

CANDIDATE COMMITTEE COVER PAGE

FILED 25 JUL 2025 PM 04:38

MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

3. This Statement covers From: 01/01/2025 to 07/20/2025 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 4. Candidate Last Name M.I. **MICHAEL** V RADTKE 139377 4a. Office Sought Including District # or Community Served (If applicable) 2. Committee Name **COUNCIL, STERLING HEIGHTS** CITIZENS FOR MICHAEL RADTKE 4b. County of Residence MACOMB COUNTY 5. Committee's Mailing Address 6. Treasurer's Name & Residential Address 34205 BARRETT VIRGINIA LA ROSA STERLING HEIGHTS, MI 48312 13515 PARKRIDGE SHELBY TWP, MI 48315 Area Code and Phone (586) 873-8427

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may Area Code & Phone (586) 739-8885 be sent to this address by the filing official. 7. Treasurer's Business Address 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) 13515 PARKRIDGE SHELBY TWP, MI 48315 Area Code and Phone (586) 739-8885 Area Code and Phone 9e. Dissolution of Candidate Committee 9. TYPE OF STATEMENT Required ONLY if candidate 9a. X Pre-Election OR 9b. Post-Election By checking this item I/We certify any outstanding debt is not on the ballot for the current year: by the committee to the candidate or his or her spouse is here Pre-Election or Post-Election Statement relates to: by discharged and forgiven, and no longer collectible from July Quarterly the committee. The committee has no oustanding assets, X Primary owes no lates fees or has any oustanding debt. October Quarterly General Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Convention Special Annual Statement (Effective date of dissolution Coverage Year School Amendment to Campaign Statement (Complete Item 9a, 9b , 9c or 9e to Caucus Note: The disposition of residual funds must be reported on indicate which Statement is being Schedule 1B and the Summary Page. amended.) Date of Election, Convention or Caucus 08/05/2025 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. Submitted electronically. Current Treasurer or signature on file 07/25/2025 Designated Record keeper Date Type or Print Name Signature Submitted electronically, 07/25/2025 signature on file Candidate Date Type or Print Name Signature

1. Committee I.D. Number 139377

SUMMARY PAGE CANDIDATE COMMITTEE

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	04 400 00	,
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 21,186.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 21,186.00	(18.) \$ 62,865.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _0.00	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 21,186.00	(20.) \$ 62,865.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 3,538.65	(21.) \$ 10,759.65
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$ 0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 9,343.37	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 9,343.37	(23.) \$ 33,931.28
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS		
(Add Line 10a + Line 10b)	(11.) \$ 0.00	(24.) \$ 0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>37,033.07</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0.00	
	BALANCE STATEMENT	<u> </u>
13. Ending Balance of last report filed	(13.) \$ 29,957.13	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ <u>21,186.00</u>	
(Line 5, Total Contributions & Other Receipts)		
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(15.) = \$ <u>51,143.13</u>	
(Add lines 9 and 11)	(16.) - \$ 9,343.37	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 41,799.76	



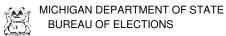
1. Committee I.D. Number

139377

CANDIDATE COMMITTEE

2. Committee Name

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 04/25/2025 Name & Address: KATE BAKER 1615 BEAUFIELD ST FERNDALE, MI 48220 5. If over \$100.00 cumulative, please provide:	_{\$} 50.00	_{\$} 50.00
Occupation Employer		
Business Address Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/10/2025		
Name & Address MINDY MOORE 11530 SHORT DR WARREN, MI 48093	_{\$} 200.00	_{\$} 400.00
5. If over \$100.00 cumulative, please provide:		
Occupation COURT REPORTER Employer FREELANCE REPORTERS, INC		
Business Address 11530 SHORT DR, WARREN, MI 48093		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/12/2025 Name & Address: MARC KASZUBSKI 1096 BROMPTON RD ROCHESTER HILLS, MI 48309	<u>\$200.00</u>	_{\$} 400.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer O'REILLY RANCILIO P.C.		
Business Address 12900 HALL RD, STERLING HEIGHTS, MI 48313		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/15/2025 Name & Address RUTH BENNETT 5605 WOODVIEW DR STERLING HEIGHTS, MI 48314	§30.00	_{\$} 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
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)	Enter this total on line 3a of Summary	
Page 1 of 27	Page.	



1. Committee I.D. Number

139377

CANDIDATE COMMITTEE

CITIZENS FOR MICHAEL RADTKE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all 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 05/16/2025 Name & Address: ALAN CASMERE 28836 PANAMA ST WARREN, MI 48092	_s 500.00	_{\$} 2,140.00
5. If over \$100.00 cumulative, please provide: Occupation SELF EMPLOYED Employer FRIENDLY OUTDOOR STORAGE Business Address 33400 MAPLE LN DR, STERLING HEIGHTS, MI 48312 Type of Contribution: Direct Loan from a person Fund Raiser	Ψ	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/16/2025 Name & Address AVIS CHOULAGH 48528 ISOLA DR SHELBY TWP, MI 48315	_{\$} 500.00	_{\$} 2,070.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer AVIS CHOULAGH LAW PLLC Business Address 32059 UTICA RD, FRASER, MI 48026 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/16/2025 Name & Address: BARBARA WOJTAS 44134 KENDYL DR STERLING HEIGHTS, MI 48314	§ 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/17/2025 Name & Address LINDA KOCH 30563 RIDGEFIELD AVE WARREN, MI 48088	_{\$} 20.00	_{\$} 70.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	1,070.00 Enter this total on line 3a of Summary	

Page 2 of 27

line 3a of Summary Page.



CANDIDATE COMMITTEE

1. Committee I.D. Number ____139377

2. Committee Name

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 05/19/2025 Name & Address: JOHN FENN 13288 LILLIAN LN STERLING HEIGHTS, MI 48313 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer	_{\$} 100.00	_{\$} 450.00
Business Address Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/19/2025 Name & Address CYNTHIA DENARDIS 36664 RIDGECROFT DR STERLING HEIGHTS, MI 48312 5. If over \$100.00 cumulative, please provide:	_{\$} 50.00	_{\$} 175.00
Occupation NOT EMPLOYED Employer		
Business Address Type of Contribution:		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/19/2025 Name & Address: JOHNY URGILES 415 ARGYLE RD BROOKLYN, NY 11218	<u>\$ 100.00</u>	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/20/2025 Name & Address LUKE BONNER 4875 SAWGRASS DR W ANN ARBOR, MI 48108	_{\$} 100.00	_{\$_} 450.00
5. If over \$100.00 cumulative, please provide:		
Occupation CEO Employer THE BONNER ADVISORY GROUP		
Business Address 1054 S MAIN ST, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	Enter this total on line 3a of Summary	-



1. Committee I.D. Number

139377

CANDIDATE COMMITTEE

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 05/20/2025 Name & Address: DOMINIC F MOCERI 2577 SUMMERLIN CT ROCHESTER, MI 48306	_{\$} 300.00	§ 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation DEVELOPER Employer MYSTIC COVE ORION		
Business Address 10 S PARK BLVD, LAKE ORION, MI 48362		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/20/2025 Name & Address		
WALTER NOWINSKI		
930 GALVIN DR	_{\$} 100.00	, 100.00
EL CERRITO, CA 94530	Ψ	\$
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 05/21/2025 Name & Address: MICHIGAN REGIONAL COUNCIL OF CARPENTERS PAC 11687 AMERICAN AVENUE DETROIT, MI 48204	_{\$} 1,000.00	_{\$} 3,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/21/2025 Name & Address JOHN BOLOGNA 19135 SAXON DR BEVERLY HILLS, MI 48025	_{\$} 500.00	_{\$_} 1,450.00
5. If over \$100.00 cumulative, please provide:		
Occupation REAL ESTATE Employer BMRS PROPERTY		
Business Address 33100 SCHOENHERR RD, STERLING HEIGHTS, MI 48312		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,900.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page 4 of 27	Enter this total on line 3a of Summary Page.	



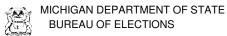
ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number

139377

2. Committee Name

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 all 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 05/21/2025 Name & Address: NIHESHKUMAR PATEL 2041 SOMERVILLE RD ROCHESTER HILLS, MI 48307 5. If over \$100.00 cumulative, please provide:	_{\$} 100.00	_{\$} 100.00
Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/21/2025 Name & Address PIYUSH ANAM 5361 LIVERNOIS RD TROY, MI 48098	\$350.00	§ 350.00
5. If over \$100.00 cumulative, please provide: Occupation Supervisor software engineer Employer CONTINENTAL AUTOMOTIVE SYSTEMS		
Business Address 2400 EXECUTIVE HILLS DR, AUBURN HILLS, MI 48326 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/21/2025 Name & Address: JAMES MCNULTY 5065 BAYLEAF DR STERLING HEIGHTS, MI 48314	<u>\$200.00</u>	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/21/2025 Name & Address LORENZO CAVALIERE 90 DEEPLANDS CT GROSSE POINTE SHORES, MI 48236	_{\$} 150.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide:		
Occupation REAL ESTATE DEVELOPER Employer CAVALIERE COMPANIES		
Business Address 30078 SCHOENHERR RD, WARREN, MI 48088		
Type of Contribution: Loan from a person Fund Raiser	200.00	<u> </u>
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 5 of 27	Enter this total on line 3a of Summary Page.	

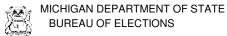


ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number

139377

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 all 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 05/23/2025 Name & Address: TONY ANSARA 41658 GARDEN WAY DR STERLING HEIGHTS, MI 48314	_{\$} 100.00	_{\$} 100.00
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 05/27/2025		
Name & Address ANDREW PAYTON		
431 OHIO AVE	_{\$} 25.00	_{\$} 25.00
HARRISONBURG, VA 22801	\$ <u>20.00</u>	<u>\$ 20.00</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 05/27/2025 Name & Address: ABE SOBH 11055 23 MILE RD SHELBY TOWNSHIP, MI 48316	\$30.00	_{\$} 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution:	1	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/27/2025 Name & Address LAURA HORNSHAW 1911 AUTUMN LN LANSING, MI 48912	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	255.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	_1
Page 6 of 27	line 3a of Summary Page.	



139377

CANDIDATE COMMITTEE

2. Committee Name

1. Committee I.D. Number

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 all 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 05/27/2025 Name & Address: BRIAN KERN 54482 RIDGEVIEW DR SHELBY TOWNSHIP, MI 48316 5. If over \$100.00 cumulative, please provide:	_{\$} 100.00	_{\$} 100.00
Occupation Employer		
Business Address Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/27/2025 Name & Address JOE ORAM 4585 ARLINE DR WEST BLOOMFIELD, MI 48323	<u>\$ 100.00</u>	_{\$} 400.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/27/2025 Name & Address: LARRY SCOTT 12900 HALL RD STERLING HEIGHTS, MI 48313	\$200.00	\$ 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer O'REILLY RANCILIO P.C.		
Business Address 12900 HALL RD, STERLING HEIGHTS, MI 48313 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/27/2025 Name & Address KEVIN DENHA		
700 N OLD WOODWARD AVE BIRMINGHAM, MI 48009	\$1,000.00	_{\$} 1,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation REAL ESTATE Employer SELF-EMPLOYED		
Business Address 700 N OLD WOODWARD AVE, BIRMINGHAM, MI 48009		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,400.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page 7 of 27	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number

139377

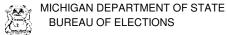
CANDIDATE COMMITTEE

2. Committee Name CITIZENS FOR MICHAEL RADTKE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/27/2025 Name & Address: MICHAEL MACDONALD 18890 SAN QUENTIN DR LATHRUP VILLAGE, MI 48076	_{\$} 300.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation CIVIL ENGINEER Employer HUBBELL ROTH & CLARK INC. Business Address 555 HULET DR, BLOOMFIELD HILLS, MI 48302 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/29/2025 Name & Address GARY CYNOWA 45451 FIELDING ST MACOMB, MI 48042	_{\$} 60.00	_{\$} 360.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/02/2025 Name & Address: CAROLE CHI 35325 MORAVIAN DR STERLING HEIGHTS, MI 48312	_{\$} 60.00	_{\$} 190.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/02/2025 Name & Address BIRDIE NASH 29484 ASHLAND AVE HARRISON TOWNSHIP, MI 48045	_{\$} 30.00	_{\$} 30.00
5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Loan from a person		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	450.00 Enter this total on line 3a of Summary	-

Page 8 of 27

Page.



1. Committee I.D. Number

139377

CANDIDATE COMMITTEE

2. Committee Name

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 all 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 06/03/2025 Name & Address: LINDA KOCH 30563 RIDGEFIELD AVE WARREN, MI 48088 5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer	_{\$} 40.00	_{\$} 110.00
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/04/2025 Name & Address RONNIE MCCABE 34546 MAPLE LN DR STERLING HEIGHTS, MI 48312	\$60.00	_{\$} 60.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/04/2025 Name & Address: DINA SHARGABIAN STUBER 5784 LIMESTONE DR TROY, MI 48085	<u>\$ 100.00</u>	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/05/2025 Name & Address BRENDA WILSON 8434 CROSSMAN DR STERLING HEIGHTS, MI 48312	_{\$} 60.00	_{\$} 60.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	260.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page _ of _ 27	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number

139377

CANDIDATE COMMITTEE

2. Committee Name CITIZENS FOR MICHAEL RADTKE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/05/2025 Name & Address: STEVE BENEDETTINI 2250 AVON LAKE LN ROCHESTER HILLS, MI 48307	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation PRESIDENT Employer SPALDING DEDECKER ASSOCIATES		
Business Address 905 E SOUTH BLVD, ROCHESTER HILLS, MI 48307 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/05/2025 Name & Address JOHN DINKA 37279 FIORE TRAIL	_* 500.00	_{\$} 2,000.00
CLINTON TWP, MI 48036 5. If over \$100.00 cumulative, please provide:	\$	<u>\$, </u>
Occupation DENTIST Employer DINKA DENTAL Business Address 35100 TIFFANY DR, STERLING HEIGHTS, MI 48312 Type of Contribution: Direct Loan from a person Fund Raiser		
Type of Contribution: Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/05/2025		
Name & Address: THOMAS KEMP 8459 TIPSICO TRAIL HOLLY, MI 48442	\$200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation PRESIDENT Employer KEMP BUILDING & DEVELOPMENT Business Address 275 W GIRARD AVE, MADISON HEIGHTS, MI 48071 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? VES 4. Date of Receipt 06/05/2025 Name & Address BRICKLAYERS LOCAL NO. 2 MICHIGAN PAC 21031 RYAN RD WARREN, MI 48091	_{\$} 200.00	_{\$} 1,270.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Page Subtotal	1,400.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
10 07	Enter this total on line 3a of Summary	

Page 10 of 27

Page.



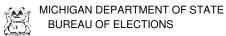
1. Committee I.D. Number 139

139377

CANDIDATE COMMITTEE

2. Committee Name

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 all 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 06/05/2025 Name & Address: SCOTT LOCKWOOD 950 SOUTHDOWN RD BLOOMFIELD HILLS, MI 48304 5. If over \$100.00 cumulative, please provide: Occupation CIVIL ENGINEER Employer ANDERSON ECKSTEIN AND WESTRICK INC.	_{\$} 200.00	_{\$} 200.00
Occupation CIVIL ENGINEER Employer ANDERSON ECKSTEIN AND WESTRICK INC. Business Address 51301 SCHOENHERR RD, SHELBY TOWNSHIP, MI 48315 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/05/2025 Name & Address STEPHEN PANGORI 8106 ROSEBUD LN CLARKSTON, MI 48348	_{\$} 200.00	_{\$} 900.00
5. If over \$100.00 cumulative, please provide: Occupation CIVIL ENGINEER Employer ANDERSON ECKSTEIN AND WESTRICK		
Business Address 51301 SCHOENHERR RD, SHELBY TWP, MI 48315 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/05/2025 Name & Address: GARY KOTLARZ 23456 LIBERTY ST ST CLAIR SHORES, MI 48080	_{\$} 150.00	_{\$} 350.00
5. If over \$100.00 cumulative, please provide: Occupation RESTAURANT OWNER Employer ROGER'S ROOST Business Address 33626 SCHOENHERR RD, STERLING HEIGHTS, MI 48312 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/05/2025 Name & Address BARBARA PECKHAM 42217 ARCADIA DR STERLING HEIGHTS, MI 48313	_{\$} 100.00	_{\$} _200.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	Ta-a-a-	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 11 of 27	Enter this total on line 3a of Summary Page.	



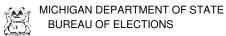
1. Committee I.D. Number

139377

CANDIDATE COMMITTEE

2. Committee Name

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 all 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 06/05/2025 Name & Address: CTE PAUL WOJNO FOR STATE SENATE 32025 MARGARET CT WARREN, MI 48093 5. If over \$100.00 cumulative, please provide: Occupation Employer	_{\$} 100.00	_{\$} 300.00
Business Address Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/05/2025 Name & Address JOE SCORDALAKES 34304 BARRETT DR STERLING HEIGHTS, MI 48312 5. If over \$100.00 cumulative, please provide:	_{\$} 70.00	_{\$} 170.00
Occupation RETIRED Employer		
Business Address Type of Contribution:		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/05/2025 Name & Address: PATRICIA BELANGER 1924 NW FEDERAL HWY STUART, FL 34994	_{\$} 60.00	_{\$} 460.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/05/2025 Name & Address JOHN CROWTHER 4292 GRATIOT AVE PORT HURON, MI 48060	_{\$} 50.00	_{\$} 50.00
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 (Complete on last page of Schedule) Page 12 of 27	Enter this total on line 3a of Summary Page.	

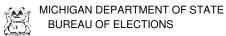


ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number

139377

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 all 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 06/05/2025 Name & Address: DIANE YOUNG 13250 IRVINGTON DR WARREN, MI 48088	_{\$} 50.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation FINANCIAL PLANNER Employer ARROWROOT FAMILY OFFICE Business Address 725 BARCLAY CIR, ROCHESTER HILLS, MI 48307 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/06/2025 Name & Address NATHAN PETRUSAK 13738 GRANDEUR AVE UTICA, MI 48315	\$ 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/08/2025 Name & Address: JUSTIN ALISA 43338 FOREST CREEK CT STERLING HEIGHTS, MI 48314	_{\$} 120.00	_{\$} 120.00
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer J & M PLAZA Business Address 36833 RYAN RD, STERLING HEIGHTS, MI 48310 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/09/2025 Name & Address HATHERLY HOLDINGS 41374 MARKSWAY CT STERLING HEIGHTS, MI 48314	_{\$} 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 13 of 27	Enter this total on line 3a of Summary Page.	-



1. Committee I.D. Number

139377

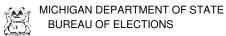
CANDIDATE COMMITTEE

2. Committee Name CITIZENS FOR MICHAEL RADTKE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all 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 06/09/2025 Name & Address: DONALD DENAULT 15731 MARCIE DR FRASER, MI 48026	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/09/2025 Name & Address BARBARA GECK 39526 WALDORF DR CLINTON TWP, MI 48038	_{\$} 100.00	_{\$} 350.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/09/2025 Name & Address: LISA BLAZEVSKI 31253 GAY ST ROSEVILLE, MI 48066 5. If over \$100.00 cumulative, please provide:	_{\$} 200.00	§ 300.00
Occupation ASSISTANT PROSECUTING ATTORNEY Employer MACOMB COUNTY PROSECUTOR'S OFFICE Business Address 1 S MAIN ST, MT CLEMENS, MI 48043 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/09/2025 Name & Address ASHLEY KOWALSKI 35728 KENSINGTON AVE STERLING HEIGHTS, MI 48312	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	500.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	

Page 14 of 27

line 3a of Summary Page.



1. Committee I.D. Number

139377

CANDIDATE COMMITTEE

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 06/10/2025 Name & Address: NATHAN INKS		
11848 ANGUS CIR	500.00	1 500 00
STERLING HEIGHTS, MI 48312	<u>\$ 300.00</u>	_{\$} 1,500.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer BLOOM SLUGGETT, PC		
Business Address 161 OTTAWA AVE NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser	_	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/10/2025		_
Name & Address		
BARBARA WOJTAS 44134 KENDYL DR	_{\$} 20.00	_{\$} 70.00
STERLING HEIGHTS, MI 48314	\$ <u></u> 20.00	\$ / U.UU
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 06/10/2025 Name & Address: ZAK ESSAK 47653 ROBINS NEST DR	_{\$} 100.00	_{\$} 200.00
SHELBY TWP, MI 48315		
5. If over \$100.00 cumulative, please provide:		
Occupation MANAGER Employer VENEZIA GRAND BANQUET HALL		
Business Address 42300 VAN DYKE AVE, STERLING HEIGHTS, MI 48314 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/11/2025 Name & Address HUNTER NERONI 13949 BILLETTE DR	_s 100.00	_{\$} 100.00
STERLING HEIGHTS, MI 48313	*	Φ
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	720.00	
Grand Total of All Schedules 1A		-
(Complete on last page of Schedule)	Enter this total on	J
Page 15 of 27	line 3a of Summary Page.	



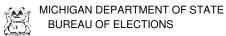
1. Committee I.D. Number

139377

CANDIDATE COMMITTEE

2. Committee Name

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 all 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 06/11/2025 Name & Address: WILLIAM WATCH 4626 RAMBLING DR	200.00	¢ 200.00
TROY, MI 48098	_{\$} 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation REAL ESTATE Employer FIRST COMMERCIAL REALTY		
Business Address 27600 NORTHWESTERN HWY, SOUTHFIELD, MI 48034		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/11/2025 Name & Address		
NATE SHANNON		
43313 INTERLAKEN DR	_s 100.00	_s 250.00
STERLING HEIGHTS, MI 48313	·	Ψ
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/11/2025 Name & Address: JEREMY FISHER 31428 SARATOGA AVE WARREN, MI 48093	<u>\$ 100.00</u>	_{\$} 100.00
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 06/11/2025 Name & Address GEORGE HIGGINS 18331 BREEZEWAY	_s 100.00	<u>100.00</u>
FRASER, MI 48026	\$ 100.00	\$ <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	500.00	_
Grand Total of All Schedules 1A		
(Complete on last page of Schedule) Page16of27	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number

139377

CANDIDATE COMMITTEE

2. Committee Name

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 all 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 06/11/2025 Name & Address: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	_{\$} 60.00	_{\$} 60.00
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 06/11/2025	-	
Name & Address DIANNA SOLOMON 677 SELDEN ST DETROIT, MI 48201	§ 60.00	_{\$} 60.00
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 06/11/2025 Name & Address: JEFFREY SCHRODER 1592 E LINCOLN ST BIRMINGHAM, MI 48009	_{\$} 100.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer PLUNKETT COONEY		
Business Address 38505 WOODWARD AVE, BLOOMFIELD HILLS, MI 48304		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/11/2025 Name & Address CTE MICHAEL NOTTE 48728 JAMIE CIR SHELBY TOWNSHIP, MI 48317	_{\$} 100.00	_{\$_} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	320.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Francis to to to	
Page 17 of 27	Enter this total on line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number

139377

2. Committee Name CITIZENS FOR MICHAEL RADTKE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all 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 06/11/2025 Name & Address: NICK NAJJAR 436 MAYAPPLE CT ROCHESTER HILLS, MI 48307	_{\$} 100.00	_{\$} 400.00
5. If over \$100.00 cumulative, please provide: Occupation REALTOR Employer NEW MICHIGAN REALTY Business Address 850 STEPHENSON HWY, TROY, MI 48083 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/11/2025 Name & Address DAVID BRELOSKI 33555 CORNELISSEN DR STERLING HEIGHTS, MI 48312 5. If over \$100.00 cumulative, please provide:	_{\$} 100.00	_{\$} 100.00
OccupationEmployer Business Address Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/11/2025 CTE DEREK MILLER 4350 CREEKWOOD CT ROCHESTER, MI 48306	_{\$} 100.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution:		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 06/11/2025 Name & Address BHUPENDRA PATEL 38314 SAN ANGELO DR STERLING HEIGHTS, MI 48312	_{\$} 100.00	_{\$} _100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	400.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	

Page 18 of 27

line 3a of Summary Page.



1. Committee I.D. Number 139377

SCHEDULE IA	i. Committee i.D. Num		
CANDIDATE COMMITTEE	2. Committee Name	CITIZENS FOR M	IICHAEL RADTKE
Enter contributor's name and address. If contribution is from an individual, middle initial. Check box to indicate if contribution is from a Political Commi		ne, 6. Amount	7. Cumulative for Election Cycle for Each
Committee (PAC) Report all contributions regardless of amount.			Contributor (Through

Committee (PAC) Report <u>all</u> contributions regardless of amount.		Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/11/2025 Name & Address: SANJAYKUMAR PATEL 33049 WENDY DR STERLING HEIGHTS, MI 48310	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/11/2025 Name & Address CHARLES TURNBULL 2640 BARBERRY DR SHELBY TOWNSHIP, MI 48316	\$_100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/11/2025 Name & Address: WINIFRED DECHAVEZ 11922 TAHITI DR STERLING HEIGHTS, MI 48312	\$ 120.00	_{\$} 170.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/11/2025 Name & Address BENEDICT PROPERTY HOLDING LLC 19500 HALL RD CLINTON TOWNSHIP, MI 48038	\$200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	520.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page 19 of 27	Enter this total on line 3a of Summary Page.	



SCHEDULE 1A

1. Committee I.D. Number ___

139377

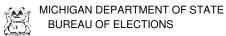
CANDIDATE COMMITTEE

2. Committee Name

CITIZENS FOR MICHAEL RADTKE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/11/2025 Name & Address: MAHMOOD FAROOQI 34648 FONTANA DR STERLING HEIGHTS, MI 48312	_{\$} 200.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation RESEARCH CHEMIST Employer ALDOA COMPANY Business Address 12727 WESTWOOD ST, DETROIT, MI 48223 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? VES 4. Date of Receipt 06/11/2025 Name & Address SHEET METAL WORKERS LOCAL 80 PAC 17100 W 12 MILE RD SOUTHFIELD, MI 48076	_{\$} 280.00	_{\$} 1,420.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/11/2025 SHADY ABDELHAMID 3824 POPPLETON CT TROY, MI 48084	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Business Address 3951 METRO PKWY, STERLING HEIGHTS, MI 48310 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? VES 4. Date of Receipt 06/11/2025 Name & Address CHALDEAN CHAMBER P.A.C. 2075 WALNUT LAKE ROAD WEST BLOOMFIELD, MI 48323	_{\$} 500.00	_{\$_} 2,500.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		_
Page Subtotal	1,480.00	-
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	J

Page 20 of 27

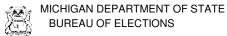


1. Committee I.D. Number

139377

CANDIDATE COMMITTEE

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 all 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 06/11/2025 Name & Address: MICHAEL I GILSON 37378 VAN DYKE AVE STERLING HEIGHTS, MI 48312	_{\$} 500.00	_{\$} 880.00
5. If over \$100.00 cumulative, please provide:	<u></u>	
Occupation EXECUTIVE Employer CROSSROADS PLAZA		
Business Address 37378 VAN DYKE AVE, STERLING HEIGHTS, MI 48312		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/11/2025		
Name & Address PASHKO UJKIC		
38346 PHYLLIS CT	° 500.00	_{\$} 1,690.00
STERLING HEIGHTS, MI 48312	\$ <u> </u>	\$ 1,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer DODGE PARK CONEY ISLAND		
Business Address 35252 DODGE PARK RD, STERLING HEIGHTS, MI 48312		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/11/2025 DED JUNCEVIC		
52756 BLUERIDGE DR. SHELBY TOWNSHIP, MI 48316	\$ 2,000.00	_{\$} 3,750.00
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer UTICA VAN DYKE TOWING		
Business Address 43500 UTICA RD, STERLING HEIGHTS, MI 48314		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/12/2025 Name & Address JAMES SKLAR		
5591 WILD RIDGE LANE	§50.00	50.00
WEST BLOOMFIELD, MI 48322	\$ 00:00	\$ <u>00.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	0.000	1
Page Subtotal	3,050.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		J
Page 21 of 27	Enter this total on line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

139377

1. Committee I.D. Number

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 all 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 06/15/2025 Name & Address: ADAM HELLEBUYCK 25831 VILLAGE GREEN BLVD HARRISON TOWNSHIP, MI 48045 5. If over \$100.00 cumulative, please provide:	_{\$} 250.00	_{\$} 250.00
Occupation TEACHER Employer UNIVERSITY LIGGETT SCHOOL		
Business Address 1045 COOK RD, GROSSE POINTE WOODS, MI 48236		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/16/2025 Name & Address		
REN NUSHAJ		
168 MELANIE LN	_{\$} 100.00	_{\$} 100.00
TROY, MI 48098	*	Ψ
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 06/16/2025 Name & Address: DANIEL LIPTAK 8889 CHERRYLAWN DR STERLING HEIGHTS, MI 48313	<u>\$ 100.00</u>	_{\$} 100.00
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 06/16/2025 Name & Address MARIE TOKAR 37747 GREGORY DR STERLING HEIGHTS, MI 48312	_{\$} 150.00	_{\$} 450.00
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer CLUB 54		
Business Address 37722 VAN DYKE AVE, STERLING HEIGHTS, MI 48312		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	600.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page 22 of 27	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number

139377

CANDIDATE COMMITTEE

2. Committee Name CITIZENS FOR MICHAEL RADTKE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/16/2025 Name & Address: JUSTIN ALISA 43338 FOREST CREEK CT STERLING HEIGHTS, MI 48314	_{\$} 200.00	_{\$} 320.00
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer J & M PLAZA	Ψ	<u>*</u>
Business Address 36833 RYAN RD, STERLING HEIGHTS, MI 48310 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/16/2025 Name & Address		
PAUL SLIFCO 36623 MAAS DR STERLING HEIGHTS, MI 48312	§ 300.00	§ 600.00
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer SLIFCO ELECTRIC LLC		
Business Address 6353 E 14 MILE RD, STERLING HEIGHTS, MI 48312 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/16/2025 Name & Address: ANTHONY MARROCCO 39557 MORAVIAN DR CLINTON TOWNSHIP, MI 48036	\$500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/17/2025 Name & Address IQBAL SINGH 36667 ENGLISH DR STERLING HEIGHTS, MI 48310	_{\$} 150.00	_{\$} 350.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer		
Business Address Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	1,150.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	

Page 23 of 27

Page.



1. Committee I.D. Number

139377

Page.

CANDIDATE COMMITTEE

2. Committee Name CITIZENS FOR MICHAEL RADTKE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all 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 06/17/2025 Name & Address: THOMAS SPAGNUOLO 21373 RAINTREE DR MACOMB, MI 48044	_{\$} 200.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer MANNINO'S BAKERY		
Business Address 4062 17 MILE RD, STERLING HEIGHTS, MI 48310		
Type of Contribution: V Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/17/2025		
Name & Address		
FREDERICK PERAYEFF 4925 PICKFORD DR	250.00	720.00
TROY, MI 48085	\$ 250.00	_{\$} 730.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/17/2025 Name & Address: PHILIP RUGGERI 55764 ST REGIS DR SHELBY TWP, MI 48315	_{\$} 300.00	_{\$} 1,250.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer PHILIP P. RUGGERI AND ASSOCIATES		
Business Address 43231 SCHOENHERR RD, STERLING HEIGHTS, MI 48313 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/21/2025 Name & Address BRIAN HARTWELL 1606 MILLARD AVE MADISON HEIGHTS, MI 48071	_{\$} 51.00	_{\$} _71.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	801.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	- -

Page 24 of 27



1. Committee I.D. Number

139377

CANDIDATE COMMITTEE

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 all 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 06/29/2025 Name & Address: HUSSEIN ELZHENNI 2715 ARROWWOOD CT STERLING HEIGHTS, MI 48314	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/30/2025		
Name & Address JUDY HOLMES 13516 WHITTIER DR STERLING HEIGHTS, MI 48312	_{\$} 20.00	_{\$} 40.00
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 06/30/2025 Name & Address: JACKIE KELLY-SMITH 2524 CHALK FARM RD N WARREN, MI 48091	§ 50.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/30/2025 Name & Address CYNTHIA DENARDIS 36664 RIDGECROFT DR STERLING HEIGHTS, MI 48312	_{\$} 50.00	_{\$} 225.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	220.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page 25 of 27	Enter this total on line 3a of Summary Page.	



139377

CANDIDATE COMMITTEE 2. Committee Name

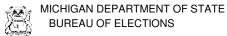
1. Committee I.D. Number

CITIZENS FOR MICHAEL RADTKE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/15/2025 Name & Address: JAMES MCNULTY 5065 BAYLEAF DR STERLING HEIGHTS, MI 48314 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer Business Address	_{\$} 100.00	_{\$} 600.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/19/2025 Name & Address REALTORS POLITICAL ACTION COMMITTEE OF MICHIGAN 720 N WASHINGTON AVE LANSING, MI 48906	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation Employer		
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/19/2025 Name & Address: ROBERT W KIRK 19500 HALL RD CLINTON TOWNSHIP, MI 48038 5. If over \$100.00 cumulative, please provide:	_{\$} 250.00	_{\$} 250.00
Occupation PARTNER Business Address 19500 HALL RD, CLINTON TOWNSHIP, MI 48038 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/19/2025 Name & Address ROBERT S HUTH, JR. 19500 HALL RD CLINTON TOWNSHIP, MI 48038	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation PARTNER Employer CENTRE COURT PROPERTIES, LLC		
Business Address 19500 HALL RD, CLINTON TOWNSHIP, MI 48038 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	1,100.00	

Page 26 of 27

line 3a of Summary Page.



SCHEDULE 1A

1. Committee I.D. Number

139377

CANDIDATE COMMITTEE 2. Committee Name

CITIZENS FOR MICHAEL RADTKE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/20/2025 Name & Address: MELODY MAGEE 25800 TIMBERLINE DR		
WARREN, MI 48091	_{\$} 60.00	_{\$} 160.00
5. If over \$100.00 cumulative, please provide: Occupation TALENT OFFICER Employer CAREER FOCUS Business Address 25800 TIMBERLINE DR, WARREN, MI 48091		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address		
	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
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:	Click Here for	Memo Itemization
Occupation Employer		
Business Address Direct		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt		
	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Have far	Memo Itemization
Occupation Employer	Click Here loi	Memo itemization
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal	00.00	<u> </u>
	60.00	_
Grand Total of All Schedules 1A	21,186.00	

(Complete on last page of Schedule)



ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

1. Committee I. D. Number <u>139</u>377

2 Committee Name CITIZENS FOR MICHAEL RADTKE

CANDIDATE COMM	IITTEE 2. Committee Name		
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 all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)5. Date of Receipt6. 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 RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Business Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315 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 ☐ COLLECTION FOR GIFT 5. Date Of Receipt: ☐ 01/21/2025 6. Vendor Name & Address: MEGHAN AHEARN 40555 UTICA RD, STERLING HEIGHTS, MI 48313	10.00	_{\$} 7,187.02
Contribution # 2 PAC Receipt? Yes Name & Address MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315 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 FOOD 5. Date Of Receipt: 01/28/2025 6. Vendor Name & Address: IAK PETROLEUM INC 40375 UTICA RD, STERLING HEIGHTS, MI 48313	1.58	\$ 7,188.60
Contribution #3 PAC Receipt? Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315 Fund Raiser Contribution	4.	9.10	\$ 7,197.70
	Page Subtot	tal 20.68	0.00
	Grand Total of all Schedules 1- (Complete on last page of Schedu		

Enter this total on line 6 of Summary Page

 $_{Page}\underline{1} \quad _{of}\underline{12}$



ITEMIZED IN-KIND CONTRIBUTIONS

2 Committee Name CITIZENS FOR MICHAEL RADTKE

ITEMIZED IN-KIND CONTR			12027	7		
SCHEDULE 1-II	`	1. Committee I. D. N				DADTICE
CANDIDATE COMM	IITTEE	2. Committee Name	CITIZENS	FOR	MICHAEI	RADTKE
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	5. Date of Receipt		capplicable box)	es were	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes	4. Endorsem	ent or Guarantee of	Bank Loan			
Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide:	Goods or Serv	ices Purchased by 0	Candidate or Others-	-	107.10	_{\$} 7,304.80
CONSULTANT Employer Name & Business Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315 Fund Raiser Contribution	5. Date Of Receip 6. Vendor Name MARRIOT N 901 MASSA	ot: 03/08/202	25 ; AVE NW,	_		
Contribution # 2 PAC Receipt? Yes Name & Address MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide:	Goods Donat Goods or Ser Goods or Ser	•	Services Donated Candidate or Others Candidate or Others		69.20	\$ 7,474.00
Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315 Fund Raiser Contribution	5. Date Of Received 6. Vendor Name MARRIOT M 901 MASSA	pt: 03/09/202	25 AVE NW,	-		
Contribution #3 PAC Receipt? Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT	Goods Donate Goods or Serv Goods or Serv Description	ement or Guarantee ed or Loaned Sices Purchased by Cices Purchased by CETING / FOttl: 03/18/202	Services Donated Candidate or Others Candidate or Others ODD	<u> </u>	6.50 <u>,</u>	7,500.50
Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315 Fund Raiser Contribution	6. Vendor Name STOBERS 812 E MICH LANSING, N	& Address: IGAN AVE,				
Tand Halser Contribution			Dom	a Cubtatal	200.00	0.00
			Page	e Subtotal	302.80	0.00
			and Total of all Sche plete on last page of			



ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

1. Committee I. D. Number 139377

2. Committee Name CITIZENS FOR MICHAEL RADTKE

CANDIDATE COMIN	IIIIEE 2. Committee Name		
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 all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)5. Date of Receipt6. 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 RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Business Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315 Fund Raiser Contribution	4.	50.58	^{\$} 7,551.08
Contribution # 2 Name & Address MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315	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 ☐ Goods or Services Purchased by Candidate or Others- LOAN Description MEETING / FOOD 5. Date Of Receipt: 03/19/2025 6. Vendor Name & Address: AC HOTEL LANSING 3160 E MICHIGAN AVE, LANSING, MI 48912	54.82	7,605.90
Contribution #3 PAC Receipt? Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315 Fund Raiser Contribution	4.	9.39 \$	7,635.29
	Page Subtota	134.79	0.00
		104.75	0.00
	Grand Total of all Schedules 1-I (Complete on last page of Schedule		



ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK 1. Committee I. D. Number 139377 CANDIDATE COMMITTEE 2. Committee Name CITIZENIS E

² Committee Name CITIZENS FOR MICHAEL RADTKE

CANDIDATE COMM	IITTEE 2. Committee Name		
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 all 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 RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Business Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315 Fund Raiser Contribution	4.	72.00	7,707.29
Contribution # 2 Name & Address MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315	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 WEBSITE 5. Date Of Receipt: 04/10/2025 6. Vendor Name & Address: GO DADDY 14455 HAYDEN RD, SCOTTSDALE, AZ 85260	§4.85	7,772.14
Contribution #3 PAC Receipt? Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315 Fund Raiser Contribution	4.	4.80 \$	7,806.94
	Page Subtotal	171.65	0.00
	Grand Total of all Schedules 1-IK (Complete on last page of Schedule)		



ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK 1. Committee I. D. Number 139377 CANDIDATE COMMITTEE 2. Committee II. D. Number 2. Committee II. D. Number

2 Committee Name CITIZENS FOR MICHAEL RADTKE

CANDIDATE COMM	IITTEE 2. Committee Name 3111221131		
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 all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)5. Date of Receipt6. 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 RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Business Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315 Fund Raiser Contribution	4.	84.52	_{\$} 7,891.46
Contribution # 2 PAC Receipt? Yes Name & Address MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315 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 ☐ Goods or Services Purchased by Candidate or Others- LOAN Description ADVERTISING 5. Date Of Receipt: 05/14/2025 6. Vendor Name & Address: FACEBOOK 1 HACKER WY, MENLO PARK, CA 94025	3.06	\$ 7,899.52
Contribution #3 PAC Receipt? Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315	4.	.88	\$_7,906.40
	Page Subtota	99.46	0.00
	Grand Total of all Schedules 1-ll (Complete on last page of Schedule		



ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK 1. Committee I. D. Number 139377 CANDIDATE COMMITTEE 2. Committee II. D. Number 2. Committee II. D. Number

2 Committee Name CITIZENS FOR MICHAEL RADTKE

CANDIDATE COMM	IITTEE 2. Committee Name 3111 = 1101		
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 all 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 RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Business Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315 Fund Raiser Contribution	4.	72.55	7,978.95
Contribution # 2 Name & Address MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315	4. Sendorsement 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 MEETING / FOOD 5. Date Of Receipt: 05/21/2025 6. Vendor Name & Address: MUDGIES DELI 1413 BROOKLYN ST, DETROIT, MI 48226	17.84 <u> </u>	7,996.79
Contribution #3 PAC Receipt? Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315	4.	0.00 \$	8,016.79
	Page Subtotal	110.39	0.00
	Grand Total of all Schedules 1-It (Complete on last page of Schedule	K	

Enter this total on line 6 of Summary Page

 $_{Page}\underline{6}$ of $\underline{12}$



ITEMIZED IN-KIND CONTRIBUTIONS

2 Committee Name CITIZENS FOR MICHAEL RADTKE

ITEMIZED IN-KIND CONTR		120277		
SCHEDULE 1-II	1. Committee I. D. Number		AUOLIAEI	DADTICE
CANDIDATE COMM	TTEE 2. Committee Name CI	ITIZENS FOR	MICHAEL	. RADIKE
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 all in-kind contributions.	Type of In-Kind Contribution (Check appliance) Date of Receipt Name & Address of Vendor from whom gourchased	·	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: DOMINIC LA ROSA	Endorsement or Guarantee of Bank Goods Donated or Loaned Servi		27.99	872.96
13515 PARKRIDGE DR SHELBY TWP, MI 48315 If over \$100.00 cumulative, please provide: Occupation: ADVERTISING EXECUTIVE Employer Name & Business Address: SELF EMPLOYED 13515 PARKRIDGE DR, SHELBY TWP, MI 48315 Fund Raiser Contribution	Goods or Services Purchased by Candid Goods or Services Purchased by Candid escription FUNDRAISER FOOD Date Of Receipt: 06/11/2025 Vendor Name & Address: COSTCO 45460 MARKET ST, SHELBY TOWNSHIP, MI 483	DD		
Contribution # 2 PAC Receipt? Yes Name & Address MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315 Fund Raiser Contribution	Endorsement or Guarantee of Bank I Goods Donated or Loaned Service Goods or Services Purchased by Candid Goods or Services Purchased by Candid Description MUSIC IN THE PA Description MUSIC	tes Donated date or Others date or Others- LOAN	2.00	8,028.79
Contribution #3 PAC Receipt? Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315 Fund Raiser Contribution	Endorsement or Guarantee of Bar Goods Donated or Loaned Services Goods or Services Purchased by Candid Goods or Services Purchased by Candid Description ADVERTISING Date Of Receipt: 06/14/2025 Vendor Name & Address: FACEBOOK HACKER WY, MENLO PARK, CA 94025	es Donated \$ 66	5.91 _{\$}	8,095.70
		Page Subtotal	106.90	0.00
		otal of all Schedules 1-IK n last page of Schedule)		3.00



ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

1. Committee I. D. Number 139377

CANDIDATE COMMITTEE

2. Committee Name CITIZENS FOR MICHAEL RADTKE

CANDIDATE COMIN			
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 all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)5. Date of Receipt6. 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 RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Business Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315 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 ☐ Boods or Services Purchased by Candidate or Others-LOAN ☐ Description ☐ MUSIC IN THE PARK FOOD ☐ Date Of Receipt: ☐ 06/19/2025 ☐ Vendor Name & Address: ☐ CONNECT MACOMB ☐ 12900 HALL RD, ☐ STERLING HEIGHTS, MI 48313	8.00	_{\$} 8,103.70
Contribution # 2 PAC Receipt? Yes Name & Address MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES	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 WEBSITE 5. Date Of Receipt: 06/24/2025 6. Vendor Name & Address:	75.51 ·	8,179.21
13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315	GO DADDY 14455 HAYDEN RD, SCOTTSDALE, AZ 85260		
Contribution #3 PAC Receipt? Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315 Fund Raiser Contribution	4.	\$9.51 _{\$}	8,248.72
<u> </u>	Page Subtat	152.02	0.00
	Page Subtota	153.02	0.00
	Grand Total of all Schedules 1-		

Enter this total on line 6 of Summary Page

Page 8 of 12



ITEMIZED IN-KIND CONTRIBUTIONS

2 Committee Name CITIZENS FOR MICHAEL RADTKE

ITEMIZED IN-KIND CONTR			12027	7			
SCHEDULE 1-II	1. C	committee I. D. Nu	·		N41011AF		
CANDIDATE COMM	ITTEE 2. C	Committee Name	CITIZENS	FOR	MICHAE	<u> </u>	RADIKE
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 all in-kind contributions.	Type of In-Kind Co Date of Receipt Name & Address opurchased			es were	7. Amount or Fair Market Value		8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes	4. Endorsement	or Guarantee of E	Bank Loan				
MICHAEL RADTKE JR. 34205 BARRETT DR	Goods Donated o		Services Donated andidate or Others	\$	30.15	\$_	8,278.87
STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Business Address:	Goods or Services Description MUSI 5. Date Of Receipt:	C IN THE					
WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315 Fund Raiser Contribution	6. Vendor Name & A HOG HEAVEN 24800 JEFFEI ST CLAIR SHO	N BBQ RSON AVE	•				
Contribution # 2 PAC Receipt? Yes	4. Endorsement	or Guarantee of E	Bank Loan				
MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312	Goods or Service	•	Services Donated Candidate or Others Candidate or Others		.76	\$_	8,287.63
If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES	Description MUS 5. Date Of Receipt: 6. Vendor Name & SCOOPY DOO	07/03/202 Address:		<u>D</u>			
13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315	126 N BRIDGE DEWITT, MI 48	EST,					
Fund Raiser Contribution	4. T Endorseme		(5.11				
Contribution #3 PAC Receipt? Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR	Goods Donated o			<u>\$ 18</u>	3.00	\$ <u></u>	3,305.63
STERLING HEIGHTS, MI 48312	Goods or Services	-					
If over \$100.00 cumulative, please provide: Occupation: CONSULTANT	Description MUS			טט			
Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315	6. Vendor Name & A TENNERRA W 44443 PHOEN STERLING HE	ddress: VINERY IIX DR,					
Fund Raiser Contribution					T	1	
			Page	Subtotal	56.91		0.00
			nd Total of all Sche ete on last page of				



ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

1. Committee I. D. Number 139377

2. Committee Name CITIZENS FOR MICHAEL RADTKE

CANDIDATE COMIN	IIIIEE 2. Committee Name		
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 all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)5. Date of Receipt6. 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 RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Business Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315 Fund Raiser Contribution	4.	900.00	9,205.63
Contribution # 2 PAC Receipt? Yes Name & Address MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315 Fund Raiser Contribution	4. Sendorsement 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 ADVERTISING 5. Date Of Receipt: 07/14/2025 6. Vendor Name & Address: FACEBOOK 1 HACKER WY, MENLO PARK, CA 94025	387.11 s	9,592.74
Contribution #3 PAC Receipt? Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315 Fund Raiser Contribution	4.	9.30 \$	9,672.04
	Page Subtota	1,366.41	0.00
	-		0.00
	Grand Total of all Schedules 1-II (Complete on last page of Schedule		



ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

1. Committee I. D. Number 139377

2. Committee Name CITIZENS FOR MICHAEL RADTKE

CANDIDATE COMM	IIIIEE 2. Committee Name		
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 all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)5. Date of Receipt6. 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: DOMINIC LA ROSA 13515 PARKRIDGE DR SHELBY TWP, MI 48315 If over \$100.00 cumulative, please provide: Occupation: ADVERTISING EXECUTIVE Employer Name & Business Address: SELF EMPLOYED 13515 PARKRIDGE DR, SHELBY TWP, MI 48315 Fund Raiser Contribution	4. Sendorsement 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 ADVERTISING 5. Date Of Receipt: 07/14/2025 6. Vendor Name & Address: THE ITALIAN TRIBUNE PO BOX 380407, Clinton Township, MI 48038	420.00	_{\$} 1,292.96
Contribution # 2 Name & Address MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315	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 ☐ Goods or Services Purchased by Candidate or Others- LOAN Description ☐ DATA PLAN 5. Date Of Receipt: ☐ 07/15/2025 6. Vendor Name & Address: APPLE ONE APPLE PARK WAY, CUPERTINO, CA 95014	0.99	\$ 9,673.03
Contribution #3 PAC Receipt? Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315 Fund Raiser Contribution	4.	4.00	9,687.03
	Page Subtota	434.99	1,292.96
	Grand Total of all Schedules 1-I (Complete on last page of Schedule		

Enter this total on line 6 of Summary Page

Page 11 of 12



ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

1. Committee I. D. Number 139377

CANDIDATE COMMITTEE

2. Committee Name

CITIZENS FOR MICHAEL RADTKE

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all 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 wer 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 RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Business Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315 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 MUSIC IN THE PARK FOOD 5. Date Of Receipt: 07/17/2025 6. Vendor Name & Address: HOWDY DOODLES 15500 MEADOW, SOUTHGATE, MI 48195	* <u></u>	_{\$} 9,695.81
Contribution # 2 Name & Address MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315	4. Sendorsement 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-LOA Description ADVERTISING 5. Date Of Receipt: 07/20/2025 6. Vendor Name & Address: FACEBOOK 1 HACKER WY, MENLO PARK, CA 94025		10,267.68
Contribution #3 PAC Receipt? Yes 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-LOAI		5
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: Fund Raiser Contribution	Description 5. Date Of Receipt: 6. Vendor Name & Address:		temization
	Page Subt	otal 580.65	10,267.68

Enter this total on line 6 of Summary Page

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



1. Committee I. D. Number 139377

2. Committee Name CITIZENS FOR MICHAEL RADTKE

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name OFFICIAL DEMOCRATIC BLACK CAUCUS OF MACOMB Address PO BOX 706 WARREN, MI 48090 Fund Raiser	Purpose: DUES Check box if this expenditure is payment of debt or obligation reported on previous statement	01/06/2025 Date	\$ <u>25.00</u>
Name AMERICAN POLISH CENTURY CLUB Address 33204 MAPLE LN DR STERLING HEIGHTS, MI 48312	Purpose: DUES Check box if this expenditure is payment of debt or obligation reported on previous	01/13/2025 Date	\$ <u>100.00</u>
Expenditure #3 Name PRINTMASTERS PRINTING Address 26039 DEQUINDRE RD MADISON HEIGHTS, MI 48071	Purpose: MAILING & POSTAGE Check box if this expenditure is payment of debt or obligation reported on previous	02/04/2025 Date	\$ <u>448.91</u>
Expenditure #4 Name DIGITAL COLOR TECHNOLOGIES Address PO BOX 930174 WIXOM, MI 48393 Fund Raiser	Purpose: PRINTING Check box if this expenditure is payment of debt or obligation reported on previous statement	02/04/2025 Date	\$ <u>718.68</u>
Expenditure #5 Name ELKS MACOMB MI NO. 2292 Address 25950 SCHOENHERR RD WARREN, MI 48089 Fund Raiser	Purpose: DUES Check box if this expenditure is payment of debt or obligation reported on previous statement	03/14/2025 Date	\$ <u>114.00</u>
	Subto Grand Total of all \$ (Complete on last page		1,406.59



1. Committee I. D. Number 139377

2 Committee Name CITIZENS FOR MICHAEL RADTKE

2.0	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name MI DEMOCRATIC PARTY		03/25/2025	. 750.00
WII DEWOOTATIOT ATTI	VAN ACCECC	 Date	\$ <u>750.0</u> 0
Address	Purpose: VAN ACCESS	Date	
606 TOWNSEND ST			
LANSING, MI 48933			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #2	statement		
		04/00/0005	
Name STERLING HEIGHTS HONOR GUARD		04/08/2025	\$ 15.00
	Purpose: FUNDRAISER	Date	
Address	Purpose: TOTOTO TO TOTO		
40333 DODGE PARK RD			
STERLING HEIGHTS, MI 48313			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	Statement		
•			
Name ACTBLUEDONATE		04/29/2025	* O OO
	DDOCESSING FEES	Date	\$ <u>2.08</u>
Address PO BOX 441146	Purpose: PROCESSING FEES	Date	
SOMERVILLE, MA 02144			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name WARREN STERLING HEIGHTS DEMOCRATIC CLUB		05/04/0005	
WAITHEN STEILING HEIGHTS DEMOCRATIC GEOD		05/04/2025	\$ 85.00
Address	Purpose: FUNDRAISER	Date	00.00
31428 SARATOGA AVE	Fulpose.		
WARREN, MI 48093			
777 II II I I I I I I I I I I I I I I I			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name DOT PAYNE			
DOTTATNL	004044000000	05/07/2025	\$ 100.00
Address	Purpose: GRAPHIC DESIGN	Date	♥ <u>100.00</u>
576 MINNIEFORD AVE			
BRONX, NY 10464			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
		tal this page	952.08
	Casto		302.00
	Grand Total of all		
	(Complete on last page	of Schedule)	



1. Committee I. D. Number 139377

2 Committee Name CITIZENS FOR MICHAEL RADTKE

2.0	ommittee name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name FRIENDS OF THE STERLING HEIGHTS LIBRARY		05/08/2025	\$ 10.00
• • •	Purpose: MEMBERSHIP	Date	Ψ <u>10.00</u>
Address 40255 DODGE PARK RD	Purpose:		
STERLING HEIGHTS, MI 48313			
,	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #2	statement		
		05/14/2025	
Name ACTBLUEDONATE		05/14/2025	\$ 15.26
Address	Purpose: PROCESSING FEES	Date	
PO BOX 441146			
SOMERVILLE, MA 02144			
·	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	Statement		
Name NAAII CHIMD			
Name MAILCHIMP		05/16/2025	\$ 73.60
Address	Purpose: EMAIL SERVICE	Date	<u> </u>
675 PONCE DE LEON AVE NE			
ATLANTA, GA 30308			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name ACTBLUEDONATE		05/19/2025	
,		Date	\$ 1.34
Address	Purpose: PROCESSING FEES	Date	·
PO BOX 441146			
SOMERVILLE, MA 02144			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name ACTBLUEDONATE		05/00/0005	
MOTBEOLDONATE	DDOCESSING FEES	05/20/2025	\$ 39.54
Address PO BOX 441146	Purpose: PROCESSING FEES	Date	<u> </u>
SOMERVILLE, MA 02144			
OCIVILITY ILLE, IVIA 02144	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
		tal this page	100.74
	Subto	tal this page	139.74
	Grand Total of all S		
	(Complete on last page	or Schedule)	



1. Committee I. D. Number 139377

2. Committee Name CITIZENS FOR MICHAEL RADTKE

	Similar varie	T = = :	
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name CTE BARB ZIARKO		05/21/2025	\$ 100.00
Address	Purpose: FUNDRAISER	Date	Ψ <u>100.00</u>
Address 13805 DEEPWOOD CT	Purpose: 1 3113117 113211		
STERLING HEIGHTS, MI 48312			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #2			
Name ACTBLUEDONATE		05/21/2025	\$ 10.91
Address	Purpose: PROCESSING FEES	Date	10101
Address PO BOX 441146	Purpose.		
SOMERVILLE, MA 02144			
SOMETWILL, MA 02144			
П	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name ACTBLUEDONATE		05/22/2025	10.10
	DDOCESSING FEES	Date	\$ <u>19.19</u>
Address PO BOX 441146	Purpose: PROCESSING FEES	Dale	
SOMERVILLE, MA 02144			
SOMETWILL, MA 02144			
П _{т. 18} .	LICheck box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name ACTBLUEDONATE		05/23/2025	
	DDOCESSING FEES	Date	\$ <u>5.78</u>
Address	Purpose: PROCESSING FEES		
PO BOX 441146			
SOMERVILLE, MA 02144			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name PAYTON FOR DELEGATE		0=/0=/	
TATIONTONDELLUATE		05/27/2025	\$ 50.00
Address	Purpose: FUNDRAISER	Date	00.00
PO BOX 545			
HARRISBURG, VA 22803	Check box if this expenditure is payment of		
Cund Daison	debt or obligation reported on previous		
Fund Raiser	statement	1	
	Subto	tal this page	185.88
	Grand Total of all	Schedules 1B	
	(Complete on last page	e of Schedule)	



1. Committee I. D. Number 139377

2. Committee Name CITIZENS FOR MICHAEL RADTKE

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUEDONATE Address PO BOX 441146 SOMERVILLE, MA 02144 Fund Raiser	Purpose: PROCESSING FEES Check box if this expenditure is payment of debt or obligation reported on previous statement	05/28/2025 Date	\$ <u>3.93</u>
Expenditure #2 Name ACTBLUEDONATE Address PO BOX 441146	Purpose: PROCESSING FEES	05/29/2025 Date	\$ <u>11.33</u>
SOMERVILLE, MA 02144 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name ACTBLUEDONATE Address PO BOX 441146 SOMERVILLE, MA 02144	Purpose: PROCESSING FEES	06/02/2025 Date	\$ <u>2.45</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name AMERICAN POLISH CENTURY CLUB Address 33204 MAPLE LN DR STERLING HEIGHTS, MI 48312	Purpose: BANNER	06/02/2025 Date	\$ <u>100.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name ACTBLUEDONATE Address PO BOX 441146 SOMERVILLE, MA 02144 Fund Raiser	Purpose: PROCESSING FEES Check box if this expenditure is payment of debt or obligation reported on previous statement	06/04/2025 Date	\$ <u>3.79</u>
		tal this page	121.50
	Grand Total of all \$ (Complete on last page		



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

139377

2. Committee Name CITIZENS FOR MICHAEL RADTKE

2.0	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name CTE MIKE TAYLOR		06/04/2025	. 100 00
OTE WINCE TATEOR	FUNDDAIGED	Data	\$ <u>100.00</u>
Address	Purpose: FUNDRAISER	Date	
14986 PARKVIEW CT			
STERLING HEIGHTS, MI 48313			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #2	statement		
•			
Name ACTBLUEDONATE		06/05/2025	\$ 1.71
	Purpose: PROCESSING FEES	Date	Ψ 1.7 1
Address	Purpose: 11100L3311101 LL3		
PO BOX 441146			
SOMERVILLE, MA 02144			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
Experialture #3			
Name ACTBLUEDONATE		06/06/2025	0.00
	DDOOLCOING FEEC		\$ <u>6.38</u>
Address	Purpose: PROCESSING FEES	Date	
PO BOX 441146			
SOMERVILLE, MA 02144			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			-
Name ACTDLLICDONATE			
Name ACTBLUEDONATE		06/09/2025	\$ 2.45
Address	Purpose: PROCESSING FEES	Date	Ψ <u>Δ.45</u>
PO BOX 441146	Purpose: 1113323311431223		
SOMERVILLE, MA 02144			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
'			
Name MAILCHIMP		06/09/2025	
Address	Purpose: EMAIL SERVICE	Date	\$ <u>92.00</u>
675 PONCE DE LEON AVE NE	Purpose		
ATLANTA, GA 30308			
7112/11171, 6/1100000	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
I uliu naisei	statement	+	
	Subto	tal this page	202.54
	Grand Total of all S	Schodules 1D	
	(Complete on last page		
	· · · · · · · · · · · · · · · · · · ·	, i	· ·



1. Committee I. D. Number 139377

2. Committee Name CITIZENS FOR MICHAEL RADTKE

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUEDONATE Address PO BOX 441146 SOMERVILLE, MA 02144	Purpose: PROCESSING FEES Check box if this expenditure is payment of	06/10/2025 Date	\$ <u>3.93</u>
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2 Name ACTBLUEDONATE Address PO BOX 441146	Purpose: PROCESSING FEES	06/11/2025 Date	\$ <u>31.72</u>
SOMERVILLE, MA 02144 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name ACTBLUEDONATE Address	Purpose: PROCESSING FEES	06/12/2025 Date	\$ <u>23.63</u>
PO BOX 441146 SOMERVILLE, MA 02144 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name ACTRILLEDONATE			
Address PO BOX 441146 SOMERVILLE, MA 02144	Purpose: PROCESSING FEES	06/13/2025 Date	\$ <u>32.18</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name ACTBLUEDONATE Address PO BOX 441146 SOMERVILLE, MA 02144	Purpose: PROCESSING FEES	06/16/2025 Date	\$ <u>2.08</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	93.54
	Grand Total of all S (Complete on last page		



1. Committee I. D. Number 139377

2. Committee Name CITIZENS FOR MICHAEL RADTKE

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUEDONATE	Purpose: PROCESSING FEES	06/18/2025 Date	\$ <u>13.41</u>
PO BOX 441146	Purpose:		
SOMERVILLE, MA 02144			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name CTE LIZ SIERAWSKI		06/18/2025	\$ 100.00
Address 40426 WILLIAM DR	Purpose: FUNDRAISER	Date	<u> </u>
STERLING HEIGHTS, MI 48313			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name DED JUNCEVIC		06/20/2025	\$ 1,300.00
Address 52756 BLUERIDGE DR.	Purpose: REFUND OF EXCESS CONTRIBUTION	Date	
SHELBY TOWNSHIP, MI 48316			
✓ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name ACTBLUEDONATE		06/25/2025	\$ 2.12
Address PO BOX 441146 SOMERVILLE, MA 02144	Purpose: PROCESSING FEES	Date	Ψ <u>Ζ.1Ζ</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name CENTURY BANQUET CENTER		06/26/2025	
Address 33204 MAPLE LN DR	Purpose: FUNDRAISER EVENT	Date	\$ <u>2,921.18</u>
STERLING HEIGHTS, MI 48312 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	4,336.71
	Grand Total of all (Complete on last page		,



1. Committee I. D. Number 139377

2. Committee Name CITIZENS FOR MICHAEL RADTKE

2. 0	ommittee rame		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name PRINTMASTERS PRINTING Address 26039 DEQUINDRE RD	Purpose: MAILING & POSTAGE	06/27/2025 Date	\$ <u>834.93</u>
MADISON HEIGHTS, MI 48071 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name DIGITAL COLOR TECHNOLOGIES	DDINTING	06/27/2025 Date	\$ <u>852.24</u>
Address PO BOX 930174 WIXOM, MI 48393	Purpose: PRINTING	Dale	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name JOHNNY BLACK PUBLIC HOUSE		07/01/2025	\$ 108.16
Address 35000 MORAVIAN DR STERLING HEIGHTS, MI 48312	Purpose: CAMPAIGN MTG	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name ACTBLUEDONATE		07/02/2025	\$ 6.01
Address PO BOX 441146 SOMERVILLE, MA 02144	Purpose: PROCESSING FEES	Date	<u> </u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name MAILCHIMP		07/09/2025	
Address 675 PONCE DE LEON AVE NE	Purpose: EMAIL SERVICE	Date	\$ <u>92.00</u>
ATLANTA, GA 30308 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>.</u>	
	Subto	tal this page	1,893.34
	Grand Total of all (Complete on last page		,



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

139377

2. Committee Name CITIZENS FOR MICHAEL RADTKE

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name FLY DOGS HOT DOGS		07/11/2025	\$ 9.00
	Purpose: MUSIC IN THE PARK FOOD	Date	\$ <u>3.00</u>
Address 7677 GREELEY ST	Purpose: Western Tribution Purpose:		
UTICA, MI 48317			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #2	statement		
Name ACTBLUEDONATE		07/20/2025	\$ 2.45
Address	Purpose: PROCESSING FEES	Date	
PO BOX 441146	1 dipose		
SOMERVILLE, MA 02144			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
Name			\$
Address		Date	—
Address	Purpose:		
	Click H	lere for Memo	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #4	statement		
Name			
Trains			\$
Address	Durange	Date	Ψ <u> </u>
	Purpose:		
	Click H	lere for Memo	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #5			
Name			
Address	Purpose:	Date	\$
7.66.555	1 uipose		
		Here for Memo	Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	11.45
	Grand Total of all S	Schedules 1B	9,343.37
	(Complete on last page	e of Schedule)	$\sigma, \sigma \tau \sigma . \sigma \tau$



1. Committee I.D. Number

139377

	_
CANDIDATE	COMMITTEE

2. Committee Name CITIZENS FOR MICHAEL RADTKE

OANDIDATE OOMINITTEE				
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the com (Cher	mittee OR b. Debts ck either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	forgiven <u>by</u> the con	nmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	Type of Obligation (Description) Indicate date debt was	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period
Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	incurred 6. Indicate original amount of debt			(Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by: MICHAEL RADTKE JR.	4. Type: LOAN	11/22/21 \$ 656.99		
34205 BARRETT DR	5. Date Debt Was Incurred:	\$		
STERLING HEIGHTS, MI 48312	06/27/2018	\$	050.00	s 43.01
, , , , , , , , , , , , , , , , , , ,	6. Original Amount of Debt	<u> </u>	\$ <u>656.99</u>	\$_43.01
	_{\$} 700.00			FORGIVEN
If bank loan, name of endorser or guarantor:		\$	0	
		Amo	ount Endorsed: \$ 0	
Debt #2 Corp? Yes Owed to or by:	4. Type: IN-KIND	\$		
VIRGINIA LA ROSA	5. <u>Date Debt Was Incurred</u> :	\$		
13515 PARKRIDGE DR SHELBY TWP, MI 48315	08/24/2018			
SHELDT TWF, WII 40313	6. Original Amount of Debt:	\$	\$ 0.00	\$ 650.00
	_{\$_650.00}	\$		FORGIVEN
		<u> </u>		
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$)
Debt #3 Corp? Yes Owed to or by:	4. Type: IN-KIND	11/20/19 _{\$} 334.73		
MICHAEL RADTKE JR.	5. <u>Date Debt Was Incurred</u> :	\$		
34205 BARRETT DR STERLING HEIGHTS, MI 48312	12/24/2018	\$		450.44
orenema rielairro, mi 40012	6. Original Amount of Debt:	\$	\$_334.73_	\$_150.44_
	_{\$} 485.17	<u> </u>		FORGIVEN
		\$,	2
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$_	<u> </u>
		Page Subtotal	(Outstanding debt)	843.45
(C	omplete on last page of Schedule s	Grand Total on Grand Total of Grand	of all Schedules 1E r to the committee)	
`		•	,,	Enter this total

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.



1. Committee I.D. Number

139377

CANDIDATE COMMITTEE 2. Comm

CITIZENS FOR MICHAEL RADTKE

OANDIDATE COMMITTEE				
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the com (Che	nmittee OR b. Debts ck either a or b. Use only for the pu	s and obligations owed <u>to</u> orpose checked.)	r forgiven <u>by</u> the cor	nmittee.
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 endorsers or quarantors, 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: DOMINIC LA ROSA	4. Type: IN-KIND	\$		
13515 PARKRIDGE DR	5. <u>Date Debt Was Incurred</u> :	\$		
SHELBY TWP, MI 48315	01/23/2019	\$	0.00	¢ 497.50
·	6. Original Amount of Debt	\$	\$ 0.00	\$_437.30_
	_{\$} 497.50			FORGIVEN
If hank loop, name of andorsor or suprestary		\$		
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$ 0	
Debt #2 Corp? Yes Owed to or by:	4. Type: IN-KIND	\$		
VIRGINIA LA ROSA 13515 PARKRIDGE DR	5. <u>Date Debt Was Incurred</u> :	\$		
SHELBY TWP, MI 48315	01/24/2019 6. Original Amount of Debt:	\$	\$ 0.00	s 746.25
	\$ 746.25	\$	\$ 0.00	—
	\$ 140.25	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		-	nount Endorsed: \$_)
Debt #3 Corp? Yes	LOANI	<u></u>	Ποστιτ Επαστ sea. φ	
Owed to or by:	4. Type: LOAN	\$		
MÍCHÁEL RADTKE JR. 34205 BARRETT DR	5. <u>Date Debt Was Incurred</u> :	\$		
STERLING HEIGHTS, MI 48312	04/03/2019	\$		4 000 00
	6. Original Amount of Debt:	\$	\$_0.00	\$_1,000.00
	_{\$} 1,000.00			FORGIVEN
		\$		•
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_	<u> </u>
		Page Subtota	I (Outstanding debt)	2,243.75
(C	Complete on last page of Schedule s		of all Schedules 1E or to the committee)	
				Enter this total

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.



1. Committee I.D. Number

139377

CANDIDATE COMMITTEE 2. Committee

CITIZENS FOR MICHAEL RADTKE

CANDIDATE COMMITTEE				
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the co	ommittee OR b. Debte heck either a or b. Use only for the pu	s and obligations owed <u>to</u> irpose checked.)	or forgiven by the co	mmittee.
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 endorsers 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:	4. Type: IN-KIND	\$	_	
MICHAEL RADTKE JR. 34205 BARRETT DR	5. <u>Date Debt Was Incurred</u> :	\$	-	
STERLING HEIGHTS, MI 48312	09/20/2019	\$	s 0.00	s 386.96
	6. Original Amount of Debt	\$	_ \$ 0.00	———
	\$ <u>386.96</u>	\$	_	FORGIVEN
If bank loan, name of endorser or guarantor:		Aı	mount Endorsed: \$ _)
Debt #2 Corp? Yes Owed to or by:	4. Type: LOAN	\$		
MICHAEL RADTKE JR. 34205 BARRETT DR	5. <u>Date Debt Was Incurred</u> : 10/18/2019	\$		
STERLING HEIGHTS, MI 48312	6. Original Amount of Debt:	\$	\$ 0.00	\$_2,500.00
	_{\$} 2,500.00	\$	Ψ	FORGIVEN
		\$		ONGIVEN
If bank loan, name of endorser or guarantor:		/	Amount Endorsed: \$_	<u> </u>
Debt #3 Corp? Yes Owed to or by:	4. Type: IN-KIND	\$		
MÍCHÁÉL RADTKE JR. 34205 BARRETT DR	5. <u>Date Debt Was Incurred</u> :	\$	-	
STERLING HEIGHTS, MI 48312	10/19/2019	\$	0.00	\$ 3,473.24
	6. Original Amount of Debt:	\$ \$	\$_0.00	
	\$_0,470.24	\$		FORGIVEN
If bank loan, name of endorser or guarantor:			Amount Endorsed: \$_	0
		Page Subtot	tal (Outstanding debt)	6,360.20
	(Complete on last page of Schedule s	Grand Tot	al of all Schedules 1E	
	(, 11 13 11.0 001	Enter this total

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.



1. Committee I.D. Number

139377

CANDIDATE COMMITTEE

2. Committee Name

CITIZENS FOR MICHAEL RADTKE

OMIDIDATE ODMINITTEE				
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the cor (Ch	mmittee OR b. Debts eck either a or b. Use only for the pu	s and obligations owed <u>to</u> rpose checked.)	or forgiven <u>by</u> the cor	mmittee.
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 endorsers 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 RADTKE JR.	4. Type: IN-KIND	\$		
34205 BARRETT DR	5. <u>Date Debt Was Incurred</u> :	\$	-	
STERLING HEIGHTS, MI 48312	11/25/2019	\$	0.00	¢ 2,058.96
,	6. Original Amount of Debt:	\$	\$ 0.00	\$_2,030.90
	\$ 2,058.96	Φ	-	FORGIVEN
	Ψ	\$	· I	<u> </u>
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$ _)
Debt #2 Corp? Yes Owed to or by: MICHAEL RADTKE JR.	4. Type: IN-KIND	\$		
34205 BARRETT DR	5. <u>Date Debt Was Incurred</u> :	\$		
STERLING HEIGHTS, MI 48312	07/20/2020	\$	0.00	¢ 836.48
, , , , , , , , , , , , , , , , , , , ,	6. Original Amount of Debt:	\$	\$ 0.00	\$_030.40_
	<u>\$ 836.48 </u>			FORGIVEN
		\$		
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_	<u> </u>
Debt #3 Corp? Yes Owed to or by:	4. Type: IN-KIND	\$		
MIČHAEL RADTKE JR.	5. Date Debt Was Incurred:			
34205 BARRETT DR	10/20/2020	\$		
STERLING HEIGHTS, MI 48312	6. Original Amount of Debt:	\$	s 0.00	_{\$} 322.97
		\$	\$_0.00	φ <u>σ=2.57</u>
	_{\$} 322.97			FORGIVEN
				0
If bank loan, name of endorser or guarantor:			Amount Endorsed: \$_	<u>U</u>
		Page Subtota	al (Outstanding debt)	3,218.41
	Complete on lest name of Cabadilla		al of all Schedules 1E	
(0	Complete on last page of Schedule s	showing amounts owed by	or to the committee)	Enter this total

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.



1. Committee I.D. Number

139377

00.125	OLL .L
CANDIDATE	COMMITTEE

2. Committee Name CITIZENS FOR MICHAEL RADTKE

OANDIDATE COMMITTEE				
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the commodities (Check	mittee OR b. Debts ck either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	forgiven <u>by</u> the cor	nmittee.
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 endorsers 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 RADTKE JR.	4. Type: IN-KIND	\$		
34205 BARRETT DR	5. <u>Date Debt Was Incurred</u> :	\$		
STERLING HEIGHTS, MI 48312	12/31/2020	\$	\$ 0.00	_{\$} 618.61
	6. Original Amount of Debt	\$	φ <u>σ.σ.σ</u>	·
	\$ <u>618.61</u>	\$		FORGIVEN
If bank loan, name of endorser or guarantor:			ount Endorsed: \$ 0	
Debt #2 Corp? Yes Owed to or by:	4. Type: IN-KIND	\$		
MICHAEL RADTKE JR. 34205 BARRETT DR	5. <u>Date Debt Was Incurred</u> :	\$		
STERLING HEIGHTS, MI 48312	07/18/2021	\$	0.00	s 3,625.96
	6. Original Amount of Debt:	\$	8 0.00	\$_3,023.90
	\$ <u>3,625.96</u>	\$		FORGIVEN
		· -	()
If bank loan, name of endorser or guarantor:	T	Am	ount Endorsed: \$_	<u> </u>
Debt #3 Corp? Yes Owed to or by:	4. Type: IN-KIND	\$		
MÍCHÁÉL RADTKE JR. 34205 BARRETT DR	5. <u>Date Debt Was Incurred</u> :	\$		
STERLING HEIGHTS, MI 48312	08/23/2021	\$		1 007 10
	6. Original Amount of Debt:	\$	\$_0.00	\$_1,227.48_
	_{\$} 1,227.48			FORGIVEN
		<u></u>		0
If bank loan, name of endorser or guarantor:		Ar	nount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	5,472.05
(Co	omplete on last page of Schedule s		of all Schedules 1E or to the committee)	
				Coston Holo Andal

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



1. Committee I.D. Number

139377

CANDIDATE COMMITTEE 2. Committee Na

CITIZENS FOR MICHAEL RADTKE

This Schedule itemizes:				
a Debts and obligations owed by or forgiven the composition (Chec	mittee OR b. Debtsck either a or b. Use only for the pu	s and obligations owed <u>to</u> orpose checked.)	r forgiven <u>by</u> the cor	nmittee.
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 endorsers 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 RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312	4. Type: IN-KIND 5. <u>Date Debt Was Incurred</u> : 10/17/2021	\$ \$ \$	\$ 0.00	_{\$_} 4,618.98
If bank loan, name of endorser or guarantor:	6. Original Amount of Debt: \$ 4,618.98	\$ \$	ount Endorsed: \$	FORGIVEN
Debt #2 Corp? Yes	IN LIZINID	/AIII	Cunt Endorsed: ψ =	
Owed to or by: MICHAEL RADTKE JR.	4. Type: IN-KIND 5. Date Debt Was Incurred:	\$		
34205 BARRETT DR STERLING HEIGHTS, MI 48312	11/02/2021 6. Original Amount of Debt:	\$	\$_0.00	\$ 3,362.54
	\$ 3,362.54	\$ \$		FORGIVEN
If bank loan, name of endorser or guarantor:		Ar	nount Endorsed: \$)
Debt #3 Corp? Yes Owed to or by: MICHAEL RADTKE JR.	4. Type: IN-KIND 5. Date Debt Was Incurred:	\$		
34205 BARRETT DR STERLING HEIGHTS, MI 48312	07/20/2022 6. Original Amount of Debt:	\$	\$ 0.00	\$_408.79
	\$_408.79	\$ \$		FORGIVEN
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_	0
		Page Subtota	I (Outstanding debt)	8,390.31
(Ce	omplete on last page of Schedule s		of all Schedules 1E or to the committee)	Enter this total

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.



1. Committee I.D. Number

139377

CANDIDATE COMMITTEE

CITIZENS FOR MICHAEL RADTKE

This Schedule itemizes:				
a Debts and obligations owed by or forgiven the com (Che	mittee OR b. Debts ck either a or b. Use only for the pu	s and obligations owed <u>to</u> irpose checked.)	or forgiven <u>by</u> the con	nmittee.
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 endorsers 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 RADTKE JR.	4. Type: IN-KIND	\$		
34205 BARRETT DR	5. <u>Date Debt Was Incurred</u> :	\$		
STERLING HEIGHTS, MI 48312	10/20/2022	\$	\$ 0.00	_{\$} 821.54
	6. Original Amount of Debt	\$	ф <u>о.оо</u>	*
	\$ <u>821.54</u>	Φ.		FORGIVEN
If bank loan, name of endorser or guarantor:		Δη	nount Endorsed: \$ 0	
Debt #2 Corp? Yes	INLIZINID	7.0		
Owed to or by: MICHAEL RADTKE JR.	4. Type: IN-KIND	\$		
34205 BARRETT DR	5. <u>Date Debt Was Incurred</u> :	\$		
STERLING HEIGHTS, MI 48312	12/31/2022	\$		EEO 40
OTERLING TIERRITO, WILLIAM	6. Original Amount of Debt:		\$ 0.00	\$_559.16_
	_{\$} 559.16	\$		FORGIVEN
		\$		
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by:	4. Type: IN-KIND	\$		
MICHAEL RADTKE JR.	5. <u>Date Debt Was Incurred</u> :	\$		
34205 BARRETT DR	12/31/2022			
STERLING HEIGHTS, MI 48312	6. Original Amount of Debt:	\$	\$ 0.00	_{\$} 105.45
	_{\$} 105.45	\$	Ψ	FORGIVEN
	Ψ	\$		FONGIVEN
If bank loan, name of endorser or guarantor:			Amount Endorsed: \$_	
				1,486.15
		Page Subtota	al (Outstanding debt)	1,700.13
(C	complete on last page of Schedule s		al of all Schedules 1E	
	- Programma Page 21 Sandania C			Enter this total

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.



1. Committee I.D. Number

139377

CANDIDATE COMMITTEE

2. Committee Name

2. Committee Name CITIZENS FOR MICHAEL RADTKE

This Schedule itemizes:				
a Debts and obligations owed by or forgiven the com	mittee OR b. Debtsck either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	r forgiven <u>by</u> the con	nmittee.
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 endorsers 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 RADTKE JR. 34205 BARRETT DR	4. Type: IN-KIND 5. <u>Date Debt Was Incurred</u> : 07/20/2023	\$ \$		
STERLING HEIGHTS, MI 48312	6. Original Amount of Debt:	\$	\$ 0.00	\$_629.00 FORGIVEN
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$	T.
Debt #2 Corp? Yes Owed to or by: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312	4. Type: LOAN 5. Date Debt Was Incurred: 07/24/2023 6. Original Amount of Debt: \$ 300.00	\$ \$ \$ \$ \$	\$ 0.00	\$_300.00 FORGIVEN
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by: VIRGINIA LA ROSA 13515 PARKRIDGE DR SHELBY TWP, MI 48315	4. Type: LOAN 5. <u>Date Debt Was Incurred</u> : 10/02/2023 6. <u>Original Amount of Debt</u> : \$ 1,000.00	\$ \$ \$ \$ \$	\$_0.00	\$_1,000.00
If bank loan, name of endorser or guarantor:		Ar	mount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	1,929.00
(Co	omplete on last page of Schedule s	Grand Total	of all Schedules 1E	

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



1. Committee I.D. Number

139377

	_
CANDIDATE	COMMITTEE

2. Committee Name CITIZENS FOR MICHAEL RADTKE

This Schedule itemizes:				
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.)				
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	Type of Obligation (Description) Indicate date debt was incurred Indicate original amount	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)
provide information regarding the endorsers or guarantors, if any.	of debt			
Debt #1 Corp? Yes Owed to or by: MICHAEL RADTKE JR.	4. Type: IN-KIND	\$		
34205 BARRETT DR	5. <u>Date Debt Was Incurred</u> :	\$		
STERLING HEIGHTS, MI 48312	10/20/2023	\$	\$ 0.00	¢ 738.76
	6. Original Amount of Debt	\$	\$ 0.00	\$
	\$ <u>738.76</u>			FORGIVEN
If bank loan, name of endorser or guarantor:			ount Endorsed: \$ 0	<u> </u>
Debt #2 Corp? Yes Owed to or by:	4. Type: IN-KIND	\$		
MICHAEL RADTKE JR.	5. Date Debt Was Incurred:			
34205 BARRETT DR	12/31/2023	\$		
STERLING HEIGHTS, MI 48312	6. Original Amount of Debt:	<u> </u>	\$ 0.00	\$ <u>811.30</u>
	<u>\$ 811.30 </u>	\$		FORGIVEN
		\$	(
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$	<u> </u>
Debt #3 Corp? Yes Owed to or by:	4. Type: IN-KIND	\$		
MICHAEL RADTKE JR. 34205 BARRETT DR	5. <u>Date Debt Was Incurred</u> :	\$		
STERLING HEIGHTS, MI 48312	07/20/2024	\$	0.00	s 705.36
,	6. Original Amount of Debt:	\$	\$_0.00	, ,
	\$ <u>705.36</u>	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		Ar	mount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	2,255.42
(C	omplete on last page of Schedule s		of all Schedules 1E or to the committee)	
(-	1	3		Enter this total

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.



1. Committee I.D. Number

139377

CITIZENS FOR MICHAEL RADTKE **CANDIDATE COMMITTEE**

This Schedule itemizes:				
a Debts and obligations owed by or forgiven the commodities (Chec	mittee OR b. Debtsck either a or b. Use only for the pu	s and obligations owed <u>to</u> or prose checked.)	r forgiven <u>by</u> the cor	mmittee.
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 endorsers 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 RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312	4. Type: IN-KIND 5. <u>Date Debt Was Incurred</u> : 10/20/2024 6. Original Amount of Debt:	\$ \$ \$	\$ 0.00	\$ 915.25
If bank loan, name of endorser or guarantor:	\$ 915.25	\$ \$ Amo	ount Endorsed: \$ _	FORGIVEN
Debt #2 Corp? Yes Owed to or by: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312	4. Type: IN-KIND 5. <u>Date Debt Was Incurred</u> : 12/31/2024 6. <u>Original Amount of Debt</u> : \$828.42	\$ \$ \$ \$ \$	\$ _0.00	\$_828.42
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312	4. Type: IN-KIND 5. <u>Date Debt Was Incurred</u> : 07/20/2025 6. <u>Original Amount of Debt</u> : \$ 3,090.66	\$ \$ \$ \$ \$	\$_0.00	\$_3,090.66
If bank loan, name of endorser or guarantor:		Ar	mount Endorsed: \$_	0
		Page Subtotal	(Outstanding debt)	4,834.33

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

37,033.07 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

139377 1. Committee I.D. Number

2. Committee Name CITIZENS FOR MICHAEL RADTKE

	- USE A SEPARATE SHI	EET FOR EACH EVENT -		
3. Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held. CENTURY BANQUET CENTER 33204 MAPLE LN DR STERLING HEIGHTS, MI 4831: Private Residence	
06/11/2025	106	CAMPAIGN KICKOFF FUNDRAISER		
7. Total Contributions	21,213.99			
8. Other Receipts	0.00			
9. Gross Receipts (Add lines 7 a	and 8) 21,213.99	 		
10. Total Cost of Event (Total Cost includes In-Kind Cor	4,249.17 ntributions and All Expenditures	Made For the Event)		
11. Check if event was a joi	int fund raiser and complete the	following:		
Co-Sponsor(s)	Contribution S (%)	plit	Expenditure Split (%)	
				
	· -			
The committee is require	ed to file a separate Fund Baise	er 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.

D	1	., 1	
Page		of I	