



FILED

25 NOV 2025 PM 10:07

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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**CANDIDATE COMMITTEE
COVER PAGE**

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

3. This Statement covers From: 10/20/2025 to 11/24/2025

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

11/25/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

11/25/2025



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>1,509.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1,509.00</u>	(18.) \$ <u>10,428.19</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>1,509.00</u>	(20.) \$ <u>10,428.19</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>30.50</u>	(21.) \$ <u>217.53</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>3,195.01</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>3,195.01</u>	(23.) \$ <u>7,845.48</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>4,268.72</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1,509.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>5,777.72</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>3,195.01</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2,582.71</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>10/30/2025</u> Name & Address: UAW MICHIGAN V-PAC 8000 E JEFFERSON AVE SOLIDARITY HOUSE DETROIT, MI 48214 \$ <u>1,000.00</u> \$ <u>1,000.00</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser							
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/02/2025</u> Name & Address: JENNINGS JIN 6756 STONEBRIDGE CT WEST BLOOMFIELD, MI 48322 \$ <u>250.00</u> \$ <u>250.00</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>SOFTWARE ENGINEER</u> Employer <u>CAPITAL ONE</u> Business Address <u>1680 CAPITAL ONE DR, MCLEAN, VA 22102</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser							
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/13/2025</u> Name & Address: HENRY NEWNAN 27156 GAIL DR WARREN, MI 48093 \$ <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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name & Address _____ \$ _____ \$ _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser							

Page Subtotal

1,509.00

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

1,509.00

Enter this total on
line 3a of Summary
Page.



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 P 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, 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>POSTAGE</u> 5. Date Of Receipt: <u>11/21/2025</u> 6. Vendor Name & Address: UNITED STATES POSTAL SERVICE 28401 MOUND RD, WARREN, MI 48090	\$ <u>30.50</u>	\$ <u>2,280.50</u>
Contribution # 2 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:	\$ \$	
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](#)

[Click Here for Memo Itemization](#)

Page Subtotal

30.50

2,280.50

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

30.50

Enter this total
on line 6 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 WKQ MEDIA LLC Address 1502 KEARNY ST NE WASHINGTON, DC 20017 ☐ Fund Raiser	Purpose: AD BUY - DIGITAL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/23/2025 Date	\$ 2,020.00
Expenditure #2 Name COSTCO Address 27118 GRATIOT AVE ROSEVILLE, MI 48066 ☐ Fund Raiser	Purpose: CANDY FOR PARADE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/25/2025 Date	\$ 215.90
Expenditure #3 Name C &G PUBLISHING INC Address 13650 E 11 MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: AD BUY ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/28/2025 Date	\$ 263.00
Expenditure #4 Name COSTCO Address 27118 GRATIOT AVE ROSEVILLE, MI 48066 ☐ Fund Raiser	Purpose: CANDY FOR TRUNK OR TREAT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/28/2025 Date	\$ 60.85
Expenditure #5 Name DAILY DOZEN Address 13599 E 9 MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: CIDER AND DONUTS FOR MEET AND GREET ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/29/2025 Date	\$ 89.99

Subtotal this page **2,649.74**

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 INFINITY HALL Address 16650 E 14 MILE RD FRASER, MI 48026 ☐ Fund Raiser	Purpose: <u>WATCH PARTY REFRESHMENTS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/04/2025</u> Date	\$ <u>354.52</u>
Expenditure #2 Name SCALE TO WIN, INC Address 455 MARKET ST SF, CA 94105 ☐ Fund Raiser	Purpose: <u>TEXTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/04/2025</u> Date	\$ <u>114.49</u>
Expenditure #3 Name NGPVAN Address 1420 NEW YORK AVE NW #650 WASHINGTON, DC 20005 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/13/2025</u> Date	\$ <u>8.42</u>
Expenditure #4 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: <u>LITERATURE - THANK YOU CARDS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/21/2025</u> Date	\$ <u>67.84</u>
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u> </u> Date	\$ <u> </u>

Subtotal this page **545.27**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **3,195.01**

Enter this total
on line 8a of
Summary Page