



FILED

24 OCT 2025 PM 05:00

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: 08/26/2025 to 10/19/2025

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

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

10/24/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/24/2025



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>1,660.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1,660.00</u>	(18.) \$ <u>9,236.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>1,225.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>1,660.00</u>	(20.) \$ <u>10,461.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>725.00</u>	(21.) \$ <u>2,931.54</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>2,898.37</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>2,898.37</u>	(23.) \$ <u>7,654.48</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>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>4,044.89</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1,660.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>5,704.89</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>2,898.37</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2,806.52</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>09/08/2025</u>	
Name & Address: ROBERT WEINS 36536 MARQUARDT CT NEW BALTIMORE, MI 48047		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>INSIGHTS ADVISORS, LLC</u> Business Address <u>36535 MARQUARDT CT, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/25/2025</u>	
Name & Address: CAITLIN O'ROURKE 425 EVERETT DR LANSING, MI 48915		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>CAPITOL FUNDRAISING ASSOCIATES</u> Business Address <u>124 W ALLEGAN ST, 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>09/30/2025</u>	
Name & Address: PATRICIA FOX 12313 STRASBURG RD LA SALLE, MI 48145		\$ <u>50.00</u>	\$ <u>50.00</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 <u>10/06/2025</u>	
Name & Address: JOHN TINNETTE 9170 PETERS RD CLAY, MI 48001		\$ <u>140.00</u>	\$ <u>140.00</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 **540.00**

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 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>10/13/2025</u>	
Name & Address: RICHARD ZIEMER 35410 ST CLAIR DR NEW BALTIMORE, MI 48047		\$ <u>25.00</u>	\$ <u>25.00</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>10/13/2025</u>	
Name & Address: DONNA LANGE 18610 MATTHEWS ST RIVERVIEW, MI 48193		\$ <u>120.00</u>	\$ <u>120.00</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 <u>10/13/2025</u>	
Name & Address: CAROL PARDO 50785 JEFFERSON AVE APT 320 NEW BALTIMORE, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</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 <u>10/13/2025</u>	
Name & Address: KEVIN COVERT 137 E HAZELHURST ST FERNDAL, MI 48220		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LABOR COORDINATOR</u> Employer <u>4WALL ENTERTAINMENT</u> Business Address <u>30082 RESEARCH DR, NEW HUDSON, MI 48165</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 445.00

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 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>10/13/2025</u> Name & Address: LINDSAY KAZMIERCZAK 54681 BRADSHAW DR NEW BALTIMORE, MI 48047		\$ <u>75.00</u>	\$ <u>75.00</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>10/13/2025</u> Name & Address: MARYBETH JAMIESON 54898 DANIELLE ST NEW BALTIMORE, MI 48047		\$ <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			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/13/2025</u> Name & Address: TYLER MANN 28842 JANE ST ST CLAIR SHORES, MI 48081		\$ <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			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/13/2025</u> Name & Address: LARRY GINGAS 50500 JEFFERSON AVE NEW BALTIMORE, MI 48047		\$ <u>60.00</u>	\$ <u>60.00</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 **335.00**

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 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>10/13/2025</u>	
Name & Address: CATHIE DUPRAY 37375 SIENNA OAKS DR NEW BALTIMORE, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</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>10/13/2025</u>	
Name & Address: RUSSEL PLOTZKE 36055 WEBER RD RICHMOND, MI 48062		\$ <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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/13/2025</u>	
Name & Address: PATRICK GREEN 52092 THOMAS LN NEW BALTIMORE, MI 48047		\$ <u>40.00</u>	\$ <u>40.00</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>10/15/2025</u>	
Name & Address: LINDA SINISCHO 2465 BAW BEESE TRAIL HILLSDALE, MI 49242		\$ <u>50.00</u>	\$ <u>50.00</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 240.00

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 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>10/16/2025</u> Name & Address: KYANE CRANE 11607 60TH ST KENOSHA, WI 53144		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>IMPLEMENTATION SPECIALIST</u> Employer <u>VONTIER</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	



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 N COVERT 37115 HIGHVIEW ST NEW BALTIMORE, MI 48047 If over \$100.00 cumulative, please provide: Occupation: UNION REP Employer Name & Business Address: SEAFARERS INTERNATIONAL UNION 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 FOOD FOR FUNDRAISER 5. Date Of Receipt: 10/13/2025 6. Vendor Name & Address: KNAPP'S CITY GARAGE 36370 MAIN ST, NEW BALTIMORE, MI 48047	\$ 725.00	\$ 725.00
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

725.00

725.00

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

725.00

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

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: SUPPORTER POSTCARDS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/27/2025 Date	\$ 84.80
Expenditure #2 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: BILLBOARDS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/02/2025 Date	\$ 345.03
Expenditure #3 Name WIX.COM Address 100 GANSEVOORT ST NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: CREDIT CARD PROCESSING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/08/2025 Date	\$ 9.55
Expenditure #4 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: WALK CARDS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/15/2025 Date	\$ 477.00
Expenditure #5 Name CITY OF NEW BALTIMORE Address 36535 GREEN ST NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: PAVILION MEET AND GREET RENTAL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/17/2025 Date	\$ 189.35

Subtotal this page

1,105.73

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 **140556**
2. Committee Name **RYAN COVERT FOR NEW BALTIMORE**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name WIX.COM Address 100 GANSEVOORT ST NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/25/2025</u> Date	\$ <u>4.00</u>
Expenditure #2 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: <u>3RD MAILER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/29/2025</u> Date	\$ <u>1,673.71</u>
Expenditure #3 Name WIX.COM Address 100 GANSEVOORT ST NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/30/2025</u> Date	\$ <u>1.75</u>
Expenditure #4 Name WIX.COM Address 100 GANSEVOORT ST NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/13/2025</u> Date	\$ <u>7.55</u>
Expenditure #5 Name WIX.COM Address 100 GANSEVOORT ST NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/13/2025</u> Date	\$ <u>2.48</u>

Subtotal this page **1,689.49**
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 140556
2. Committee Name RYAN COVERT FOR NEW BALTIMORE

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name WIX.COM Address 100 GANSEVOORT ST NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/13/2025</u> Date	\$ <u>3.20</u>
Expenditure #2 Name CAMPAIGN VERIFY Address 1215 31ST ST NW WASHINGTON, DC 20007 ☐ Fund Raiser	Purpose: <u>TEXTING TOKEN</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/14/2025</u> Date	\$ <u>95.00</u>
Expenditure #3 Name WIX.COM Address 100 GANSEVOORT ST NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/15/2025</u> Date	\$ <u>1.75</u>
Expenditure #4 Name WIX.COM Address 100 GANSEVOORT ST NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/16/2025</u> Date	\$ <u>3.20</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 **103.15**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **2,898.37**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: RYAN COVERT 37115 HIGHVIEW ST NEW BALTIMORE, MI 48047	4. Type: <u>PREMIUM WEBSITE PACKAGE</u> 5. <u>Date Debt Was Incurred:</u> <u>03/14/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>432.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>432.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: RYAN COVERT 37115 HIGHVIEW ST NEW BALTIMORE, MI 48047	4. Type: <u>DEBT FOR 2ND MAILER (PRINT & F</u> 5. <u>Date Debt Was Incurred:</u> <u>07/08/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>1,176.27</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>1,176.27</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

1,608.27

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

1,608.27

Enter this total
on line 12a "owed
by" or line 12b
"owed to" of the
Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 10/13/2025	4. Number of Individuals Attending or Participating (whichever is greater) 31	5. Type of Fund Raising Activity FUNDRAISER DINNER	6. Address and Name (If any) of the place where the activity was held. KNAPP'S CITY GARAGE 36370 MAIN ST NEW BALTIMORE, MI 48047 ☐ Private Residence
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7. Total Contributions **1,700.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **1,700.00**
10. Total Cost of Event **725.00**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.