 LAVON ST ST CLAIR SHORES, MI 48081		\$ <u>250.00</u>	\$ <u>250.00</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>05/29/2024</u>	
Name & Address: SUSAN DILIBERTI 41202 WORTHINGTON CLINTON TWP, MI 48038		\$ <u>12.00</u>	\$ <u>124.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>05/29/2024</u>	
Name & Address: ROGER HELLER 24082 MEADOWBRIDGE DR CLINTON TWP, MI 48035		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 392.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

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>05/29/2024</u>	
Name & Address: PAUL ILLICH 34285 GROESBECK HWY CLINTON TWP, MI 48035		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>CLINTON PARTS, LLC</u> Business Address <u>34285 GROESBECK HWY, CLINTON TWP, MI 48035</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/29/2024</u>	
Name & Address: FREYA 1 WEBERMAN 10144 LUDLOW AVE HUNTINGTON WOODS, MI 48070		\$ <u>30.00</u>	\$ <u>30.00</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>05/29/2024</u>	
Name & Address: JOHN MYERS 42563 PARK CRESENT DR STERLING HEIGHTS, MI 48313		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>JMIII LLC</u> Business Address <u>42563 PARK CRESENT DR, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/29/2024</u>	
Name & Address: MICHAEL PHILLIPS 42661 CASSIN WAY CLINTON TWP, MI 48038		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>42661 CASSIN WAY, CLINTON TWP, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 480.00

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

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>06/04/2024</u> Name & Address: ROCHELLE FUQUA PO BOX 381072 CLINTON TOWNSHIP, MI 48038		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>06/04/2024</u> Name & Address: PAULA HERBART 3027 WESTCHESTER RD LANSING, MI 48911		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>06/04/2024</u> Name & Address: DAVID WOODWARD 2915 WOODLAND AVE ROYAL OAK, MI 48073		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNTY COMMISSIONER</u> Employer <u>OAKLAND COUNTY</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/04/2024</u> Name & Address: JAMES SAFIAN 1515 CHEROKEE AVE ROYAL OAK, MI 48067		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **415.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

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>06/04/2024</u>	
Name & Address: SARAH STOVALL 23628 MARLBOROUGH DR CLINTON TWP, MI 48036		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>06/04/2024</u>	
Name & Address: SAIMA KHALIL 12101 VOLPE DR STERLING HEIGHTS, MI 48312		\$ <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>06/04/2024</u>	
Name & Address: MARCIA GERSHENSON FOR COUNTY COMMISSIONER 5964 WING LAKE RD BLOOMFIELD HILLS, MI 48301		\$ <u>100.00</u>	\$ <u>100.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/04/2024</u>	
Name & Address: GERRIE BROWN 20 MILLER ST MT CLEMENS, MI 48043		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 255.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

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>06/04/2024</u>	
Name & Address: SALVATORE RANDAZZO 37180 WILLOW LN CLINTON TWP, MI 48036		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETAIL</u> Employer <u>RANDAZZO FRESH MARKET</u> Business Address <u>36800 GARFIELD RD, CLINTON TWP, MI 48035</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/05/2024</u>	
Name & Address: CAROLE BANNISTER 18877 S HIGHLITE DR CLINTON TWP, MI 48035		\$ <u>35.00</u>	\$ <u>135.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>06/06/2024</u>	
Name & Address: DOMINIC CAFAGNA 1271 N OXFORD RD GROSSE POINTE WOODS, MI 48236		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>06/06/2024</u>	
Name & Address: WALT HERZIG 320 STRATFORD RD FERNDAL, MI 48220		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY COUNTY EXECUTIVE</u> Employer <u>OAKLAND COUNTY</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,135.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

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>06/07/2024</u> Name & Address: CAROL WEIDENBACH 33269 EDGE GROVE RD FRASER, MI 48026		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>06/07/2024</u> Name & Address: DUNCAN MCGUFFIE 3066 MIDDLEBELT RD WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>100.00</u>	\$ <u>100.00</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>06/08/2024</u> Name & Address: SHEILA STRUNK 24106 MEADOWBRIDGE DR CLINTON TWP, MI 48035		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>06/11/2024</u> Name & Address: CAROLINE REID 38652 SYCAMORE MEADOW DR CLINTON TWP, MI 48036		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 210.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

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>06/15/2024</u>	
Name & Address: DONTAE WALKER 163 N RIVER RD MT CLEMENS, MI 48043		\$ <u>35.00</u>	\$ <u>65.00</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/17/2024</u>	
Name & Address: JUDY HARTWELL 25921 MARITIME CIR S HARRISON TWP, MI 48045		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>06/17/2024</u>	
Name & Address: IUPAT POLITICAL ACTION TOGETHER POLITICAL COMMITTEE 7234 PARKWAY DR HANOVER, MD 21076		\$ <u>1,000.00</u>	\$ <u>1,000.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/18/2024</u>	
Name & Address: DAVID TIRSELL 292 JONES ST MT CLEMENS, MI 48043		\$ <u>55.00</u>	\$ <u>155.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,190.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/19/2024</u>	
Name & Address: JEAN-PHILIPPE FALETTA 41101 WORTHINGTON CLINTON TWP, MI 48038		\$ <u>35.00</u>	\$ <u>65.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>06/19/2024</u>	
Name & Address: CAROLE CHI 35325 MORAVIAN DR STERLING HEIGHTS, MI 48312		\$ <u>50.00</u>	\$ <u>50.00</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>06/20/2024</u>	
Name & Address: KEN PEARL 38316 SANTA BARBARA ST CLINTON TWP, MI 48036		\$ <u>35.00</u>	\$ <u>85.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/20/2024</u>	
Name & Address: ROSELYN CAFAGNA-LUSK 41722 MERRIMAC CIR CLINTON TWP, MI 48038		\$ <u>35.00</u>	\$ <u>65.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 155.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140429
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/20/2024</u>	
Name & Address: JANICE SIEGAL 33607 CORNELISSEN DR STERLING HEIGHTS, MI 48312		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>06/20/2024</u>	
Name & Address: JOANN STRINGFELLOW 3051 CENTRAL BLVD MILFORD TWP, MI 48380		\$ <u>35.00</u>	\$ <u>35.00</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>06/20/2024</u>	
Name & Address: TRACY STOLZENFELD 8706 SHORE DR DAVISBURG, MI 48350		\$ <u>35.00</u>	\$ <u>35.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/20/2024</u>	
Name & Address: CHRISTINA HINES 4817 LA CHENE DR WARREN, MI 48092		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 155.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/20/2024</u>	
Name & Address: ANGELE SMITH 38562 PALM MEADOW DR CLINTON TWP, MI 48036		\$ <u>50.00</u>	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>06/20/2024</u>	
Name & Address: SARA GIELEGHEM 37905 E HORSESHOE DR CLINTON TWP, MI 48036		\$ <u>75.00</u>	\$ <u>175.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>CHIPPEWA VALLEY SCHOOL DISTRICT</u> Business Address <u>19120 CASS AVE, CLINTON TWP, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/20/2024</u>	
Name & Address: VALERIE RUFFINO 43306 COVE CT STERLING HEIGHTS, MI 48313		\$ <u>100.00</u>	\$ <u>100.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/20/2024</u>	
Name & Address: MARGARET HADER 46109 SHOAL DR MACOMB, MI 48044		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **325.00**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

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>06/20/2024</u> Name & Address: GINA GARCIA 863 MANDERLY DR MILFORD TWP, MI 48381		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>06/20/2024</u> Name & Address: ELIZABETH PUGH 22641 KATZMAN ST CLINTON TWP, MI 48035		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>06/20/2024</u> Name & Address: CHRISTINE DUDA 22703 SHIELL ST CLINTON TWP, MI 48035		\$ <u>35.00</u>	\$ <u>35.00</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/20/2024</u> Name & Address: ABIGAIL GIELEGHEM 37905 E HORSESHOE DR CLINTON TWP, MI 48036		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **405.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

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>06/20/2024</u>	
Name & Address: STEPHANIE LANGE 46109 SHOAL DR MACOMB, MI 48044		\$ <u>45.00</u>	\$ <u>45.00</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/20/2024</u>	
Name & Address: VALERIE DUSTY 56380 MEADOWLAWN DR MACOMB, MI 48042		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>06/20/2024</u>	
Name & Address: ANNETTE RUSSELL 20943 LANTZ ST CLINTON TWP, MI 48035		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>DAYCARE</u> Business Address <u>20943 LANTZ ST, CLINTON TWP, MI 48035</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/20/2024</u>	
Name & Address: KRYSTAL GORDON 39431 WALDORF DR CLINTON TWP, MI 48038		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 245.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/20/2024</u>	
Name & Address: IONA MEANS 34183 VINITA ST CLINTON TWP, MI 48035		\$ <u>35.00</u>	\$ <u>135.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>06/20/2024</u>	
Name & Address: AARON SQUEO 20211 ABRAHM ST CLINTON TWP, MI 48035		\$ <u>70.00</u>	\$ <u>103.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLITICAL DIRECTOR</u> Employer <u>UFCW</u> Business Address <u>26495 AMERICAN DR, SOUTHFIELD, MI 48034</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/20/2024</u>	
Name & Address: LINDA KOCH 30563 RIDGEFIELD AVE WARREN, MI 48088		\$ <u>35.00</u>	\$ <u>65.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>06/20/2024</u>	
Name & Address: SHANNON KING 41328 RUGOSA DR CLINTON TWP, MI 48038		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>ATI MATERIALS</u> Business Address <u>2021 MCKINNEY AVE, DALLAS, TX 75201</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

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Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/20/2024</u> Name & Address: GEORGE HIGGINS 18331 BREEZEWAY FRASER, MI 48026		\$ <u>35.00</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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/20/2024</u> Name & Address: GARY CYNOWA 45451 FIELDING ST MACOMB, MI 48042		\$ <u>20.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>06/20/2024</u> Name & Address: FLORENCE HAYMAN 53540 GRACE DR NEW BALTIMORE, MI 48047		\$ <u>20.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>06/20/2024</u> Name & Address: L. ANN CAFAGNA 15320 SHERWOOD LN FRASER, MI 48026		\$ <u>35.00</u>	\$ <u>65.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **110.00**

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

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>06/20/2024</u>	
Name & Address: DELORA PAULL 17765 E KIRKWOOD DR CLINTON TWP, MI 48038		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>06/20/2024</u>	
Name & Address: NANCY VENTIMIGLIA 20141 WOODWARD ST CLINTON TWP, MI 48035		\$ <u>30.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>06/20/2024</u>	
Name & Address: DEBRA DOROSH 44188 RINA LN CLINTON TWP, MI 48038		\$ <u>35.00</u>	\$ <u>65.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>06/20/2024</u>	
Name & Address: KAREN DEPGUPTA 44536 N BUNKER HILL DR CLINTON TWP, MI 48038		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 135.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

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>06/20/2024</u> Name & Address: KATHLEEN BRUMBAUGH 43738 CATAWBA DR CLINTON TWP, MI 48038		\$ <u>35.00</u>	\$ <u>35.00</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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/20/2024</u> Name & Address: DENNIS BRUCK 19637 LLOYD ST CLINTON TWP, MI 48038		\$ <u>35.00</u>	\$ <u>65.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>06/20/2024</u> Name & Address: RON ROBINSON 43341 POINTE DR CLINTON TWP, MI 48038		\$ <u>35.00</u>	\$ <u>85.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>06/20/2024</u> Name & Address: HAROLD BREWER 21371 CASS AVE CLINTON TWP, MI 48036		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 155.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

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>06/20/2024</u>	
Name & Address: MARGARETTE CAFAGNA 722 SUNSET LN EAST LANSING, MI 48823		\$ <u>50.00</u>	\$ <u>50.00</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/20/2024</u>	
Name & Address: SARAH STOVALL 23628 MARLBOROUGH DR CLINTON TWP, MI 48036		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>06/20/2024</u>	
Name & Address: LINDA PIDUTTI 37649 CHARTER OAKS BLVD CLINTON TWP, MI 48036		\$ <u>70.00</u>	\$ <u>170.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>06/20/2024</u>	
Name & Address: CAROLINE REID 38652 SYCAMORE MEADOW DR CLINTON TWP, MI 48036		\$ <u>70.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 240.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

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>06/20/2024</u> Name & Address: NANCY ENTWISTLE 49587 BISHOP CT SHELBY TWP, MI 48315		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>06/20/2024</u> Name & Address: JAMES O'BRIEN 42041 LITTLE RD CLINTON TWP, MI 48036		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>06/20/2024</u> Name & Address: PAUL ILLICH 34285 GROESBECK HWY CLINTON TWP, MI 48035		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>CLINTON PARTS, LLC</u> Business Address <u>34285 GROESBECK HWY, CLINTON TWP, MI 48035</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/20/2024</u> Name & Address: WILLIAM SOWERBY 3380 WOODHILL CIR SUPERIOR TWP, MI 48198		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 400.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/20/2024</u>	
Name & Address: DIANA WEIR 36232 SUFFOLK ST CLINTON TWP, MI 48035		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>06/20/2024</u>	
Name & Address: MICHAEL PHILLIPS 42661 CASSIN WAY CLINTON TWP, MI 48038		\$ <u>100.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>42661 CASSIN WAY, CLINTON TWP, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/20/2024</u>	
Name & Address: RICK FLYNN 43225 CHARDONNAY DR STERLING HEIGHTS, MI 48314		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>06/20/2024</u>	
Name & Address: KEITH HARDMAN 34388 MARINO ST CLINTON TWP, MI 48035		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

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Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140429
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/20/2024</u>	
Name & Address: ERIC JACKSON 22615 THOMSON ST CLINTON TWP, MI 48035		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>06/20/2024</u>	
Name & Address: BARBARA GECK 39526 WALDORF DR CLINTON TWP, MI 48038		\$ <u>130.00</u>	\$ <u>280.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>06/22/2024</u>	
Name & Address: JACK ELLIS 21700 STATLER ST ST CLAIR SHORES, MI 48081		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>06/26/2024</u>	
Name & Address: BIRDIE NASH PO BOX 46541 MT CLEMENS, MI 48046		\$ <u>25.00</u>	\$ <u>55.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **355.00**

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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

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>06/26/2024</u>	
Name & Address: DEAN DIBASIO 18198 MILLAR RD CLINTON TWP, MI 48036		\$ <u>50.00</u>	\$ <u>50.00</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/26/2024</u>	
Name & Address: COMMITTEE TO ELECT ANGELA POWELL 1044 WILLIAMSON CIR PONTIAC, MI 48340		\$ <u>50.00</u>	\$ <u>50.00</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>06/28/2024</u>	
Name & Address: FRED MILLER 51 GROSSE PINES DR ROCHESTER HILLS, MI 48309		\$ <u>100.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY COUNTY CLERK</u> Employer <u>OAKLAND COUNTY</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/30/2024</u>	
Name & Address: SUSAN DILIBERTI 41202 WORTHINGTON CLINTON TWP, MI 48038		\$ <u>12.00</u>	\$ <u>136.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 212.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

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>06/30/2024</u>	
Name & Address: VERONICA KLINEFELT 16143 WILSON AVE EASTPOINTE, MI 48021		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STATE SENATOR</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>100 N CAPITOL AVE, LANSING, MI 48933</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/03/2024</u>	
Name & Address: HAROLD BREWER 21371 CASS AVE CLINTON TWP, MI 48036		\$ <u>30.00</u>	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>07/03/2024</u>	
Name & Address: ZENA FERRARA 29312 GILBERT DR WARREN, MI 48093		\$ <u>35.00</u>	\$ <u>65.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>07/03/2024</u>	
Name & Address: DORIS MODRAK 17177 KINGSBROOKE CIR CLINTON TWP, MI 48038		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 200.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

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>07/11/2024</u> Name & Address: CORINNE BEDARD 16360 NORTHVIEW ST ROSEVILLE, MI 48066		\$ <u>30.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>07/17/2024</u> Name & Address: PATRICIA HORNUNG 14568 CRILLON DR CLINTON TWP, MI 48038		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>07/17/2024</u> Name & Address: PLUMBERS LOCAL 98 - STATE PAC FUND 700 TOWER DR TROY, MI 48098		\$ <u>200.00</u>	\$ <u>200.00</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/17/2024</u> Name & Address: DEBRA SAFIAN 51482 FOX HILL TRAIL NEW BALTIMORE, MI 48047		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 295.00

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

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>07/17/2024</u>	
Name & Address: DEBRA BELANGER 624 1/2 E FRONT MONROE, MI 48161		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>07/17/2024</u>	
Name & Address: LOIS MURRAY 20169 MERLE CT CLINTON TWP, MI 48035		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>07/17/2024</u>	
Name & Address: SHEET METAL WORKERS LOCAL 80 - PAC 17100 W 12 MILE RD 2ND FLOOR SOUTHFIELD, MI 48076		\$ <u>280.00</u>	\$ <u>280.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/18/2024</u>	
Name & Address: CAROLE BANNISTER 18877 S HIGHLITE DR CLINTON TWP, MI 48035		\$ <u>50.00</u>	\$ <u>185.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **415.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

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>07/20/2024</u>	
Name & Address: SUSAN DILIBERTI 41202 WORTHINGTON CLINTON TWP, MI 48038		\$ <u>50.00</u>	\$ <u>186.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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>07/20/2024</u>	
Name & Address: ANDRE SMITH 1452 BRIDGE ST NW UNIT 2 GRAND RAPIDS, MI 49504		\$ <u>30.00</u>	\$ <u>30.00</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>07/20/2024</u>	
Name & Address: AARON SNOVER 5623 GLENWOOD COURT CLARKSTON, MI 48346		\$ <u>50.00</u>	\$ <u>50.00</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 # 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 **130.00**

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

15,880.00

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line 3a of Summary
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**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1**

CANDIDATE COMMITTEE

1. Committee I.D. Number **140429**
2. Committee Name **MIKE KEYS FOR TREASURER**

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: FRIENDS OF MIKE KEYS #139276 PO BOX 381284 CLINTON TOWNSHIP, MI 48038	Date of Receipt 07/18/2024	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☒ Other (Specify) TRANSFER OF FUNDS FROM	\$ 2,000.00
Receipt #2 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Receipt #3 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Receipt #4 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Receipt #5 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Receipt #6 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Receipt #7 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Page Subtotal			2,000.00
Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			2,000.00

Enter this total on
line 4 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **140429**

CANDIDATE COMMITTEE

2. Committee Name **MIKE KEYS FOR TREASURER**

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: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035 If over \$100.00 cumulative, please provide: Occupation: FISCAL POLICY ANALYST Employer Name & Business Address: OAKLAND COUNTY 1200 N TELEGRAPH, PONTIAC, MI 48341 ☐ 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 PO BOX 5. Date Of Receipt: 04/23/2024 6. Vendor Name & Address: USPS 42383 GARFIELD RD, CLINTON TWP, MI 48038	\$ 75.00	\$ 1,075.00
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: ALYSA DIEBOLT 23225 OAKWOOD AVE EASTPOINTE, MI 48021 If over \$100.00 cumulative, please provide: Occupation: ARTIST Employer Name & Address: BRICK TOWN GLASS 23225 OAKWOOD AVE, EASTPOINTE, MI 48021 ☐ 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 LABELS 5. Date Of Receipt: 04/30/2024 6. Vendor Name & Address: OFFICE DEPOT 33840 SOUTHBOUND GRATIOT AVE, CLINTON TWP, MI 48035	\$ 43.86	\$ 43.86
Contribution #3 PAC Receipt? ☐ Yes Name & Address: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035 If over \$100.00 cumulative, please provide: Occupation: FISCAL POLICY ANALYST Employer Name & Address: OAKLAND COUNTY 1200 N TELEGRAPH, PONTIAC, MI 48341 ☐ 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 ENVELOPES 5. Date Of Receipt: 05/01/2024 6. Vendor Name & Address: AMAZON 440 TERRY AVE N, SEATTLE, WA 98109	\$ 41.86	\$ 1,117.86

Page Subtotal **160.72** **0.00**

Grand Total of all Schedules 1-IK
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Enter this total
on line 6 of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

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: FRIENDS OF MIKE KEYS #139276 PO BOX 381284 CLINTON TOWNSHIP, MI 48038 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business 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>TRANSFER OF STAMPS FROM #139276</u> 5. Date Of Receipt: <u>05/01/2024</u> 6. Vendor Name & Address:	\$ <u>3,018.00</u>	\$ <u>3,018.00</u>
☐ Fund Raiser Contribution			
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: FRIENDS OF MIKE KEYS #139276 PO BOX 381284 CLINTON TOWNSHIP, MI 48038 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>TRANSFER OF POSTCARDS #139276</u> 5. Date Of Receipt: <u>05/01/2024</u> 6. Vendor Name & Address:	\$ <u>1,200.00</u>	\$ <u>4,218.00</u>
☐ Fund Raiser Contribution			
Contribution #3 PAC Receipt? ☐ Yes Name & Address: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035 If over \$100.00 cumulative, please provide: Occupation: <u>FISCAL POLICY ANALYST</u> Employer Name & Address: OAKLAND COUNTY 1200 N TELEGRAPH, PONTIAC, MI 48341	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>OFFICE SUPPLIES</u> 5. Date Of Receipt: <u>05/02/2024</u> 6. Vendor Name & Address: AMAZON 440 TERRY AVE N, SEATTLE, WA 98109	\$ <u>16.84</u>	\$ <u>1,134.70</u>
☐ Fund Raiser Contribution			

Page Subtotal 4,234.84 4,218.00

Grand Total of all Schedules 1-IK
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on line 6 of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **140429**

CANDIDATE COMMITTEE

2. Committee Name **MIKE KEYS FOR TREASURER**

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: ALYSA DIEBOLT 23225 OAKWOOD AVE EASTPOINTE, MI 48021 If over \$100.00 cumulative, please provide: Occupation: ARTIST Employer Name & Business Address: BRICK TOWN GLASS 23225 OAKWOOD AVE, EASTPOINTE, MI 48021 ☐ 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 LABELS 5. Date Of Receipt: 05/10/2024 6. Vendor Name & Address: OFFICE SUPPLY (ONLINE) 302 INDUSTRIAL DR, COLUMBUS, WI 53925	\$ 80.35	\$ 124.21
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035 If over \$100.00 cumulative, please provide: Occupation: FISCAL POLICY ANALYST Employer Name & Address: OAKLAND COUNTY 1200 N TELEGRAPH, PONTIAC, MI 48341 ☐ 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 ADOBE 5. Date Of Receipt: 05/10/2024 6. Vendor Name & Address: ADOBE 345 PARK AVE, SAN JOSE, CA 95110	\$ 13.77	\$ 1,148.47
Contribution #3 PAC Receipt? ☐ Yes Name & Address: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035 If over \$100.00 cumulative, please provide: Occupation: FISCAL POLICY ANALYST Employer Name & Address: OAKLAND COUNTY 1200 N TELEGRAPH, PONTIAC, MI 48341 ☐ 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 ONLINE DATA STORAGE 5. Date Of Receipt: 05/17/2024 6. Vendor Name & Address: APPLE ONE APPLE PARK WAY, CUPERTINO, CA 95014	\$ 9.99	\$ 1,158.46

Page Subtotal

104.11

124.21

Grand Total of all Schedules 1-IK
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on line 6 of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **140429**

CANDIDATE COMMITTEE

2. Committee Name **MIKE KEYS FOR TREASURER**

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: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035 If over \$100.00 cumulative, please provide: Occupation: FISCAL POLICY ANALYST Employer Name & Business Address: OAKLAND COUNTY 1200 N TELEGRAPH, PONTIAC, MI 48341 ☐ 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 COMMUNITY EVENT SUPPLIES 5. Date Of Receipt: 05/22/2024 6. Vendor Name & Address: CATTLEMAN'S 25226 VAN DYKE AVE, CENTER LINE, MI 48015	\$ 43.16	\$ 1,201.62
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035 If over \$100.00 cumulative, please provide: Occupation: FISCAL POLICY ANALYST Employer Name & Address: OAKLAND COUNTY 1200 N TELEGRAPH, PONTIAC, MI 48341 ☒ 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 FUNDRAISER FOOD 5. Date Of Receipt: 05/29/2024 6. Vendor Name & Address: KUHNHENN'S 36000 GROESBECK HWY, CLINTON TWP, MI 48035	\$ 664.64	\$ 1,866.26
Contribution #3 PAC Receipt? ☐ Yes Name & Address: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035 If over \$100.00 cumulative, please provide: Occupation: FISCAL POLICY ANALYST Employer Name & Address: OAKLAND COUNTY 1200 N TELEGRAPH, PONTIAC, MI 48341 ☐ 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 YARD SIGNS 5. Date Of Receipt: 06/04/2024 6. Vendor Name & Address: SAWICKI & SONS 1521 W LAFAYETTE BLVD, DETROIT, MI 48216	\$ 682.11	\$ 2,548.37

Page Subtotal **1,389.91** **0.00**

Grand Total of all Schedules 1-IK
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on line 6 of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **140429**

CANDIDATE COMMITTEE

2. Committee Name **MIKE KEYS FOR TREASURER**

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: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035 If over \$100.00 cumulative, please provide: Occupation: FISCAL POLICY ANALYST Employer Name & Business Address: OAKLAND COUNTY 1200 N TELEGRAPH, PONTIAC, MI 48341 ☐ 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 ADOBE 5. Date Of Receipt: 06/10/2024 6. Vendor Name & Address: ADOBE 345 PARK AVE, SAN JOSE, CA 95110	\$ 13.77	\$ 2,562.14
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035 If over \$100.00 cumulative, please provide: Occupation: FISCAL POLICY ANALYST Employer Name & Address: OAKLAND COUNTY 1200 N TELEGRAPH, PONTIAC, MI 48341 ☐ 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 TSHIRTS 5. Date Of Receipt: 06/10/2024 6. Vendor Name & Address: TARGET 33860 SOUTHBOUND GRATIOT AVE, CLINTON TWP, MI 48035	\$ 47.49	\$ 2,609.63
Contribution #3 PAC Receipt? ☐ Yes Name & Address: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035 If over \$100.00 cumulative, please provide: Occupation: FISCAL POLICY ANALYST Employer Name & Address: OAKLAND COUNTY 1200 N TELEGRAPH, PONTIAC, MI 48341 ☐ 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 VINYL FOR TSHIRTS 5. Date Of Receipt: 06/10/2024 6. Vendor Name & Address: MICHAELS 32471 GRATIOT AVE, ROSEVILLE, MI 48066	\$ 31.78	\$ 2,641.41

Page Subtotal

93.04

0.00

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

SCHEDULE 1-IK

1. Committee I. D. Number **140429**

CANDIDATE COMMITTEE

2. Committee Name **MIKE KEYS FOR TREASURER**

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: FRED MILLER 51 GROSSE PINES DR ROCHESTER HILLS, MI 48309 If over \$100.00 cumulative, please provide: Occupation: DEPUTY COUNTY CLERK Employer Name & Business Address: OAKLAND COUNTY 1200 N TELEGRAPH, PONTIAC, MI 48341 ☐ 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 YARD SIGN WIRES 5. Date Of Receipt: 06/10/2024 6. Vendor Name & Address:	\$ 300.00	\$ 300.00
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035 If over \$100.00 cumulative, please provide: Occupation: FISCAL POLICY ANALYST Employer Name & Address: OAKLAND COUNTY 1200 N TELEGRAPH, PONTIAC, MI 48341 ☐ 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 YARD SIGNS 5. Date Of Receipt: 06/17/2024 6. Vendor Name & Address: SAWICKI & SONS 1521 W LAFAYETTE BLVD, DETROIT, MI 48216	\$ 682.11	\$ 3,323.52
Contribution #3 PAC Receipt? ☐ Yes Name & Address: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035 If over \$100.00 cumulative, please provide: Occupation: FISCAL POLICY ANALYST Employer Name & Address: OAKLAND COUNTY 1200 N TELEGRAPH, PONTIAC, MI 48341 ☐ 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 ONLINE DATA STORAGE 5. Date Of Receipt: 06/17/2024 6. Vendor Name & Address: APPLE ONE APPLE PARK WAY, CUPERTINO, CA 95014	\$ 9.99	\$ 3,333.51

Page Subtotal **992.10** **300.00**

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

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

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: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035 If over \$100.00 cumulative, please provide: Occupation: FISCAL POLICY ANALYST Employer Name & Business Address: OAKLAND COUNTY 1200 N TELEGRAPH, PONTIAC, MI 48341 ☒ 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 FUNDRAISER FOOD 5. Date Of Receipt: 06/19/2024 6. Vendor Name & Address: CATTLEMAN'S 25226 VAN DYKE AVE, CENTER LINE, MI 48015	\$ 139.80	\$ 3,473.31
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035 If over \$100.00 cumulative, please provide: Occupation: FISCAL POLICY ANALYST Employer Name & Address: OAKLAND COUNTY 1200 N TELEGRAPH, PONTIAC, MI 48341 ☒ 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 FUNDRAISER FOOD 5. Date Of Receipt: 06/20/2024 6. Vendor Name & Address: GFS 34300 GRATIOT AVE, CLINTON TWP, MI 48035	\$ 134.88	\$ 3,608.19
Contribution #3 PAC Receipt? ☐ Yes Name & Address: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035 If over \$100.00 cumulative, please provide: Occupation: FISCAL POLICY ANALYST Employer Name & Address: OAKLAND COUNTY 1200 N TELEGRAPH, PONTIAC, MI 48341 ☐ 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 OFFICE SUPPLIES 5. Date Of Receipt: 06/26/2024 6. Vendor Name & Address: AMAZON 440 TERRY AVE N, SEATTLE, WA 98109	\$ 15.67	\$ 3,623.86

Page Subtotal **290.35** **0.00**

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

SCHEDULE 1-IK

1. Committee I. D. Number **140429**

CANDIDATE COMMITTEE

2. Committee Name **MIKE KEYS FOR TREASURER**

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: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035 If over \$100.00 cumulative, please provide: Occupation: FISCAL POLICY ANALYST Employer Name & Business Address: OAKLAND COUNTY 1200 N TELEGRAPH, PONTIAC, MI 48341 ☐ 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 PRINTER, PAPER, INK 5. Date Of Receipt: 07/01/2024 6. Vendor Name & Address: OFFICE DEPOT 33840 SOUTHBOUND GRATIOT AVE, CLINTON TWP, MI 48035	\$ 294.56	\$ 3,918.42
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035 If over \$100.00 cumulative, please provide: Occupation: FISCAL POLICY ANALYST Employer Name & Address: OAKLAND COUNTY 1200 N TELEGRAPH, PONTIAC, MI 48341 ☐ 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 LABELS 5. Date Of Receipt: 07/02/2024 6. Vendor Name & Address: AMAZON 440 TERRY AVE N, SEATTLE, WA 98109	\$ 59.71	\$ 3,978.13
Contribution #3 PAC Receipt? ☐ Yes Name & Address: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035 If over \$100.00 cumulative, please provide: Occupation: FISCAL POLICY ANALYST Employer Name & Address: OAKLAND COUNTY 1200 N TELEGRAPH, PONTIAC, MI 48341 ☐ 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 OFFICE SUPPLIES 5. Date Of Receipt: 07/02/2024 6. Vendor Name & Address: AMAZON 440 TERRY AVE N, SEATTLE, WA 98109	\$ 22.23	\$ 4,000.36

Page Subtotal **376.50** **0.00**

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

SCHEDULE 1-IK

1. Committee I. D. Number **140429**

CANDIDATE COMMITTEE

2. Committee Name **MIKE KEYS FOR TREASURER**

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: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035 If over \$100.00 cumulative, please provide: Occupation: FISCAL POLICY ANALYST Employer Name & Business Address: OAKLAND COUNTY 1200 N TELEGRAPH, PONTIAC, MI 48341 ☐ 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 LABELS 5. Date Of Receipt: 07/03/2024 6. Vendor Name & Address: AMAZON 440 TERRY AVE N, SEATTLE, WA 98109	\$ 69.85	\$ 4,070.21
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035 If over \$100.00 cumulative, please provide: Occupation: FISCAL POLICY ANALYST Employer Name & Address: OAKLAND COUNTY 1200 N TELEGRAPH, PONTIAC, MI 48341 ☐ 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 LABELS 5. Date Of Receipt: 07/03/2024 6. Vendor Name & Address: AMAZON 440 TERRY AVE N, SEATTLE, WA 98109	\$ 86.39	\$ 4,156.60
Contribution #3 PAC Receipt? ☐ Yes Name & Address: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035 If over \$100.00 cumulative, please provide: Occupation: FISCAL POLICY ANALYST Employer Name & Address: OAKLAND COUNTY 1200 N TELEGRAPH, PONTIAC, MI 48341 ☐ 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 ENVELOPES 5. Date Of Receipt: 07/09/2024 6. Vendor Name & Address: AMAZON 440 TERRY AVE N, SEATTLE, WA 98109	\$ 116.55	\$ 4,273.15

Page Subtotal **272.79** **0.00**

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

SCHEDULE 1-IK

1. Committee I. D. Number **140429**

CANDIDATE COMMITTEE

2. Committee Name **MIKE KEYS FOR TREASURER**

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: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035 If over \$100.00 cumulative, please provide: Occupation: FISCAL POLICY ANALYST Employer Name & Business Address: OAKLAND COUNTY 1200 N TELEGRAPH, PONTIAC, MI 48341 ☐ 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 ADOBE 5. Date Of Receipt: 07/12/2024 6. Vendor Name & Address: ADOBE 345 PARK AVE, SAN JOSE, CA 95110	\$ 13.77	\$ 4,286.92
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035 If over \$100.00 cumulative, please provide: Occupation: FISCAL POLICY ANALYST Employer Name & Address: OAKLAND COUNTY 1200 N TELEGRAPH, PONTIAC, MI 48341 ☐ 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 OFFICE SUPPLIES 5. Date Of Receipt: 07/16/2024 6. Vendor Name & Address: AMAZON 440 TERRY AVE N, SEATTLE, WA 98109	\$ 14.82	\$ 4,301.74
Contribution #3 PAC Receipt? ☐ Yes Name & Address: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035 If over \$100.00 cumulative, please provide: Occupation: FISCAL POLICY ANALYST Employer Name & Address: OAKLAND COUNTY 1200 N TELEGRAPH, PONTIAC, MI 48341 ☐ 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 ONLINE DATA STORAGE 5. Date Of Receipt: 07/17/2024 6. Vendor Name & Address: APPLE ONE APPLE PARK WAY, CUPERTINO, CA 95014	\$ 9.99	\$ 4,311.73

Page Subtotal **38.58** **4,311.73**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **7,952.94**

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140429**
2. Committee Name **MIKE KEYS FOR TREASURER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FREESTAR FINANCIAL Address 37570 SOUTHBOUND GRATIOT AVE CLINTON TWP, MI 48036 ☐ Fund Raiser	Purpose: ACCOUNT FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/31/2024 Date	\$ 5.00
Expenditure #2 Name C&G NEWSPAPERS Address 13650 E ELEVEN MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: AD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/11/2024 Date	\$ 2,506.00
Expenditure #3 Name MICHAEL KEYS Address 35316 JAMESTOWN DR CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: REIMBURSEMENT ☒ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/24/2024 Date	\$ 1,364.22
Expenditure #4 Name MASS MAILING Address 35468 MOUND RD STERLING HEIGHTS, MI 48310 ☐ Fund Raiser	Purpose: MAIL SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/27/2024 Date	\$ 7,009.78
Expenditure #5 Name FREESTAR FINANCIAL Address 37570 SOUTHBOUND GRATIOT AVE CLINTON TWP, MI 48036 ☐ Fund Raiser	Purpose: CHECKS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/02/2024 Date	\$ 25.25

Subtotal this page **10,910.25**

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 **140429**
2. Committee Name **MIKE KEYS FOR TREASURER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: MAILERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/06/2024 Date	\$ 954.00
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Subtotal this page			954.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)			11,864.25

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>04/23/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 75.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>75.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>04/23/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>1,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: ALYSA DIEBOLT 23225 OAKWOOD AVE EASTPOINTE, MI 48021	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>04/30/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 43.86</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>43.86</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

1,118.86

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/01/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 41.86</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>41.86</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/02/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 16.84</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>16.84</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: ALYSA DIEBOLT 23225 OAKWOOD AVE EASTPOINTE, MI 48021	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/10/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 80.35</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>80.35</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

139.05

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/10/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>13.77</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>13.77</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/17/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>9.99</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>9.99</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/22/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>43.16</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>43.16</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

66.92

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/29/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 664.64</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 664.64</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: MICHELE KEYS 36458 SUFFOLK ST CLINTON TWP, MI 48035	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/29/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 500.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 500.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/04/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 682.11</u>	<u>06/24/24 \$ 682.11</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 682.11</u>	<u>\$ 0.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				

Page Subtotal (Outstanding debt)

1,164.64

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/10/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>13.77</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>13.77</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/10/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>47.49</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>47.49</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/10/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>31.78</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>31.78</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

93.04

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
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Debt #1 Corp? ☐ Yes Owed to or by: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/17/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 682.11</u>	06/24/24 \$ <u>682.11</u> \$ \$ \$ \$	\$ <u>682.11</u>	\$ <u>0.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/17/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 9.99</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>9.99</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/19/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 139.80</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>139.80</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

149.79

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

This Schedule itemizes:

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Debt #1 Corp? ☐ Yes Owed to or by: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/20/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 134.88</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 134.88</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/26/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 15.67</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 15.67</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/01/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 294.56</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 294.56</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

445.11

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

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Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
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Debt #1 Corp? ☐ Yes Owed to or by: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/02/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 59.71</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 59.71</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/02/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 22.23</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 22.23</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/03/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 69.85</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 69.85</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

151.79

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

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DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/03/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 86.39</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>86.39</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/09/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 116.55</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>116.55</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/12/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 13.77</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>13.77</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

216.71

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
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Debt #1 Corp? ☐ Yes Owed to or by: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/16/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>14.82</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>14.82</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: MICHAEL KEYS 35316 JAMESTOWN DR CLINTON TWP, MI 48035	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/17/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>9.99</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>9.99</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

24.81

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

3,570.72

Enter this total
on line 12a "owed
by" or line 12b
"owed to" of the
Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **140429**
2. Committee Name **MIKE KEYS FOR TREASURER**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 05/29/2024	4. Number of Individuals Attending or Participating (whichever is greater) 100	5. Type of Fund Raising Activity FUNDRAISER	6. Address and Name (If any) of the place where the activity was held. KUHNHENN BREWERY 36000 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Private Residence
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7. Total Contributions **7,843.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **7,843.00**
10. Total Cost of Event **664.64**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140429
2. Committee Name MIKE KEYS FOR TREASURER

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>06/20/2024</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>80</u>	5. Type of Fund Raising Activity <u>FUNDRAISER</u>	6. Address and Name (If any) of the place where the activity was held. <u>KEYS RESIDENCE</u> <u>36458 SUFFOLK ST</u> <u>CLINTON TWP, MI 48035</u> ☒ Private Residence
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7. Total Contributions 4,360.00
8. Other Receipts 0.00
9. Gross Receipts (Add lines 7 and 8) 4,360.00
10. Total Cost of Event 274.68
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
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