



MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

www.Michigan.gov/sos LAIR CUNIRIBUTION REPORT	
1. Your Committee ID#: 139377	
2. Your Committee Name: CITIZENS FOR MICHAEL RADTKE	
3. Date Late Contribution(s) Received: 07/31/2025 (Only one Date per Sheet)	
 Late Contribution Reports are required when a Candidate committee receives a single contribution or a cumulative contribution from the same constitution of the candidate committee of the last campaign statement required and the 3rd day before the candidate is participating. See Appendix G of the Campaign Finance Manual. A committee other than a candidate committee (PAC, Ballot Question or Political Party) receives or a cumulative contribution from the same contributor of \$2,500.00 or more after the closing date statement required and the 3rd day before an election. See Appendix G of the Campaign Finance M Contributions are anything of monetary value including contributions of money, in-kind and loans to the constitute Contribution Reports are not waived by the Reporting Waiver. Late Contribution Reports that are filed late result in the committee receiving a late filing fee. The maximular per report. Paper filers may file the report by any written means (including fax) within 48 hour of receipt of the contribution Official. Electronic Filers on the state level must file all Late Contribution Report electronically. The Late Contribution must also be reported on the next Campaign Statement owed by the committee. 	re an election where a single contribution c of the last campaign Manual. mmittee. am fee is \$2,000.00
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial and if the contributor is an individual, the Occupation, Employer and Business address of the contributor.	5. Cumulative Amount during LCR Period.
Contributor Name and Address: REGISTRARS PAC LOCAL 58, IBEW 1358 ABBOTT ST., DETROIT, MI 48226	\$ 500.00
(If Individual, also provide:) Occupation Employer / Business Address	
Contributor Name and Address:	
(If Individual, also provide:) Occupation Employer / Business Address	
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(If Individual, also provide:) Occupation Employer / Business Address	
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(If Individual, also provide:) Occupation Employer / Business Address	