



FILED

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MACOMB COUNTY CLERK
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**CANDIDATE COMMITTEE
COVER PAGE**

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

3. This Statement covers From: 03/04/2025 to 07/20/2025

1. Committee I.D. Number

140556

4. Candidate Last Name

First Name

M.I.

COVERT

RYAN

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

MAYOR, NEW BALTIMORE

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

2. Committee Name

RYAN COVERT FOR NEW BALTIMORE

5. Committee's Mailing Address

**37115 HIGHVIEW ST
NEW BALTIMORE, MI 48047**

Area Code and Phone (586) 907-0859
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

**RYAN COVERT
37115 HIGHVIEW ST
NEW BALTIMORE, MI 48047**

Area Code & Phone (586) 907-0859

7. Treasurer's Business Address

**37115 HIGHVIEW ST
NEW BALTIMORE, MI 48047**

Area Code and Phone (586) 907-0859

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

Area Code and Phone () -

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

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

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

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement ()
Coverage Year

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

Date of Election, Convention or Caucus

08/05/2025

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

07/25/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/25/2025



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140556

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name RYAN COVERT FOR NEW BALTIMORE

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>3,100.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>3,100.00</u>	(18.) \$ <u>3,100.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>1,225.00</u>	(19.) \$ <u>1,225.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>4,325.00</u>	(20.) \$ <u>4,325.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>2,206.54</u>	(21.) \$ <u>2,206.54</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>3,112.20</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>3,112.20</u>	(23.) \$ <u>3,112.20</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>1,608.27</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>4,325.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>4,325.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>3,112.20</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1,212.80</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140556
2. Committee Name RYAN COVERT FOR NEW BALTIMORE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/21/2025</u>	
Name & Address: RICK STEPANOVIC 1526 N LEAVITT ST UNIT 2 CHICAGO, IL 60622		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>JENNER & BLOCK LLP</u> Employer <u>ATTORNEY</u> Business Address <u>353 N CLARK ST, RIVER NORTH, IL 60654</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/23/2025</u>	
Name & Address: GARY COVERT 54707 BRADSHAW DR NEW BALTIMORE, MI 48047		\$ <u>1,000.00</u>	\$ <u>1,000.00</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 # 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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/10/2025</u>	
Name & Address: ERIC COVERT 7364 SHANNA IRA, MI 48023		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>KELLER WILLIAMS</u> Business Address <u>31175 23 MILE RD, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,000.00

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

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 140556

CANDIDATE COMMITTEE

2. Committee Name RYAN COVERT FOR NEW BALTIMORE

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: RYAN COVERT 37115 HIGHVIEW ST NEW BALTIMORE, MI 48047 If over \$100.00 cumulative, please provide: Occupation: UNION REP Employer Name & Business Address: SEAFARERS 520 ST CLAIR RIVER DR, ALGONAC, MI 48001 ☐ 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 PARADE DECORATIONS 5. Date Of Receipt: 06/22/2025 6. Vendor Name & Address: DOLLAR TREE 51361 GRATIOT AVE, CHESTERFIELD, MI 48051	\$ 25.18	\$ 1,030.27
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: RYAN COVERT 37115 HIGHVIEW ST NEW BALTIMORE, MI 48047 If over \$100.00 cumulative, please provide: Occupation: UNION REP Employer Name & Address: SEAFARERS 520 ST CLAIR RIVER DR, ALGONAC, MI 48001 ☐ 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 2ND MAILER (PRINT AND POSTAGE) 5. Date Of Receipt: 07/08/2025 6. Vendor Name & Address: THE ORIGINAL PRINT SHOPPE 270 S TELEGRAPH RD, PONTIAC, MI 48341	\$ 1,176.27	\$ 2,206.54
Contribution #3 PAC Receipt? ☐ Yes Name & Address: RYAN COVERT 37115 HIGHVIEW ST NEW BALTIMORE, MI 48047 If over \$100.00 cumulative, please provide: Occupation: UNION REP Employer Name & Address: SEAFARERS 520 ST CLAIR RIVER DR, ALGONAC, MI 48001 ☐ 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 VOTER DATA 5. Date Of Receipt: 04/09/2025 6. Vendor Name & Address: VOTEBUILDER 606 TOWNSEND ST, LANSING, MI 48933	\$ 37.50	\$ 469.50

Page Subtotal **1,238.95** **2,206.54**

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **140556**

CANDIDATE COMMITTEE

2. Committee Name **RYAN COVERT FOR NEW BALTIMORE**

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: RYAN COVERT 37115 HIGHVIEW ST NEW BALTIMORE, MI 48047 If over \$100.00 cumulative, please provide: Occupation: UNION REP Employer Name & Business Address: SEAFARERS 520 ST CLAIR RIVER DR, ALGONAC, MI 48001 ☐ 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 CIVIC CLUB EVENT SPONSORSHIP 5. Date Of Receipt: 05/03/2025 6. Vendor Name & Address: NEW BALTIMORE CIVIC CLUB 36551 MAIN ST, NEW BALTIMORE, MI 48047	\$ 100.00	\$ 569.50
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

100.00

0.00

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

2,206.54

Enter this total
on line 6 of Summary
Page