



FILED

23 OCT 2025 AM 11:30

MACOMB COUNTY CLERK
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**CANDIDATE COMMITTEE
COVER PAGE**

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

3. This Statement covers From: 06/06/2025 to 10/19/2025

1. Committee I.D. Number

140574

4. Candidate Last Name First Name M.I.

HIGGINS GEORGE-MICHAEL P

2. Committee Name

CTE GEORGE-MICHAEL HIGGINS

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

COUNCIL, FRASER

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

5. Committee's Mailing Address

**18331 BREEZEWAY
FRASER, MI 48026**

6. Treasurer's Name & Residential Address

**GEORGE-MICHAEL P HIGGINS
18331 BREEZEWAY
FRASER, MI 48026**

Area Code and Phone (586) 221-3239
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

Area Code & Phone (586) 221-3239

7. Treasurer's Business Address

**18331 BREEZEWAY
FRASER, MI 48026**

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

**GEORGE-MICHAEL P HIGGINS
18331 BREEZEWAY
FRASER, MI 48026**

Area Code and Phone (586) 221-3239

Area Code and Phone (586) 221-3239

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☐ Primary
☒ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement () Coverage Year

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

Date of Election, Convention or Caucus

11/04/2025

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper _____ / _____

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/23/2025

Candidate _____ / _____

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/23/2025



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140574

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE GEORGE-MICHAEL HIGGINS

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>8,919.19</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>8,919.19</u>	(18.) \$ <u>8,919.19</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>8,919.19</u>	(20.) \$ <u>8,919.19</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>187.03</u>	(21.) \$ <u>187.03</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>4,650.47</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>4,650.47</u>	(23.) \$ <u>4,650.47</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>8,919.19</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>8,919.19</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>4,650.47</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>4,268.72</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140574
2. Committee Name CTE GEORGE-MICHAEL HIGGINS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/10/2025</u> Name & Address: GEORGE-MICHAEL P HIGGINS 18331 BREEZEWAY FRASER, MI 48026 5. If over \$100.00 cumulative, please provide: Occupation <u>ORGANIZER</u> Employer <u>MICHIGAN LEAGUE OF CONSERVATION VOTERS</u> Business Address <u>340 BEAKES ST, STE 110, ANN ARBOR, MI 48104</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/27/2025</u> Name & Address: GEORGE-MICHAEL P HIGGINS 18331 BREEZEWAY FRASER, MI 48026 5. If over \$100.00 cumulative, please provide: Occupation <u>REGIONAL ORGANIZING DIRECTOR</u> Employer <u>FOR OUR FUTURE ACTION FUND</u> Business Address <u>200 MASSACHUSETTS AVE NW, SUITE 122, WASHINGTON, DC 20001</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>2,000.00</u>	\$ <u>2,250.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/09/2025</u> Name & Address: KEVIN HIGGINS 28045 MAVIS DR WARREN, MI 48088 5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE BROKER</u> Employer <u>MR WONDERFUL REALTY</u> Business Address <u>28045 MAVIS DR, WARREN, MI 48088</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>26.13</u>	\$ <u>26.13</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/09/2025</u> Name & Address: HELEN LEWIS 6185 HEATHWOOD WHITE LAKE, MI 48383 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>26.13</u>	\$ <u>26.13</u>

Page Subtotal **2,302.26**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140574
2. Committee Name CTE GEORGE-MICHAEL HIGGINS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/09/2025</u> Name & Address: MARK MORIARTY 6802 MAYFAIR DR STANWOOD, MI 49346		\$ <u>259.00</u>	\$ <u>259.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/09/2025</u> Name & Address: MARK MORONI 32246 LANCASTER DR WARREN, MI 48088		\$ <u>103.75</u>	\$ <u>103.75</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>DETROIT PUBLIC SCHOOLS COMMUNITY DISTRICT</u> Business Address <u>3011 W GRAND BLVD, DETROIT, MI 48202</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/09/2025</u> Name & Address: ANTHONY CARDAMONE 16826 ST PAUL ST GROSSE POINTE, MI 48230		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LEGAL ASSISTANT</u> Employer <u>UAW INTERNATIONAL UNION</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/09/2025</u> Name & Address: LAURA KROPP 15 BELLEVIEW ST MT CLEMENS, MI 48043		\$ <u>103.75</u>	\$ <u>103.75</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer <u>SELF</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **516.50**

Grand Total of All Schedules 1A
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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140574
2. Committee Name CTE GEORGE-MICHAEL HIGGINS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/09/2025</u>	
Name & Address: ALYSA DIEBOLT 23225 OAKWOOD AVE EASTPOINTE, MI 48021		\$ <u>26.13</u>	\$ <u>26.13</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ARTIST</u> Employer <u>SELF</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/09/2025</u>	
Name & Address: STEPHANIE MEYECIC 3132 GLENVIEW AVE ROYAL OAK, MI 48073		\$ <u>259.00</u>	\$ <u>259.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>INTERNATIONAL DESIGN CORPORATION</u> Business Address <u>30870 STEPHENSON HWY, SUITE C, MADISON HEIGHTS, MI 48071</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/09/2025</u>	
Name & Address: MAYSONYA MORRISON 188 PLEASANT ST ROMEO, MI 48065		\$ <u>103.75</u>	\$ <u>103.75</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE AGENT</u> Employer <u>BERKSHIRE HATHAWAY HOMESERVICES KEE REALTY</u> Business Address <u>210 W UNIVERSITY DR, SUITE 4, ROCHESTER, MI 48309</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/09/2025</u>	
Name & Address: RYAN GLEESING 19462 ELKHOUND DR MACOMB, MI 48044		\$ <u>103.75</u>	\$ <u>103.75</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DOCTOR</u> Employer <u>SELF</u> Business Address <u>19462 ELKHOUND DR, MACOMB, MI 48044</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **492.63**

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/09/2025</u>	
Name & Address: LISA M HIGGINS 28045 MAVIS DR WARREN, MI 48088		\$ <u>155.50</u>	\$ <u>155.50</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/09/2025</u>	
Name & Address: YVONNE THIGPEN 868 TIMBER TRAIL CT SOUTH LYON, MI 48178		\$ <u>103.75</u>	\$ <u>103.75</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/09/2025</u>	
Name & Address: CARDI DEMONACO 23225 OAKWOOD AVE EASTPOINTE, MI 48021		\$ <u>103.75</u>	\$ <u>103.75</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOFTWARE DEVELOPER</u> Employer <u>MICHIGAN COURT OF APPEALS</u> Business Address <u>CADILLAC PLACE, 3044 E GRAND BLVD., Detroit, MI 48202</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/09/2025</u>	
Name & Address: MORGAN WOJCIK 21909 LAKESHIRE ST ST CLAIR SHORES, MI 48081		\$ <u>26.13</u>	\$ <u>26.13</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 **389.13**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/10/2025</u>	
Name & Address: SHELIA STRUNK 24106 MEADOWBRIDGE DR CLINTON TWP, MI 48035		\$ <u>52.00</u>	\$ <u>52.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/10/2025</u>	
Name & Address: ERIK RICK 1689 HAMPTON RD MT CLEMENS, MI 48043		\$ <u>26.13</u>	\$ <u>26.13</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/10/2025</u>	
Name & Address: MARY VANDENBOSSCHE 36160 MORAVIAN DR CLINTON TWP, MI 48035		\$ <u>10.60</u>	\$ <u>10.60</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/10/2025</u>	
Name & Address: DINA SHARGABIAN-STUBER 5784 LIMESTONE DR TROY, MI 48085		\$ <u>26.13</u>	\$ <u>26.13</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 **114.86**

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

Enter this total on
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140574
2. Committee Name CTE GEORGE-MICHAEL HIGGINS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/12/2025</u> Name & Address: ZSA-ZSA BOOKER 23811 VIRGINIA DR WARREN, MI 48091		\$ <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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/12/2025</u> Name & Address: CHRIS MELLER 15762 EXETER CT FRASER, MI 48026		\$ <u>10.60</u>	\$ <u>10.60</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/12/2025</u> Name & Address: VANIA APPS 31641 YORK ST FRASER, MI 48026		\$ <u>259.00</u>	\$ <u>259.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/12/2025</u> Name & Address: KATRINA MANETTA 12477 EVERGREEN DR SHELBY TWP, MI 48315		\$ <u>26.13</u>	\$ <u>26.13</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 **315.73**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/13/2025</u>	
Name & Address: DANA SUTHERLAND 1459 EDISON ST DETROIT, MI 48206		\$ <u>103.75</u>	\$ <u>103.75</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SUPERVISOR - COMPLIANCE</u> Employer <u>CREDIT ACCEPTANCE CORP</u> Business Address <u>25505 W 12 MILE RD, SOUTHFIELD, MI 48034</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/13/2025</u>	
Name & Address: JEREMY FISHER 31428 SARATOGA AVE WARREN, MI 48093		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/13/2025</u>	
Name & Address: STEVE LAWSON 872 W EDGEWOOD BLVD UNIT 236 LANSING, MI 48911		\$ <u>52.00</u>	\$ <u>52.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/13/2025</u>	
Name & Address: NANCY DUEMLING 20776 MOXON DR CLINTON TWP, MI 48036		\$ <u>26.13</u>	\$ <u>26.13</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 231.88

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140574
2. Committee Name CTE GEORGE-MICHAEL HIGGINS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/14/2025</u>	
Name & Address: TANYA HOLLAND 3127 SHENANDOAH DR ROYAL OAK, MI 48073		\$ <u>26.13</u>	\$ <u>26.13</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/17/2025</u>	
Name & Address: BECKY VERBRUGGEN 7077 LOUD DR OSCODA, MI 48750		\$ <u>103.75</u>	\$ <u>103.75</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/17/2025</u>	
Name & Address: SHARON ROSE 28359 ALINE DR WARREN, MI 48093		\$ <u>26.13</u>	\$ <u>26.13</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/17/2025</u>	
Name & Address: CAROLE CHI 35325 MORAVIAN DR STERLING HEIGHTS, MI 48312		\$ <u>26.13</u>	\$ <u>26.13</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 182.14

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140574
2. Committee Name CTE GEORGE-MICHAEL HIGGINS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/19/2025</u> Name & Address: ANDREA MORISETTE 21919 LANGE ST ST CLAIR SHORES, MI 48080		\$ <u>20.95</u>	\$ <u>20.95</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/23/2025</u> Name & Address: LARRY BARNES 13844 LA CHENE AVE WARREN, MI 48088		\$ <u>26.13</u>	\$ <u>26.13</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/01/2025</u> Name & Address: GERALD KLEIN 32714 BEACON LN FRASER, MI 48026		\$ <u>103.75</u>	\$ <u>103.75</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/02/2025</u> Name & Address: SHANNON KING 41328 RUGOSA DR CLINTON TWP, MI 48038		\$ <u>52.00</u>	\$ <u>52.00</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 **202.83**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140574
2. Committee Name CTE GEORGE-MICHAEL HIGGINS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/02/2025</u>	
Name & Address: DIANE YOUNG 13250 IRVINGTON DR WARREN, MI 48088		\$ <u>103.75</u>	\$ <u>103.75</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL PLANNER</u> Employer <u>ARROWROOT FAMILY OFFICE</u> Business Address <u>725 BARCLAY CIR, ROCHESTER HILLS, MI 48307</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/02/2025</u>	
Name & Address: GEORGE MARTIN 15753 KINGSTON DR FRASER, MI 48026		\$ <u>26.13</u>	\$ <u>26.13</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/04/2025</u>	
Name & Address: TONY GIORDANO 33641 FARMVIEW LN FRASER, MI 48026		\$ <u>20.95</u>	\$ <u>20.95</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/04/2025</u>	
Name & Address: SALLY HIGGINS 1770 N 7TH ST KALAMAZOO, MI 49009		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 250.83

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140574
2. Committee Name CTE GEORGE-MICHAEL HIGGINS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/04/2025</u>	
Name & Address: LINDA KOCH 30563 RIDGEFIELD AVE WARREN, MI 48088		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/04/2025</u>	
Name & Address: JUSTIN SMITH 41223 HIDDEN OAKS DR CLINTON TWPP, MI 48038		\$ <u>26.13</u>	\$ <u>26.13</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/04/2025</u>	
Name & Address: RENEE RAPLEY 24199 OUTER DR APT 5 MELVINDALE, MI 48122		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/04/2025</u>	
Name & Address: MARI RYMAR 4139 VASSAR ST DEARBORN HEIGHTS, MI 48125		\$ <u>52.00</u>	\$ <u>52.00</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 **153.13**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140574
2. Committee Name CTE GEORGE-MICHAEL HIGGINS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/04/2025</u>	
Name & Address: JOHN LOVASCO 1150 BREWER RD LEONARD, MI 48367		\$ <u>517.75</u>	\$ <u>517.75</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SELF</u> Business Address <u>1150 BREWER RD, LEONARD, MI 48367</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/04/2025</u>	
Name & Address: ANASTASEY MANOLATOS 28683 GRAHAM DR CHESTERFIELD, MI 48047		\$ <u>26.13</u>	\$ <u>26.13</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/04/2025</u>	
Name & Address: EMILY WITTMAN 42741 WIMBLETON WAY NOVI, MI 48377		\$ <u>52.00</u>	\$ <u>52.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/05/2025</u>	
Name & Address: KERRY WITTMAN 42741 WIMBLETON WAY NOVI, MI 48377		\$ <u>414.25</u>	\$ <u>414.25</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SLALOM</u> Business Address <u>660 WOODWARD AVE, SUITE 1975, DETROIT, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,010.13**

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

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

1. Committee I.D. Number 140574
2. Committee Name CTE GEORGE-MICHAEL HIGGINS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/06/2025</u> Name & Address: SUSAN BARKELL 114 N PAYNE ST ALEXANDRIA, VA 22314		\$ <u>207.25</u>	\$ <u>207.25</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☒ YES 4. Date of Receipt <u>10/07/2025</u> Name & Address: REGISTRARS PAC LOCAL 58, IBEW 1358 ABBOTT ST DETROIT, MI 48216		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/08/2025</u> Name & Address: EVE ABDO 2819 OLD LEBANON DIRT RD MT. JULIET, TN 37122		\$ <u>517.75</u>	\$ <u>517.75</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GO USA FUNPARK</u> Business Address <u>2270 ARMORY DR, MURFREESBORO, TN 37129</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/08/2025</u> Name & Address: MARILYN LANE 16558 WOODLANE FRASER, MI 48026		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STRATEGIC POLICY AND GOVERNMENT RELATIONS</u> Employer <u>MACOMB COUNTY EXECUTIVE OFFICE</u> Business Address <u>ONE S MAIN ST, 8TH FLOOR, MT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,325.00**

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

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

1. Committee I.D. Number 140574
2. Committee Name CTE GEORGE-MICHAEL HIGGINS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/09/2025</u>	
Name & Address: AMY WALLS 170 LAKESHORE DR WESTWOOD, MA 02090		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE PLANNING CONSULTANT</u> Employer <u>FIDELITY INVESTMENTS</u> Business Address <u>245 SUMMER ST, BOSTON, MA 02205</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☒ YES	4. Date of Receipt <u>10/10/2025</u>	
Name & Address: REALTORS POLITICAL ACTION COMMITTEE OF MICHIGAN 720 N WASHINGTON AVE LANSING, MI 48906		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/10/2025</u>	
Name & Address: KELLY HIGGINS 1770 N 7TH ST KALAMAZOO, MI 49009		\$ <u>26.13</u>	\$ <u>26.13</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/10/2025</u>	
Name & Address: DONNA WELCH 22912 ALGER ST ST CLAIR SHORES, MI 48080		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **976.13**

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

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

1. Committee I.D. Number 140574
2. Committee Name CTE GEORGE-MICHAEL HIGGINS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/12/2025</u> Name & Address: NOURELDIN ALMAHAMEED 31500 CONCORD DR MADISON HEIGHTS, MI 48071		\$ <u>26.13</u>	\$ <u>26.13</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/15/2025</u> Name & Address: DENISE L MENTZER 1399 KINGSLEY ST MT CLEMENS, MI 48043		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STATE REPRESENTATIVE</u> Employer <u>MICHIGAN HOUSE OF REPRESENTATIVES</u> Business Address <u>124 N CAPITOL AVE, LANSING, MI 48933</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/16/2025</u> Name & Address: TRACY ZDEB 21565 EDISON ST DEARBORN, MI 48124		\$ <u>26.13</u>	\$ <u>26.13</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/16/2025</u> Name & Address: JOHN PIERICK 822 HOLLYWOOD AVE GROSSE POINTE WOODS, MI 48236		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **352.26**

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

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

1. Committee I.D. Number 140574
2. Committee Name CTE GEORGE-MICHAEL HIGGINS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/17/2025</u> Name & Address: BARB ENGEL 29612 ROAN AVE WARREN, MI 48093		\$ <u>103.75</u>	\$ <u>103.75</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ 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: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **103.75**

Grand Total of All Schedules 1A
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8,919.19

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line 3a of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 140574

CANDIDATE COMMITTEE

2. Committee Name CTE GEORGE-MICHAEL HIGGINS

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: GEORGE-MICHAEL HIGGINS 18331 BREEZEWAY FRASER, MI 48026 If over \$100.00 cumulative, please provide: Occupation: <u>REGIONAL ORGANIZING DIRECTOR</u> Employer Name & Business Address: FOR OUR FUTURE ACTION FUND 200 MASSACHUSETTS AVE NW, SUITE 122, WASHINGTON, DC 20001 ☐ 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 <u>VOTER FILE SOFTWARE ACCESS</u> 5. Date Of Receipt: <u>08/05/2025</u> 6. Vendor Name & Address: MICHIGAN DEMOCRATIC PARTY 606 TOWNSEND ST, LANSING, MI 48933	\$ <u>150.00</u>	\$ <u>150.00</u>
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: GEORGE-MICHAEL HIGGINS 18331 BREEZEWAY FRASER, MI 48026 If over \$100.00 cumulative, please provide: Occupation: <u>REGIONAL ORGANIZING DIRECTOR</u> Employer Name & Address: FOR OUR FUTURE ACTION FUND 200 MASSACHUSETTS AVE NW, SUITE 122, WASHINGTON, DC 20001 ☐ 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 <u>DOMAIN FEES</u> 5. Date Of Receipt: <u>08/26/2025</u> 6. Vendor Name & Address: PORKBUN.COM 21370 SW LANGER FARMS PKWY, SHERWOOD, OR 97140	\$ <u>37.03</u>	\$ <u>187.03</u>
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ 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 _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: _____	\$ _____	\$ _____

[Click Here for Memo Itemization](#)

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187.03

187.03

Grand Total of all Schedules 1-IK
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187.03

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140574
2. Committee Name CTE GEORGE-MICHAEL HIGGINS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SPENCER CALHOUN Address 16 N HIGHLAND ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: <u>GRAPHIC DESIGN</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/28/2025</u> Date	\$ <u>150.00</u>
Expenditure #2 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: <u>WALK LITERATURE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/29/2025</u> Date	\$ <u>742.00</u>
Expenditure #3 Name SITEGROUND HOSTING Address 700 N FAIRFAX ST ALEXANDRIA, VA 22314 ☐ Fund Raiser	Purpose: <u>WEBSITE HOSTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/30/2025</u> Date	\$ <u>59.88</u>
Expenditure #4 Name SAWICKI & SON Address 1521 W LAFAYETTE BLVD DETROIT, MI 48216 ☐ Fund Raiser	Purpose: <u>LAWN SIGNS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/10/2025</u> Date	\$ <u>1,048.08</u>
Expenditure #5 Name C & G PUBLISHING INC Address 13650 E 11 MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: <u>NEWSPAPER AD</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/15/2025</u> Date	\$ <u>285.00</u>

Subtotal this page **2,284.96**

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140574**
2. Committee Name **CTE GEORGE-MICHAEL HIGGINS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: MAIL PIECE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/29/2025 Date	\$ 1,416.87
Expenditure #2 Name C &G PUBLISHING INC Address 13650 E 11 MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: NEWSPAPER AD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/01/2025 Date	\$ 285.00
Expenditure #3 Name CAMPAIGN VERIFY Address 1215 31ST ST NW PO BOX 3554 WASHINGTON, DC 20007 ☐ Fund Raiser	Purpose: CAMPAIGN VERIFICATION TOKEN ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/07/2025 Date	\$ 95.00
Expenditure #4 Name NGPVAN Address 1420 NEW YORK AVE NW #650 WASHINGTON, DC 20005 ☐ Fund Raiser	Purpose: TRANSACTION FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/10/2025 Date	\$ 155.64
Expenditure #5 Name C &G PUBLISHING INC Address 13650 E 11 MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: BANNER AD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/14/2025 Date	\$ 263.00

Subtotal this page **2,215.51**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140574
2. Committee Name CTE GEORGE-MICHAEL HIGGINS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SPENCER CALHOUN Address 16 N HIGHLAND ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: <u>GRAPHIC DESIGN</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/15/2025</u> Date	\$ <u>150.00</u>
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page	150.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)	4,650.47

Enter this total
on line 8a of
Summary Page