

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

FILED 2025 AUG 4 AM8:09 MACOMB COUNTY CLERK

| www.Michigan.gov/sos LAIE CONIRIBUTION REPORT | |
|--|--|
| Your Committee ID#: 139377 | |
| 2. Your Committee Name: CITIZENS FOR MICHAEL RADTKE | |
| 3. Date Late Contribution(s) Received: 08/02/2025 (Only one Date per Sheet) | |
| Late Contribution Reports are required when a | ada, Inggala ana ayun da dada ar arang 12 a sang a dah ad ana di dhumman da da dan undar 1,0 fini |
| O Candidate committee receives a single contribution or a cumulative contribution from the same co \$500.00 or more after the closing date of the last campaign statement required and the 3 rd day before the candidate is participating. See Appendix G of the Campaign Finance Manual. | e an election where |
| O A committee other than a candidate committee (PAC, Ballot Question or Political Party) receives a or a cumulative contribution from the same contributor of \$2,500.00 or more after the closing date statement required and the 3 rd day before an election. See Appendix G of the Campaign Finance M. | of the last campaign |
| • Contributions are anything of monetary value including contributions of money, in-kind and loans to the con | nmittee. |
| Late 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 maximum | m fee is \$2,000.00 |
| per report. | |
| Paper filers may file the report by any written means (including fax) within 48 hour of receipt of the contribution. | ition with your |
| 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. | 15.0.15 |
| 4. 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: MICHAEL RADTKE JR. 34205 Barrett Dr., Sterling Heights, MI 48312 | \$ 903.32 |
| (If Individual, also provide:) Occupation Consultant Employer / Business Address Wolverine Strategies | |
| 13515 Parkridge Dr, Shelby Township, MI 48315 | |
| Contributor Name and Address: | |
| | |
| (If Individual, also provide:) | |
| Occupation Employer / Business Address | |
| Contributor Name and Address: | |
| Contributor Name and Address. | |
| | Harvey Annual Control of the Control |
| (If Individual, also provide:) | |
| Occupation Employer / Business Address | |
| Contributor Name and Address: | |
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| (If Individual, also provide:) Occupation Employer / Business Address | |
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