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MACOMB COUNTY CLERK
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**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number 140407		3. This Statement covers From: <u>08/27/2024</u> to <u>10/20/2024</u>	
2. Committee Name CTE DEREK WILCZYNSKI		4. Candidate Last Name WILCZYNSKI First Name DEREK M.I. 4a. Office Sought Including District # or Community Served (If applicable) TRUSTEE, CLINTON TWP 4b. County of Residence MACOMB COUNTY	
5. Committee's Mailing Address 41927 STANDISH CLINTON TOWNSHIP, MI 48038 Area Code and Phone <u>(586) 491-6617</u> If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		6. Treasurer's Name & Residential Address KURT BROADBRIDGE 45619 THORN TREE LANE MACOMB, MI 48044 Area Code & Phone <u>(586) 330-9829</u>	
7. Treasurer's Business Address 45619 THORN TREE LANE MACOMB, MI 48044 Area Code and Phone <u>(586) 330-9829</u>		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone <u>() -</u>	
9. TYPE OF STATEMENT 9a. ☒ Pre-Election OR 9b. ☐ Post-Election Pre-Election or Post-Election Statement relates to: ☐ Primary ☒ General ☐ Convention ☐ Special ☐ School ☐ Caucus Date of Election, Convention or Caucus <u>11/05/2024</u>		Required ONLY if candidate is not on the ballot for the current year: ☐ July Quarterly ☐ October Quarterly 9c. ☐ Annual Statement () Coverage Year 9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) 9e. Dissolution of Candidate Committee ☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record keeper _____ Type or Print Name		Signature _____ Submitted electronically, signature on file Date <u>10/25/2024</u>	
Candidate _____ Type or Print Name		Signature _____ Submitted electronically, signature on file Date <u>10/25/2024</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140407

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE DEREK WILCZYNSKI

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>125.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>125.00</u>	(18.) \$ <u>6,295.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>125.00</u>	(20.) \$ <u>6,295.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>725.76</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>3,831.90</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>3,831.90</u>	(23.) \$ <u>4,334.34</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>0.00</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>5,667.56</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>125.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>5,792.56</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>3,831.90</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1,960.66</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140407
2. Committee Name CTE DEREK WILCZYNSKI

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>09/24/2024</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 _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/24/2024</u> Name & Address: DIANE IRONS 18656 CRANBROOK DR CLINTON TWP, MI 48038 \$ <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 _____ Name & Address: _____ _____ _____ \$ _____ \$ _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization
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		Click Here for Memo Itemization



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140407**
2. Committee Name **CTE DEREK WILCZYNSKI**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name DEREK WILCZYNSKI Address 41927 STANDISH DR CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: LOAN REPAYMENT ☒ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/08/2024 Date	\$ 760.76
Expenditure #2 Name HOME DEPOT Address 20777 HALL RD MACOMB, MI 48044 ☐ Fund Raiser	Purpose: SUPPLIES / GROMMET KIT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/08/2024 Date	\$ 21.14
Expenditure #3 Name YOUNIQUE CARDS Address 42816 WILLSHARON ST STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: PRINTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/09/2024 Date	\$ 742.00
Expenditure #4 Name C&G NEWSPAPERS Address 13695 E 11 MILE RD WARREN, MI 48088 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/16/2024 Date	\$ 1,480.00
Expenditure #5 Name MEMORY TIME Address 2280 CUMBERLAND RD ROCHESTER HILLS, MI 48307 ☐ Fund Raiser	Purpose: CREATIVE, DESIGN, CONSULTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/27/2024 Date	\$ 203.00

Subtotal this page **3,206.90**
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 140407
2. Committee Name CTE DEREK WILCZYNSKI

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MEMORY TIME Address 2280 CUMBERLAND RD ROCHESTER HILLS, MI 48307 ☐ Fund Raiser	Purpose: <u>CONSULTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/27/2024</u> Date	\$ <u>375.00</u>
Expenditure #2 Name MIRAGE BANQUET CENTER Address 16980 18 MILE RD CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: <u>NON-FUNDRAISER DINNER EVENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/27/2024</u> Date	\$ <u>250.00</u>
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	625.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)	3,831.90

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140407
2. Committee Name CTE DEREK WILCZYNSKI

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: DEREK WILCZYNSKI 41927 STANDISH DR CLINTON TWP, MI 48038	4. Type: <u>LOAN FROM CANDIDATE</u> 5. <u>Date Debt Was Incurred:</u> <u>04/29/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 35.00</u>	09/08/24 \$ <u>35.00</u> \$ \$ \$ \$	\$ <u>35.00</u>	\$ <u>0.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? ☐ Yes Owed to or by: DEREK WILCZYNSKI 41927 STANDISH DR CLINTON TWP, MI 48038	4. Type: <u>LOAN FROM CANDIDATE</u> 5. <u>Date Debt Was Incurred:</u> <u>07/18/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 725.76</u>	09/08/24 \$ <u>725.76</u> \$ \$ \$ \$	\$ <u>725.76</u>	\$ <u>0.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
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)

0.00

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

0.00

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.