

## CANDIDATE COMMITTEE COVER PAGE

FILED 24 OCT 2025 PM 12:17

MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

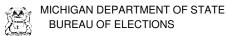
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by andidate.	3. This Statement covers From	08/26/2025 to 1	0/19/2025	
1. Committee I.D. Number		4. Candidate Last Name	First Name	M.I.	
139377		RADTKE	MICHAEL	V	
2. Committee Name		4a. Office Sought Including Dis	,	If applicable)	
		COUNCIL, STERLING	HEIGHIS		
CITIZENS FOR MICHAEL RA	ADIKE	4b. County of Residence MA	COMB COUNTY		
5. Committee's Mailing Address		6. Treasurer's Name & Reside	ential Address		
34205 BARRETT STERLING HEIGHTS, MI 48312		VIRGINIA LA ROSA 13515 PARKRIDGE SHELBY TWP, MI 48315			
Area Code and Phone (586) 873-8427					
If the address in this box is different from the comm mailing address on the Statement of Organization, to be sent to this address by the filing official.		Area Code & Phone (586)	739-8885		
7. Treasurer's Business Address			s Name and Mailing Address	(If the committee has a	
13515 PARKRIDGE SHELBY TWP, MI 48315					
Area Code and Phone (586) 739-8885		Area Code and Phone () -			
9. TYPE OF STATEMENT	Damiliand ON	II V if a sold of a	9e. Dissolution of Candida	ate Committee	
9a. X Pre-Election <b>OR</b> 9b. Post-Election	is not on the current year:	NLY if candidate ballot for the	_ · _ ·	We certify any outstanding debt didate or his or her spouse is here	
Pre-Election or Post-Election Statement relates to:	July Quart		by discharged and forgiven,	and no longer collectible from tee has no oustanding assets,	
Primary	July Quali	terry	owes no lates fees or has an		
<b>⊠</b> General	October C	Quarterly	Further, if the dissolution can	not be granted, that this be	
Convention			considered a request for the		
Special	9c. Annua	al Statement ()	Effective date of di	issolution	
School		Coverage Year	Lifective date of di	SSOIUTION	
Caucus	(Comp	dment to Campaign Statement olete Item 9a, 9b , 9c or 9e to e which Statement is being ded.)	Note: The disposition of residuction Schedule 1B and the Summa	dual funds must be reported on ary Page.	
Date of Election, Convention or Caucus					
11/04/2025					
10. Verification: I\We certify that all reasonable diligmy\our knowledge and belief the contents are true,	ence was used accurate and co	in the preparation of this statem omplete.	ent and attached schedules (if	any) and to the best of	
Current Treasurer or		1	Submitted electronically, signature on file	10/24/2025	
Designated Record keeper Type or Print Name		Signature	——— Date	10/21/2020	
Candidate		1	Submitted electronically, signature on file	10/24/2025	
Type or Print Name		Signature	Date		

1. Committee I.D. Number 139377

#### **SUMMARY PAGE CANDIDATE COMMITTEE**

### 2. Committee Name CITIZENS FOR MICHAEL RADTKE

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		,,,,,
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 14,654.05	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 14,654.05	(18.) \$ 86,229.05
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _0.00	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 14,654.05	(20.) \$ 86,229.05
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 9,986.46	(21.) \$ 29,629.09
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$ 0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 691.51	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 691.51	(23.) \$ 42,587.59
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS		
(Add Line 10a + Line 10b)	(11.) \$ 0.00	(24.) \$ 0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed <b>by</b> the Committee (Schedule 1E)	(12a.) \$ 47,838.94	
b. Owed <b>to</b> the Committee (Schedule 1E)	(12b.) \$ 0.00	
	BALANCE STATEMENT	1
13. Ending Balance of last report filed	(13.) <b>\$_42,544.96</b>	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ 14,654.05	
(Line 5, Total Contributions & Other Receipts)		
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(15.) = \$ <u>57,199.01</u>	
(Add lines 9 and 11)	(16.) - \$ <u>691.51</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 56,507.50 *	



# ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

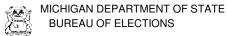
1. Committee I.D. Number

139377

2. Committee Name

CITIZENS FOR MICHAEL RADTKE

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 all 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 08/29/2025  Name & Address: ALAN CASMERE 28836 PANAMA ST WARREN, MI 48092  5. If over \$100.00 cumulative, please provide: Occupation SELF EMPLOYED Employer FRIENDLY OUTDOOR STORAGE Business Address 33400 MAPLE LN DR, STERLING HEIGHTS, MI 48312	<sub>\$</sub> 400.00	<sub>\$</sub> 2,540.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/04/2025  Name & Address  GRACE FUNG 2841 YOSEMITE AVE S  MINNEAPOLIS, MN 55416	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
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 09/09/2025  Name & Address:  TIMOTHY ZOLLNER  54421 IROQUOIS LN  SHELBY TWP, MI 48315	§ 60.00	<u>\$ 210.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address Loan from a person Fund Baiser		
Turio ridici		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/09/2025  Name & Address  PATRICIA BELANGER  1924 NW FEDERAL HWY., APT 2318  STUART, FL 34994	<sub>\$</sub> 100.00	<sub>\$</sub> _560.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address  Type of Contribution:  Loan from a person Fund Raiser		
Page Subtotal	610.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number 1393

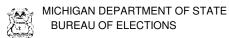
139377

#### **CANDIDATE COMMITTEE**

2. Committee Name

CITIZENS FOR MICHAEL RADTKE

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 09/09/2025  Name & Address: JOE DISANO 2162 BANYON TRAIL EAST LANSING, MI 48823	<sub>\$</sub> 400.00	<sub>\$</sub> 1,170.00
5. If over \$100.00 cumulative, please provide:  Occupation CONSULTANT Employer DISANO STRATEGIES  Business Address 5859 W SAGINAW HWY, LANSING, MI 48917  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/10/2025  Name & Address  JIM MCNULTY  5065 BAYLEAF DR  STERLING HEIGHTS, MI 48314  5. If over \$100.00 cumulative, please provide:	\$ 100.00	<sub>\$</sub> 700.00
Occupation RETIRED Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 09/10/2025  JOHN BOLOGNA 19135 SAXON DR BEVERLY HILLS, MI 48025	\$ 400.00	<sub>\$</sub> 1,850.00
5. If over \$100.00 cumulative, please provide:  Occupation REAL ESTATE DEVELOPER Employer BMRS PROPERTY  Business Address 33100 SCHOENHERR RD, STERLING HEIGHTS, MI 48312  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/10/2025  Name & Address  BRIAN KERN  54482 RIDGEVIEW DR  SHELBY TOWNSHIP, MI 48316	<sub>\$</sub> 100.00	<sub>\$</sub> 200.00
5. If over \$100.00 cumulative, please provide:  Occupation SUPERVISOR Employer J G KERN		
Business Address 44044 MERRILL RD, STERLING HEIGHTS, MI 48314  Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 2 of 17	Enter this total on line 3a of Summary Page.	-



#### **ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE**

1. Committee I.D. Number

139377

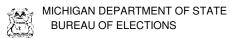
2. Committee Name

CITIZENS FOR MICHAEL RADTKE

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 all 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 09/10/2025  Name & Address: DAVID BRELOSKI 33555 CORNELISSEN DR STERLING HEIGHTS, MI 48312  5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer  Business Address	<sub>\$</sub> 100.00	<sub>\$</sub> 200.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/10/2025  Name & Address  FLORENCE HAYMAN 53540 GRACE DR  NEW BALTIMORE, MI 48047	<sub>\$</sub> 20.00	<sub>\$</sub> 40.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution:  Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/10/2025  PLUMBERS' LOCAL 98 STATE PAC FUND  700 TOWER DR  TROY, MI 48098	<u>\$200.00</u>	<sub>\$</sub> 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address  Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/10/2025  Name & Address  WARREN STERLING HEIGHTS DEMOCRATS PAC  31428 SARATOGA AVE  WARREN, MI 48093	<sub>\$</sub> 150.00	<sub>\$_</sub> 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	470.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  2 17	Enter this total on line 3a of Summary	

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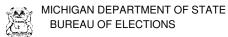
# ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number \_\_\_\_139377

2. Committee Name

CITIZENS FOR MICHAEL RADTKE

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 09/10/2025  Name & Address: WARREN STERLING HEIGHTS DEMOCRATS PAC  31428 SARATOGA AVE WARREN, MI 48093  5. If over \$100.00 cumulative, please provide:	§ 350.00	<sub>\$</sub> 500.00
Occupation Employer		
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/10/2025  Name & Address  CYNDI PELTONEN  318 BROADACRE AVE  CLAWSON, MI 48017	<sub>\$</sub> 10.00	<sub>\$</sub> 10.00
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 09/10/2025  Name & Address:  LUKE BONNER  4875 SAWGRASS DR W  ANN ARBOR, MI 48108	\$ 100.00	<sub>\$</sub> 550.00
5. If over \$100.00 cumulative, please provide:		
Occupation CEO Employer THE BONNER ADVISORY GROUP		
Business Address 1054 S MAIN ST, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/16/2025  Name & Address  STEVE BENEDETTINI  2250 AVON LAKE LN  ROCHESTER HILLS, MI 48307	§ 400.00	<sub>\$</sub> 900.00
5. If over \$100.00 cumulative, please provide:		
Occupation PRESIDENT Employer SPALDING DEDECKER ASSOCIATES		
Business Address 905 E SOUTH BLVD, ROCHESTER HILLS, MI 48307  Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	860.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 4 of 17	Enter this total on line 3a of Summary Page.	-

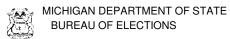


**CANDIDATE COMMITTEE** 

139377 1. Committee I.D. Number

2. Committee Name CITIZENS FOR MICHAEL RADTKE

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 09/21/2025  Name & Address: MICHIGAN LABORERS' POLITICAL LEAGUE PAC  1118 CENTENNIAL WAY LANSING, MI 48917	1 000 00	<sub>s</sub> 2,000.00
	\$ 1,000.00	\$
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address  Time of Contribution 12 Binds		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/21/2025  Name & Address		
PHILIP RUGGERI		
55764 ST REGIS DR	<sub>\$</sub> 400.00	<sub>\$</sub> 1,650.00
SHELBY TWP, MI 48315		<u></u>
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer PHILIP P. RUGGERI AND ASSOCIATES		
Business Address 43231 SCHOENHERR RD, STERLING HEIGHTS, MI 48313		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 09/21/2025  Name & Address:		
JOHN FENN 13288 LILLIAN LN	. 100 00	<sub>\$</sub> 550.00
STERLING HEIGHTS, MI 48313	\$ 100.00	\$ JJU.UU
5. If over \$100.00 cumulative, please provide:		
•		
Occupation RETIRED Employer		
Business Address Loan from a person    Fund Raiser		
Name & Address		
CHALDEAN CHAMBER P.A.C.		
2075 WALNUT LAKE RD	§ 500.00	, 3,000.00
WEST BLOOMFIELD, MI 48323	Ψ	Ф <u> </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	2,000.00	
Grand Total of All Schedules 1A		-
(Complete on last page of Schedule)	Enter this total on	J
Page 5 of 17	line 3a of Summary Page.	



1. Committee I.D. Number

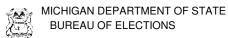
139377

CANDIDATE COMMITTEE

2. Committee Name

CITIZENS FOR MICHAEL RADTKE

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 all 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 09/21/2025  Name & Address: BARBARA PECKHAM  42217 ARCADIA DR  STERLING HEIGHTS, MI 48313  5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer	<u>\$ 100.00</u>	<sub>\$</sub> 300.00
Business Address  Type of Contribution:   Loan from a person  Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/21/2025  Name & Address  DENNIS BRUCK 16249 CONIFER LN CLINTON TOWNSHIP, MI 48038	<sub>\$</sub> 15.00	<sub>\$</sub> 60.00
5. If over \$100.00 cumulative, please provide:  Occupation Employer		
Business Address		
Type of Contribution:  Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 09/22/2025  Name & Address:  ALYSA DIEBOLT  23225 OAKWOOD AVE  EASTPOINTE, MI 48021	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer  Business Address  Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/23/2025  Name & Address  GARY CYNOWA  45451 FIELDING ST  MACOMB, MI 48042	<sub>\$</sub> 50.00	<sub>\$</sub> _410.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address		
Page Subtotal	190.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page _ of _ 17	Enter this total on line 3a of Summary Page.	



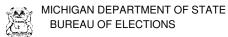
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#### **CANDIDATE COMMITTEE**

2. Committee Name CITIZENS FOR MICHAEL RADTKE

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 all 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 09/24/2025  Name & Address: JONATHAN COHN 333 COLUMBUS AVE BOSTON, MA 02116	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
If over \$100.00 cumulative, please provide:  Occupation		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/01/2025  Name & Address		
NATE HATTON 22844 ROXANA AVE	<sub>\$</sub> 200.00	<sub>\$</sub> 720.00
EASTPOINTE, MI 48021	\$ <u></u>	\$ / <b>Z</b> 0.00
5. If over \$100.00 cumulative, please provide:  Occupation CONDUCTOR Employer AMTRAK		
Business Address 23908 TALBOT ST, ST CLAIR SHORES, MI 48082		
Type of Contribution:  Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/01/2025  Name & Address:  MINDY MOORE  11530 SHORT DR  WARREN, MI 48093	<sub>\$</sub> 200.00	<sub>\$</sub> 600.00
5. If over \$100.00 cumulative, please provide:		
Occupation COURT REPORTER Employer FREELANCE REPORTERS, INC		
Business Address 11530 SHORT DR, WARREN, MI 48093  Type of Contribution:  Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/02/2025  Name & Address  JENNY STANCZYK  4550 BIRD DOG LN  SPRUCE, MI 48762	<sub>\$</sub> 25.00	<sub>\$</sub> _25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	450.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page 7 of 17	line 3a of Summary Page.	



1. Committee I.D. Number

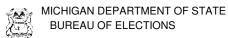
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2. Committee Name CITIZENS FOR MICHAEL RADTKE

CANDIDATE COMMITTEE 2. Committee Name	IZENS FOR M	ICHAEL RADTKE
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/02/2025  Name & Address: MICHAEL MACDONALD  18890 SAN QUENTIN DR  LATHRUP VILLAGE, MI 48076	<sub>\$</sub> 200.00	<sub>\$</sub> 700.00
5. If over \$100.00 cumulative, please provide:  Occupation CIVIL ENGINEER Employer HUBBELL ROTH & CLARK INC.		
Business Address 555 HULET DR, BLOOMFIELD HILLS, MI 48302  Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/02/2025  Name & Address  SAIF YOUSIF  37898 ASHLAND MEADOWS CT	<sub>\$</sub> 400.00	¢ 400.00
STERLING HEIGHTS, MI 48312	\$ <u>400.00</u>	<u>\$ 400.00</u>
5. If over \$100.00 cumulative, please provide:  Occupation SELF-EMPLOYED Employer CARSTAR COLLISION  Business Address 6309 15 MILE RD, STERLING HEIGHTS, MI 48312		
Type of Contribution:   Direct  Loan from a person  Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/05/2025  BARBARA GECK 39526 WALDORF DR CLINTON TWP, MI 48038	<sub>\$</sub> 100.00	<sub>\$</sub> 450.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address  Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/06/2025  Name & Address  NATHAN INKS  11848 ANGUS CIR  STERLING HEIGHTS, MI 48312	<sub>\$</sub> 500.00	<sub>\$</sub> 2,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer BLOOM SLUGGETT, PC		
Business Address 161 OTTAWA AVE NW, GRAND RAPIDS, MI 49503  Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	1,200.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	

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line 3a of Summary Page.



1. Committee I.D. Number

139377

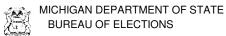
**CANDIDATE COMMITTEE** 

2. Committee Name CITIZENS FOR MICHAEL RADTKE

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 all 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 10/06/2025  Name & Address: CAROLE CHI 35325 MORAVIAN DR		0.40.00
STERLING HEIGHTS, MI 48312	<sub>\$</sub> 50.00	<sub>\$</sub> 240.00
5. If over \$100.00 cumulative, please provide:	· <del></del>	
Occupation NOT EMPLOYED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/07/2025		
Name & Address		
GEORGE CHAPP 4753 STILWELL DR	<sub>s</sub> 100.00	<sub>\$</sub> 100.00
WARREN, MI 48092	\$ 100.00	\$ 100.00
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 10/07/2025  Name & Address:  LISA BLAZEVSKI 31253 GAY ST  ROSEVILLE, MI 48066	<u>\$200.00</u>	<sub>\$</sub> 500.00
5. If over \$100.00 cumulative, please provide:		
Occupation ASSISTANT PROSECUTING ATTORNEY Employer MACOMB COUNTY PROSECUTOR'S OFFICE		
Business Address 1 S MAIN ST, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/08/2025  Name & Address  DOMINIC LA ROSA  13515 PARKRIDGE DR  SHELBY TWP, MI 48315	<sub>\$</sub> 729.05	<sub>\$</sub> 2,450.00
5. If over \$100.00 cumulative, please provide:		
Occupation ADVERTISING EXECUTIVE Employer SELF EMPLOYED		
Business Address 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,079.05	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	<del>-</del>

Page 9 of 17

line 3a of Summary Page.



1. Committee I.D. Number \_\_\_\_

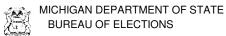
139377

#### **CANDIDATE COMMITTEE**

2. Committee Name

CITIZENS FOR MICHAEL RADTKE

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 all 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 10/08/2025  Name & Address: VIRGINIA LA ROSA 13515 PARKRIDGE DR SHELBY TWP, MI 48315  5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer	<sub>\$</sub> 1,150.00	<sub>\$</sub> 2,450.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/08/2025  Name & Address  MARC KASZUBSKI 1096 BROMPTON RD  ROCHESTER HILLS, MI 48309  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 100.00	<sub>\$</sub> 500.00
Occupation ATTORNEY Employer O'REILLY RANCILIO P.C.		
Business Address 12900 HALL RD, STERLING HEIGHTS, MI 48313		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/08/2025  Name & Address: BIRDIE NASH 29484 ASHLAND AVE HARRISON TOWNSHIP, MI 48045	<sub>\$</sub> 20.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer  Business Address  Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/08/2025  Name & Address  DEREK MILLER  4350 CREEKWOOD CT  ROCHESTER, MI 48306	<sub>\$</sub> 100.00	<sub>\$</sub> 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY SELF-EMPLOYED		
Business Address 38600 VAN DYKE AVE, STERLING HEIGHTS, MI 48312  Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	1,370.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page	Enter this total on line 3a of Summary Page.	

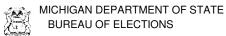


**CANDIDATE COMMITTEE** 

139377 1. Committee I.D. Number

2. Committee Name CITIZENS FOR MICHAEL RADTKE

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 all 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 10/08/2025  Name & Address: ZSA-ZSA BOOKER		
23811 VIRGINIA	§ 50.00	<sub>\$</sub> 50.00
WARREN, MI 48091	<u>\$ 00.00</u>	\$ 00.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution:   Loan from a person  Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/08/2025		
Name & Address  CITGO MAPLE LLC		
1654 LIVERNOIS RD	1 000 00	<sub>\$</sub> 1,000.00
TROY, MI 48083	\$_1,000.00	\$ 1,000.00
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? VES 4. Date of Receipt 10/08/2025  Name & Address:  SHEET METAL WORKERS LOCAL 80 PAC  17100 W 12 MILE RD  SOUTHFIELD, MI 48076	\$480.00	<sub>\$</sub> 1,900.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address  Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/08/2025  Name & Address  MICHAEL GILSON  37378 VAN DYKE AVE  STERLING HEIGHTS, MI 48312	<sub>\$</sub> 400.00	<sub>\$</sub> 1,280.00
5. If over \$100.00 cumulative, please provide:		
Occupation EXECUTIVE Employer CROSSROADS PLAZA		
Business Address 37378 VAN DYKE AVE, STERLING HEIGHTS, MI 48312		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,930.00	
Grand Total of All Schedules 1A	,	-
(Complete on last page of Schedule)	Enter this total on	J
Page 11 of 17	line 3a of Summary Page.	



1. Committee I.D. Number

139377

**CANDIDATE COMMITTEE** 

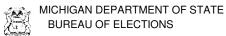
2. Committee Name

CITIZENS FOR MICHAEL RADTKE

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 10/08/2025  Name & Address: PASHKO UJKIC  38346 PHYLLIS CT STERLING HEIGHTS, MI 48312  5. If over \$100.00 cumulative, please provide:	\$300.00	<sub>\$</sub> 1,990.00
Occupation OWNER Employer DODGE PARK CONEY ISLAND		
Business Address 35252 DODGE PARK RD, STERLING HEIGHTS, MI 48312		
Type of Contribution:  Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/08/2025  Name & Address		
MICHIGAN LIST		
PO BOX 531482	<sub>\$</sub> 250.00	<sub>\$</sub> 250.00
LIVONIA, MI 48153		·
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 10/08/2025  Name & Address:  ALEXANDER HISHON 69753 CRIMSON CT BRUCE TOWNSHIP, MI 48065	<u>\$ 100.00</u>	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address  Type of Contribution:		
Turid Hallott	1	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/08/2025  Name & Address  SCOTT LOCKWOOD  950 SOUTHDOWN RD  BLOOMFIELD HILLS, MI 48304	<sub>\$</sub> 100.00	<sub>\$</sub> 300.00
5. If over \$100.00 cumulative, please provide:  Occupation CIVIL ENGINEER Employer ANDERSON ECKSTEIN AND WESTRICK INC.		
Business Address 51301 SCHOENHERR RD, SHELBY TOWNSHIP, MI 48315		
Type of Contribution: Direct Loan from a person Fund Raiser	I	T
Page Subtotal	750.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
12 17	Enter this total on line 3a of Summary	

Page I Z of I /

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1. Committee I.D. Number 139

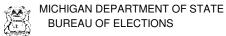
139377

#### **CANDIDATE COMMITTEE**

2. Committee Name

CITIZENS FOR MICHAEL RADTKE

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 all 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 10/08/2025  Name & Address: STEPHEN PANGORI 8106 ROSEBUD LN CLARKSTON, MI 48348  5. If over \$100.00 cumulative, please provide: Occupation CIVIL ENGINEER Employer ANDERSON ECKSTEIN AND WESTRICK	<sub>\$</sub> 100.00	<sub>\$</sub> 1,000.00
Business Address 51301 SCHOENHERR RD, SHELBY TWP, MI 48315  Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/08/2025  Name & Address  LARRY SCOTT  12900 HALL RD  STERLING HEIGHTS, MI 48313	<sub>\$</sub> 100.00	<sub>\$</sub> 400.00
5. If over \$100.00 cumulative, please provide:  Occupation ATTORNEY Employer O'REILLY RANCILIO P.C.		
Business Address 12900 HALL RD, STERLING HEIGHTS, MI 48313  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/08/2025  Name & Address:  DINA SHARGABIAN STUBER  5784 LIMESTONE DR  TROY, MI 48085	<sub>\$</sub> 100.00	<sub>\$</sub> 200.00
5. If over \$100.00 cumulative, please provide:  Occupation NOT EMPLOYED Employer		
Business Address  Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/08/2025  Name & Address  CHARLES TURNBULL  2640 BARBERRY DR  SHELBY TOWNSHIP, MI 48316	<sub>\$</sub> 100.00	<sub>\$</sub> 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer O'REILLY RANCILIO P.C.		
Business Address 12900 HALL RD, STERLING HEIGHTS, MI 48313  Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	400.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 13 of 17	Enter this total on line 3a of Summary Page.	J



1. Committee I.D. Number

139377

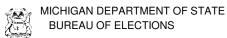
**CANDIDATE COMMITTEE** 

CITIZENS FOR MICHAEL RADTKE 2. Committee Name

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 10/08/2025  Name & Address:  VERONICA KLINEFELT FOR STATE SENATE  18143 WILSON AVE  EASTPOINTE, MI 48021  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
Occupation Employer		
Business Address  Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/08/2025  Name & Address  ARVIN ZORA 6884 HAYMARKET SHELBY TOWNSHIP, MI 48317	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
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 10/08/2025  Name & Address:  CAROL HOGAN 26653 TOM ALLEN DR WARREN, MI 48089	<sub>\$</sub> 50.00	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation Employer  Business Address  Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/08/2025  Name & Address  YVONNE KNIAZ  14016 PERNELL DR  STERLING HEIGHTS, MI 48313  5. If over \$100.00 cumulative, please provide:  Occupation Employer	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
Limployer		
Business Address  Type of Contribution:  Loan from a person Fund Raiser		
Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal	275.00	<del>                                     </del>
Grand Total of All Schedules 1A (Complete on last page of Schedule)	275.00	-

Page 14 of 17

line 3a of Summary Page.



1. Committee I.D. Number \_

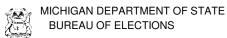
139377

**CANDIDATE COMMITTEE** 

2. Committee Name

CITIZENS FOR MICHAEL RADTKE

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 10/09/2025  Name & Address: MINDY MOORE		
11530 SHORT DR WARREN, MI 48093	<sub>\$</sub> 200.00	<sub>\$</sub> 800.00
5. If over \$100.00 cumulative, please provide:		
Occupation COURT REPORTER Employer FREELANCE REPORTERS, INC		
Business Address 11530 SHORT DR, WARREN, MI 48093		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/10/2025  Name & Address		
DANIEL LIPTAK		
8889 CHERRYLAWN DR	<sub>\$</sub> 100.00	<sub>s</sub> 200.00
STERLING HEIGHTS, MI 48313		·
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer DLUX PAINTING		
Business Address 8889 CHERRYLAWN DR, STERLING HEIGHTS, MI 48313		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/10/2025		
NABIL YOUSIF 38765 MOUND RD	<sub>s</sub> 100.00	<sub>\$</sub> 100.00
STERLING HEIGHTS, MI 48310	Ψ	<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 10/10/2025  Name & Address		
MARIE TOKAR		
37747 GREGORY DR	<sub>s</sub> 120.00	° 570.00
STERLING HEIGHTS, MI 48312	₽	\$
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer CLUB 54		
Business Address 37722 VAN DYKE AVE, STERLING HEIGHTS, MI 48312		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	520.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
	Enter this total on line 3a of Summary	
Page 15 of 17	Page.	



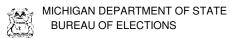
1. Committee I.D. Number

139377

**CANDIDATE COMMITTEE** 2. Committee Name

CITIZENS FOR MICHAEL RADTKE

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 10/10/2025  Name & Address: PAUL SLIFCO	_	
36623 MAAS DR STERLING HEIGHTS, MI 48312	<sub>s</sub> 250.00	<sub>\$</sub> 850.00
5. If over \$100.00 cumulative, please provide:	*	
Occupation OWNER Employer SLIFCO ELECTRIC LLC		
Business Address 6353 E 14 MILE RD, STERLING HEIGHTS, MI 48312		
Type of Contribution:   Direct  Loan from a person  Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/15/2025  Name & Address		
MARK J PLAWECKI		
26736 CECILE ST	<sub>s</sub> 50.00	<sub>s</sub> 100.00
DEARBORN HEIGHTS, MI 48127	Ψ	Ψ
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 10/15/2025  Name & Address:  JOHN H JOHNSON	-	
48637 SHADY GLEN DR CHESTERFIELD, MI 48051	<sub>\$</sub> 200.00	<u>\$ 200.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation PRESIDENT AND CEO Employer SOUTHEAST MICHIGAN CHAMBER OF COMMERCE		
Business Address 22600 HALL RD, CLINTON TOWNSHIP, MI 48036		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/15/2025  Name & Address		
ROBERT W KIRK		
19500 HALL RD	<sub>\$</sub> 250.00	£ 500.00
CLINTON TOWNSHIP, MI 48038	<u>\$</u>	\$ <u>000.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer CENTRE COURT PROPERTIES, LLC	0	
Business Address 19500 HALL RD, CLINTON TOWNSHIP, MI 48038		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtota	<sup>al</sup> 750.00	
Grand Total of All Schedules 1/ (Complete on last page of Schedule		_
Page 16 of 17	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number

139377

#### **CANDIDATE COMMITTEE**

CITIZENS FOR MICHAEL RADTKE

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 all 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 10/15/2025  Name & Address: ROBERT S HUTH, JR.  19500 HALL RD	¢ 250.00	, 500.00
CLINTON TOWNSHIP, MI 48038	<u>\$ 230.00</u>	\$ <b>300.00</b>
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer CENTRE COURT PROPERTIES, LLC		
Business Address 19500 HALL RD, CLINTON TOWNSHIP, MI 48038		
Type of Contribution:  Loan from a person Fund Raiser	-	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/15/2025  Name & Address		
REALTORS POLITICAL ACTION COMMITTEE OF MICHIGAN		
720 N WASHINGTON AVE	<sub>s</sub> 500.00	<sub>\$</sub> 1,000.00
LANSING, MI 48906	Ψ	Ψ
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/15/2025  Name & Address: TERRI LESOCK 11228 FAIRWAY DR STERLING HEIGHTS, MI 48312	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution:	-	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address		
	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer	Ollok Floro for	Womo Romization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	800.00	
Grand Total of All Schedules 1A	14,654.05	•
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Page 17 of 17

line 3a of Summary Page.



## **ITEMIZED IN-KIND CONTRIBUTIONS** SCHEDULE 1-IK 1. Committee I. D. Number 139377 CANDIDATE COMMITTEE 2. Committee II. D. Number 2. Committee II. D. Number

#### 2 Committee Name CITIZENS FOR MICHAEL RADTKE

CANDIDATE COMM	IITTEE 2. Committee Name 3111 = 11011		
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 all 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: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Business Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315  Fund Raiser Contribution	4.	7.42	\$ 19,158.08
Contribution # 2 PAC Receipt? Yes Name & Address MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312  If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315  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 MUSIC IN THE PARK FOOD  5. Date Of Receipt: 08/28/2025  6. Vendor Name & Address: HEAVENLY HOT DOGS 1110 ABBEY CT, WESTLAND, MI 48185	5.00	19,164.08
Contribution #3 PAC Receipt? Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315	4.	5.62	19,259.70
	Page Subtotal	109.04	0.00
	Grand Total of all Schedules 1-Ik (Complete on last page of Schedule)		



1. Committee I. D. Number 139377

### 2. Committee Name CITIZENS FOR MICHAEL RADTKE

CANDIDATE COMIN	IIIIEE 2. Committee Name		
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 all in-kind contributions.	<ul><li>4. Type of In-Kind Contribution (Check applicable box)</li><li>5. Date of Receipt</li><li>6. Name &amp; Address of Vendor from whom goods or services were purchased</li></ul>	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Business Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315  Fund Raiser Contribution	4.	18.90	\$ 19,278.60
Contribution # 2 PAC Receipt? Yes Name & Address MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312  If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315  Fund Raiser Contribution	4. Sendorsement 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 ADVERTISING  5. Date Of Receipt: 09/09/2025 6. Vendor Name & Address: META FOR BUSINESS 1 HACKER WY, MENLO PARK, CA 94025	7.06	\$ 19,285.66
Contribution #3 PAC Receipt? Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315  Fund Raiser Contribution	4.	3.44	\$ 19,329.10
	Page Subtotal	69.40	0.00
	Grand Total of all Schedules 1-IK (Complete on last page of Schedule)		

Enter this total on line 6 of Summary Page

Page 2 of 11



1. Committee I. D. Number 139377

### 2. Committee Name CITIZENS FOR MICHAEL RADTKE

CANDIDATE COMM	IIIIIEE 2. Committee Name		<del></del>
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 all in-kind contributions.	<ul><li>4. Type of In-Kind Contribution (Check applicable box)</li><li>5. Date of Receipt</li><li>6. Name &amp; Address of Vendor from whom goods or services were purchased</li></ul>	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Business Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315  Fund Raiser Contribution	4.	18.00	\$ 19,347.10
Contribution # 2 PAC Receipt? Yes Name & Address MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312  If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315  Fund Raiser Contribution	4.	,246.00	\$ 20,593.10
Contribution #3 PAC Receipt? Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315  Fund Raiser Contribution	4.	<u>32</u> ,	20,600.42
<del></del>	Page Subtotal	1,271.32	0.00
	Grand Total of all Schedules 1-IK (Complete on last page of Schedule)		

Enter this total on line 6 of Summary Page

Page 3 of 11



1. Committee I. D. Number 139377

### 2. Committee Name CITIZENS FOR MICHAEL RADTKE

CANDIDATE COMM	IIIIIEE 2. Ooimmillee Name		
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 all in-kind contributions.	<ul><li>4. Type of In-Kind Contribution (Check applicable box)</li><li>5. Date of Receipt</li><li>6. Name &amp; Address of Vendor from whom goods or services were purchased</li></ul>	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Business Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315  Fund Raiser Contribution	4.	2.38	\$ 20,602.80
Contribution # 2 PAC Receipt? Yes Name & Address MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312  If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315	4.	).99	\$ 20,603.79
Contribution #3 PAC Receipt? Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315	4.	0.08	\$ 20,613.87
	Page Subtotal	13.45	0.00
	Grand Total of all Schedules 1-Ik (Complete on last page of Schedule		

Enter this total on line 6 of Summary Page

Page 4 of 11



1. Committee I. D. Number 139377

### 2. Committee Name CITIZENS FOR MICHAEL RADTKE

CANDIDATE COMIN	IIIIEE 2. Committee Name		
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 all in-kind contributions.	<ul><li>4. Type of In-Kind Contribution (Check applicable box)</li><li>5. Date of Receipt</li><li>6. Name &amp; Address of Vendor from whom goods or services were purchased</li></ul>	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Business Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315  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 WEBSITE  5. Date Of Receipt: 09/19/2025 6. Vendor Name & Address: SQUARESPACE 225 VARICK ST, NEW YORK, NY 10014	276.00	\$ 20,889.87
Contribution # 2 PAC Receipt? Yes Name & Address MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312  If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315  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 MEETING / FOOD  5. Date Of Receipt: 09/19/2025 6. Vendor Name & Address: FOUNDERS BREWING 235 CESAR E. CHAVEZ AVE SW, GRAND RAPIDS, MI 49503	41.98 ·	\$ 20,931.85
Contribution #3 PAC Receipt? Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315  Fund Raiser Contribution	4.	7.46 <sub>\$</sub>	21,009.31
<u></u>	Page Subtotal	395.44	0.00
	Grand Total of all Schedules 1-Ik	000.44	0.00
	(Complete on last page of Schedule		



1. Committee I. D. Number 139377

#### CANDIDATE COMMITTEE

### 2. Committee Name CITIZENS FOR MICHAEL RADTKE

CANDIDATE COMIN			
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 all in-kind contributions.	<ul><li>4. Type of In-Kind Contribution (Check applicable box)</li><li>5. Date of Receipt</li><li>6. Name &amp; Address of Vendor from whom goods or services were purchased</li></ul>	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Business Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315  Fund Raiser Contribution	4.	1,246.00	\$ 22,255.31
Contribution # 2 PAC Receipt? Yes Name & Address MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312  If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315  Fund Raiser Contribution	4.	<u>21.38</u> s	22,676.69
Contribution #3 PAC Receipt? Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315  Fund Raiser Contribution	4.	46.00 s	23,222.69
	Page Cultural	0.010.00	0.00
	Page Subtotal	2,213.38	0.00
	Grand Total of all Schedules 1-IK		

Enter this total on line 6 of Summary Page

Page 6 of 11



1. Committee I. D. Number 139377

#### 2 Committee Name CITIZENS FOR MICHAEL RADTKE

CANDIDATE COMM	IITTEE 2. Committee Name		
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 all in-kind contributions.	<ul><li>4. Type of In-Kind Contribution (Check applicable box)</li><li>5. Date of Receipt</li><li>6. Name &amp; Address of Vendor from whom goods or services were purchased</li></ul>	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Business Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315  Fund Raiser Contribution	4.	660.46	\$ 23,883.15
Contribution # 2 PAC Receipt? Yes Name & Address MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312  If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315  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 YARD SIGNS  5. Date Of Receipt: 10/02/2025  6. Vendor Name & Address: SAWICKI & SON 1521 W LAFAYETTE BLVD, DETROIT, MI 48216	1,582.05	25,465.20
Contribution #3 PAC Receipt? Yes Name & Address:  DOMINIC LA ROSA 13515 PARKRIDGE DR SHELBY TWP, MI 48315  If over \$100.00 cumulative, please provide:  Occupation: ADVERTISING EXECUTIVE Employer Name & Address:  SELF EMPLOYED 13515 PARKRIDGE DR, SHELBY TWP, MI 48315  Fund Raiser Contribution	4.	00.00	1,692.96
	Page Subtotal	2,642.51	0.00
	Grand Total of all Schedules 1-lk (Complete on last page of Schedule	<	_

Enter this total on line 6 of Summary Page

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1. Committee I. D. Number 139377

#### CANDIDATE COMMITTEE

### 2. Committee Name CITIZENS FOR MICHAEL RADTKE

CANDIDATE COMIN			
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 all in-kind contributions.	<ul><li>4. Type of In-Kind Contribution (Check applicable box)</li><li>5. Date of Receipt</li><li>6. Name &amp; Address of Vendor from whom goods or services were purchased</li></ul>	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Business Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315  Fund Raiser Contribution	4.	561.47	26,026.67
Contribution # 2 PAC Receipt? Yes Name & Address DOMINIC LA ROSA 13515 PARKRIDGE DR SHELBY TWP, MI 48315  If over \$100.00 cumulative, please provide: Occupation: ADVERTISING EXECUTIVE Employer Name & Address: SELF EMPLOYED 13515 PARKRIDGE DR, SHELBY TWP, MI 48315  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 FUNDRAISER FOOD  5. Date Of Receipt: 10/08/2025 6. Vendor Name & Address: COSTCO 45460 MARKET ST, SHELBY TOWNSHIP, MI 48315	27.99	1,720.95
Contribution #3 PAC Receipt? Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315	4.	75.00 <sub>\$</sub>	26,701.67
	Page Subtotal	1,264.46	1,720.95
	Grand Total of all Schedules 1-Ik	<	



## **ITEMIZED IN-KIND CONTRIBUTIONS**

#### 2 Committee Name CITIZENS FOR MICHAEL RADTKE

ITEMIZED IN-KIND CONTI	12027			
SCHEDULE 1-II	1. Committee I. D. Number 139377			
CANDIDATE COMM	AITTEE 2. Committee Name CITIZENS F	OR	MICHAE	LRADIKE
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 all in-kind contributions.	<ul><li>4. Type of In-Kind Contribution (Check applicable box)</li><li>5. Date of Receipt</li><li>6. Name &amp; Address of Vendor from whom goods or services w purchased</li></ul>	vere	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312  If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Business Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315  Fund Raiser Contribution  Contribution # 2 PAC Receipt? Yes Name & Address MICHAEL RADTKE JR. 34205 BARRETT DR	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-Loanescription ADVERTISING  5. Date Of Receipt: 10/08/2025 6. Vendor Name & Address: META FOR BUSINESS 1 HACKER WY, MENLO PARK, CA 94025  4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others	\$ 2	2.19	\$ 27,283.43
STERLING HEIGHTS, MI 48312  If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315  Fund Raiser Contribution	Goods or Services Purchased by Candidate or Others- LCD Description WEBSITE  5. Date Of Receipt: 10/11/2025  6. Vendor Name & Address: GO DADDY 14455 HAYDEN RD, SCOTTSDALE, AZ 85260			
Contribution #3 PAC Receipt? Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315  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-LO Description HALLOWEEN CANDY  5. Date Of Receipt: 10/13/2025 6. Vendor Name & Address: COSTCO 45460 MARKET ST, SHELBY TOWNSHIP, MI 48315	<u> </u>	3.97	\$ 27,332.40
	Page Su	btotal	630.73	0.00
	Grand Total of all Schedule (Complete on last page of Sche			



1. Committee I. D. Number 139377

#### 2. Committee Name CITIZENS FOR MICHAEL RADTKE

CANDIDATE COMM	IIIIEE 2. Committee Name		
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 all in-kind contributions.	<ul><li>4. Type of In-Kind Contribution (Check applicable box)</li><li>5. Date of Receipt</li><li>6. Name &amp; Address of Vendor from whom goods or services were purchased</li></ul>	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Business Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315  Fund Raiser Contribution	4. Sendorsement 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 ADVERTISING  5. Date Of Receipt: 10/13/2025 6. Vendor Name & Address: META FOR BUSINESS 1 HACKER WY, MENLO PARK, CA 94025	659.11	\$ 27,991.51
Contribution # 2 PAC Receipt? Yes Name & Address MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312  If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315  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 ADVERTISING  5. Date Of Receipt: 10/14/2025 6. Vendor Name & Address: META FOR BUSINESS 1 HACKER WY, MENLO PARK, CA 94025	76.97 ·	28,068.48
Contribution #3 PAC Receipt? Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315  Fund Raiser Contribution	4.	.99 \$	28,069.47
<del></del> _	Page Subtota	737.07	0.00
	Grand Total of all Schedules 1-li (Complete on last page of Schedule	К	3.00



1. Committee I. D. Number 139377

#### CANDIDATE COMMITTEE

2. Committee Name

#### CITIZENS FOR MICHAEL RADTKE

	Grand Total of all Schedules 1-	I M MAN AIN	
	Page Subtot	639.66	28,709.13
Fund Raiser Contribution			
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description  5. Date Of Receipt:  6. Vendor Name & Address:	Click Here for Memo I	temization
Contribution #3 PAC Receipt? Yes Name & Address:	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	\$	
Fund Raiser Contribution	C	Click Here for Memo I	emization
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	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 # 2 PAC Receipt? Yes Name & Address	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated	ç	3
Report all in-kind contributions.  Contribution # 1 PAC Receipt? Yes Name & Address: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312  If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Business Address: WOLVERINE STRATEGIES 13515 PARKRIDGE DR, SHELBY TOWNSHIP, MI 48315  Fund Raiser Contribution	4. Endorsement or Guarantee of Bank Loan	639.66	28,709.13
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 all 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)

Enter this total on line 6 of Summary Page

(Complete on last page of Schedule)



#### **ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE**

1. Committee I. D. Number 139377

2. Committee Name CITIZENS FOR MICHAEL RADTKE

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1  Name ALAN CASMERE  Address 28836 PANAMA ST WARREN, MI 48092	Purpose: REFUND OF EXCESS CONTRIBUTION	08/30/2025 Date	\$ <u>90.00</u>
<b>✓</b> Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name ACTBLUEDONATE  Address PO BOX 441146	Purpose: PROCESSING FEES	09/03/2025 Date	\$ <u>15.03</u>
SOMERVILLE, MA 02144  Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name ACTBLUEDONATE  Address PO BOX 441146	Purpose: PROCESSING FEES	09/08/2025 Date	\$ <u>2.08</u>
SOMERVILLE, MA 02144  Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4  Name MAILCHIMP  Address  675 PONCE DE LEON AVE NE	Purpose: EMAIL SERVICE	09/09/2025 Date	\$ 92.00
ATLANTA, GA 30308  Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5  Name ACTBLUEDONATE  Address PO BOX 441146 SOMERVILLE, MA 02144	Purpose: PROCESSING FEES  Check box if this expenditure is payment of debt or obligation reported on previous	09/11/2025 Date	\$ <u>21.41</u>
Fulld Halsel	statement	tal this page	220.52
	Grand Total of all S (Complete on last page		



# SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

139377

2. Committee Name CITIZENS FOR MICHAEL RADTKE

2.0	ommittee name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUEDONATE Address PO BOX 441146	Purpose: PROCESSING FEES	09/12/2025 Date	\$ <u>4.53</u>
SOMERVILLE, MA 02144	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2  Name ACTBLUEDONATE		09/18/2025	\$ <b>15.03</b>
Address PO BOX 441146 SOMERVILLE, MA 02144	Purpose: PROCESSING FEES	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name THE MACOMB FUND	DONATION	09/22/2025 Date	\$ <u>100.00</u>
Address PO BOX 46699 MT CLEMENS, MI 48046	Purpose: DONATION	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name ACTBLUEDONATE		09/24/2025 Date	\$ 1.16
Address PO BOX 441146 SOMERVILLE, MA 02144	Purpose: PROCESSING FEES	Dale	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name CTE DEANNA KOSKI		09/24/2025	
Address 15079 HARVEST MEADOWS DR STERLING HEIGHTS, MI 48313	Purpose: FUNDRAISER TICKET	Date	\$ <u>100.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	220.72
	Grand Total of all S (Complete on last page		



#### **ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE**

1. Committee I. D. Number 139377

### 2. Committee Name CITIZENS FOR MICHAEL RADTKE

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1  Name ACTBLUEDONATE  Address PO BOX 441146  SOMERVILLE, MA 02144  Fund Raiser	Purpose: PROCESSING FEES  Check box if this expenditure is payment of debt or obligation reported on previous statement	09/25/2025 Date	\$ 2.08
Expenditure #2  Name ACTBLUEDONATE  Address PO BOX 441146		09/26/2025 Date	\$ <u>1.16</u>
SOMERVILLE, MA 02144  Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3  Name CTE LIZ SIERAWSKI  Address 40426 WILLIAM DR STERLING HEIGHTS, MI 48313	Purpose: FUNDRAISER TICKET	10/01/2025 Date	\$ <u>50.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4  Name ACTBLUEDONATE  Address  PO BOX 441146  SOMERVILLE, MA 02144	Purpose: PROCESSING FEES	10/03/2025 Date	\$ <u>15.26</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5  Name ACTBLUEDONATE  Address PO BOX 441146 SOMERVILLE, MA 02144  Fund Raiser	Purpose: PROCESSING FEES  Check box if this expenditure is payment of debt or obligation reported on previous statement	10/06/2025 Date	\$ <u>32.85</u>
<del></del>	Subtot	al this page	101.35
	Grand Total of all S (Complete on last page		



#### **ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE**

1. Committee I. D. Number 139377

2. Committee Name CITIZENS FOR MICHAEL RADTKE

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name ACTBLUEDONATE  Address PO BOX 441146 SOMERVILLE, MA 02144	Purpose: PROCESSING FEES  Check box if this expenditure is payment of	10/08/2025 Date	\$ <u>24.74</u>
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2  Name MAILCHIMP  Address  675 PONCE DE LEON AVE NE ATLANTA, GA 30308	Purpose: EMAIL SERVICE	10/09/2025 Date	\$ 92.00
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name ACTBLUEDONATE  Address PO BOX 441146	Purpose: PROCESSING FEES	10/09/2025 Date	\$ <u>11.56</u>
SOMERVILLE, MA 02144  Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4  Name ACTBLUEDONATE  Address	Purpose: PROCESSING FEES	10/10/2025 Date	\$ <u>10.91</u>
PO BOX 441146 SOMERVILLE, MA 02144	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5  Name ACTBLUEDONATE  Address PO BOX 441146	Purpose: PROCESSING FEES	10/14/2025 Date	\$ <u>7.63</u>
SOMERVILLE, MA 02144  Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subtot	al this page	146.84
	Grand Total of all S (Complete on last page		



# SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

139377

2. Committee Name CITIZENS FOR MICHAEL RADTKE

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name ACTBLUEDONATE		10/17/2025	• 2 AQ
	Purpose: PROCESSING FEES	Date	\$ <u>2.08</u>
Address PO BOX 441146	Purpose: 11100001110111011		
SOMERVILLE, MA 02144			
_	Check box if this expenditure is payment o debt or obligation reported on previous	f	
Fund Raiser	statement		
Expenditure #2			
Name			\$
Address	Purpose:	Date	·
Addiess			
	Click	Here for Memo	Itemization Type
	Check box if this expenditure is payment o	f	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name			
Address	Domestic	Date	\$
Address	Purpose:		
	Click	Here for Memo	Itemization Type
	Check box if this expenditure is payment o debt or obligation reported on previous	f	
Fund Raiser	statement		
Expenditure #4			
Name			•
Address	Burnana	Date	\$
Addicas	Purpose:		
	Click	Here for Memo	Itemization Type
	Check box if this expenditure is payment o	f	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name			
Address	Purnage:	Date	\$
, idai ooo	Purpose:		
			Itemization Type
	Check box if this expenditure is payment o debt or obligation reported on previous	Ī	
Fund Raiser	statement		1
	Sub	total this page	2.08
	Grand Total of al	Schedules 1B	601 51

Enter this total on line 8a of Summary Page

(Complete on last page of Schedule)



1. Committee I.D. Number

139377

CANDIDATE COMMITTEE

Committee Name CITIZENS FOR MICHAEL RADTKE

This Schedule itemizes:				
a Debts and obligations owed by or forgiven the composition (Chec	mittee OR b. Debts	s and obligations owed <u>to</u> or rpose checked.)	forgiven <u>by</u> the con	nmittee.
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 endorsers 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: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312	4. Type: LOAN  5. <u>Date Debt Was Incurred</u> :  06/27/2018  6. <u>Original Amount of Debt</u> :  \$ 700.00	\$ \$ \$ \$	\$ 656.99	\$_43.01 FORGIVEN
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$ 0	
Debt #2 Corp? Yes Owed to or by: VIRGINIA LA ROSA 13515 PARKRIDGE DR SHELBY TWP, MI 48315	4. Type: IN-KIND 5. Date Debt Was Incurred: 08/24/2018 6. Original Amount of Debt: \$ 650.00	\$ \$ \$ \$ \$ \$ \$ \$ \$	\$ <u>0.00</u>	\$_650.00 FORGIVEN
Debt #3 Corp? Yes	INLIZINID		iount Endorsea: \$=	
MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312	4. Type: IN-KIND 5. Date Debt Was Incurred: 12/24/2018 6. Original Amount of Debt: \$485.17	\$ \$ \$ \$ \$ \$	\$ 334.73	\$_150.44
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$_	)
		Page Subtotal	(Outstanding debt)	843.45
(Co	omplete on last page of Schedule s	Grand Total chowing amounts owed by o	of all Schedules 1E r to the committee)	Enter this total
				on line 12a "owed

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.

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

Page 1 of 11



1. Committee I.D. Number

139377

CANDIDATE	COMMITTEE	2. 0

## Committee Name CITIZENS FOR MICHAEL RADTKE

07 1112 127 11 2 0 0 1111111 1 1 2 2				
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the commodities (Chec	mittee <b>OR</b> b. Debts ck either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	r forgiven <u>by</u> the con	nmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	Type of Obligation     (Description)     Indicate date debt was	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period
Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	incurred 6. Indicate original amount of debt			(Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by: DOMINIC LA ROSA	4. Type: IN-KIND	\$		
13515 PARKRIDGE DR	5. <u>Date Debt Was Incurred</u> :	\$		
SHELBY TWP, MI 48315	01/23/2019	\$	0.00	¢ 497.50
·	6. Original Amount of Debt	\$	\$ 0.00	\$_437.30_
	\$_497.50	· · ·		FORGIVEN
If bank loan, name of endorser or guarantor:		\$Amo	ount Endorsed: \$ 0	
Debt #2 Corp? Yes Owed to or by:	4. Type: IN-KIND	\$		
VIRGINIA LA ROSA	5. <u>Date Debt Was Incurred</u> :	<u> </u>		
13515 PARKRIDGE DR SHELBY TWP, MI 48315	01/24/2019	\$		740.05
	6. Original Amount of Debt:	 \$	\$ 0.00	\$_746.25_
	<sub>\$_746.25</sub>	<del></del>		FORGIVEN
If bank loan, name of endorser or guarantor:		\$	nount Endorsed: \$	)
Debt #3 Corp? Yes	I OAN	All	lount Endorsed. \$_	
Owed to or by: MICHAEL RADTKE JR.	4. Type: LOAN	\$		
34205 BARRETT DR	5. <u>Date Debt Was Incurred</u> :	\$		
STERLING HEIGHTS, MI 48312	04/03/2019 6. Original Amount of Debt:	\$	8 0.00	\$ 1,000.00
	\$ 1,000.00	\$	\$_0.00	
	φ	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		Ar	mount Endorsed: \$_	0
			(Outstanding debt)	2,243.75
ic.	omplete on last page of Schedule s	Grand Total	of all Schedules 1E	
(00	simplicate our last page of confounded	monning amounts owed by t	to the committee)	Enter this total

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.



1. Committee I.D. Number

139377

CANDIDATE COMMITTEE

## 2. Committee Name CITIZENS FOR MICHAEL RADTKE

CANDIDATE COMMITTEE				
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the co	mmittee <b>OR</b> b. Debts neck either a or b. Use only for the pu	s and obligations owed <u>to</u> o rpose checked.)	r forgiven <u>by</u> the cor	nmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	4. Type of Obligation (Description) 5. Indicate date debt was	7. Date and amount of each payment	8. Cumulative payment to date on debt	Outstanding     Balance at close     of this period
Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	incurred 6. Indicate original amount of debt			(Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by: MICHAEL RADTKE JR.	4. Type: IN-KIND	\$		
34205 BARRETT DR	5. <u>Date Debt Was Incurred</u> :	\$		
STERLING HEIGHTS, MI 48312	09/20/2019	\$	0.00	\$ 386.96
	6. Original Amount of Debt:	\$	\$ 0.00	\$_000.00_
	\$ 386.96			FORGIVEN
If bank loan, name of endorser or guarantor:		\$ Δma	ount Endorsed: \$ 0	)
Debt #2 Corp? Yes	4. Type: LOAN		<u> Γιασίσεα: ψ =</u>	
Owed to or by: MICHAEL RADTKE JR.		\$		
34205 BARRETT DR	5. <u>Date Debt Was Incurred</u> : 10/18/2019	\$		
STERLING HEIGHTS, MI 48312	6. Original Amount of Debt:	\$	\$ 0.00	\$ 2,500.00
	\$ 2,500.00	\$	, <del>, , , , , , , , , , , , , , , , , , </del>	
	Ψ <u>,</u>	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$_	<u> </u>
Debt #3 Corp? Yes Owed to or by:	4. Type: IN-KIND	\$		
MICHAEL RADTKE JR.	5. Date Debt Was Incurred:	\$		
34205 BARRETT DR	10/19/2019	<u> </u>		
STERLING HEIGHTS, MI 48312	6. Original Amount of Debt:		\$_0.00	\$_3,473.24
	<sub>\$_3,473.24</sub>	\$		FORGIVEN
		\$		2
If bank loan, name of endorser or guarantor:		Aı	mount Endorsed: \$_	<u> </u>
		Page Subtotal	(Outstanding debt)	6,360.20
	Complete on last page of Schedule s	Grand Total	of all Schedules 1E	
,	poto on tast page of contodulo c	ag acanto on oa by t		Enter this total

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.



1. Committee I.D. Number

139377

00	<b>ULL !</b>
<b>CANDIDATE</b>	<b>COMMITTEE</b>

## 2. Committee Name CITIZENS FOR MICHAEL RADTKE

This Schedule itemizes:				
a v Debts and obligations owed by or forgiven the com	mittee <b>OR</b> b. Debts ck either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	forgiven <u>by</u> the con	nmittee.
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 endorsers 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: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312	4. Type: IN-KIND  5. Date Debt Was Incurred: 11/25/2019  6. Original Amount of Debt:	\$ \$ \$	\$ <u>0.00</u>	\$_2,058.96
	\$ 2,058.96	<u> </u>		FORGIVEN
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$ $0$	
Debt #2 Corp? Yes Owed to or by: MICHAEL RADTKE JR.	4. Type: IN-KIND	\$		
34205 BARRETT DR STERLING HEIGHTS, MI 48312	5. <u>Date Debt Was Incurred</u> :  07/20/2020 6. <u>Original Amount of Debt</u> :  \$ 836.48	\$ \$ \$	\$_0.00	\$_836.48_
	\$	\$	,	FORGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$_	)
Debt #3 Corp? Yes Owed to or by: MICHAEL RADTKE JR.	4. Type: IN-KIND	\$		
34205 BARRETT DR STERLING HEIGHTS, MI 48312	5. <u>Date Debt Was Incurred</u> :  10/20/2020 6. <u>Original Amount of Debt</u> :	\$ \$ \$	\$_0.00	<sub>\$</sub> 322.97
	\$ 322.97	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		Ar	nount Endorsed: \$_	)
		Page Subtotal	(Outstanding debt)	3,218.41
(Cr	omplete on last page of Schedule s	Grand Total howing amounts owed by c	of all Schedules 1E or to the committee)	Enter this total

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.



1. Committee I.D. Number

139377

CANDIDATE COMMITTEE	2. Committe

tee Name CITIZENS FOR MICHAEL RADTKE

OANDIDATE COMMITTEE				
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the con (Che	nmittee <b>OR</b> b. Debts eck either a or b. Use only for the pu	s and obligations owed <u>to</u> rpose checked.)	or forgiven <u>by</u> the cor	nmittee.
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 endorsers 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: MICHAEL RADTKE JR.	4. Type:_IN-KIND	\$	_	
34205 BARRETT DR	5. <u>Date Debt Was Incurred</u> :	\$	_	
STERLING HEIGHTS, MI 48312	12/31/2020	\$	- 0.00	s 618.61
,	6. Original Amount of Debt:	\$	\$ 0.00	\$_618.61
	<sub>\$</sub> 618.61	Ψ	-	FORGIVEN
		\$	_	, <u> </u>
If bank loan, name of endorser or guarantor:	-	A	mount Endorsed: \$	<u> </u>
Debt #2 Corp? Yes Owed to or by: MICHAEL RADTKE JR.	4. Type: IN-KIND	\$	-	
34205 BARRETT DR	5. <u>Date Debt Was Incurred</u> :	\$		
STERLING HEIGHTS, MI 48312	07/18/2021	\$	0.00	¢ 3,625.96
·	6. Original Amount of Debt:	\$	\$ 0.00	\$ 0,020.00
	<sub>\$</sub> 3,625.96	\$		FORGIVEN
		-		0
If bank loan, name of endorser or guarantor:			Amount Endorsed: \$_	<u></u>
Debt #3 Corp? Yes Owed to or by:	4. Type: IN-KIND	\$		
MICHAEL RADTKE JR.	5. Date Debt Was Incurred:	\$		
34205 BARRETT DR	08/23/2021		-	
STERLING HEIGHTS, MI 48312	6. Original Amount of Debt:	\$	\$ 0.00	\$_1,227.48
	<sub>\$</sub> 1,227.48	\$	-	FORGIVEN
	Ψ	\$	_	T ONGIVEN
If bank loan, name of endorser or guarantor:			Amount Endorsed: \$_	0
		Page Subto	tal (Outstanding debt)	5,472.05
u	Complete on last page of Schedule s		tal of all Schedules 1E	
(	complete on last page of contodule s		, 5. 10 1110 0011111111100)	Enter this total

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.

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



# DEBTS AND OBLIGATIONS SCHEDULE 1E CANDIDATE COMMITTEE

1. Committee I.D. Number

139377

2. Committee Name CITIZENS FOR MICHAEL RADTKE

This Schedule itemizes:				
a v Debts and obligations owed by or forgiven the com	mittee <b>OR</b> b. Debts ck either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	forgiven <u>by</u> the con	nmittee.
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 endorsers 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: MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312	4. Type: IN-KIND  5. <u>Date Debt Was Incurred</u> : 10/17/2021  6. <u>Original Amount of Debt</u> : \$ 4,618.98	\$ \$ \$ \$	\$ <u>0.00</u>	\$_4,618.98
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$ 0	
Debt #2 Corp? Yes Owed to or by: MICHAEL RADTKE JR. 34205 BARRETT DR	4. Type: IN-KIND 5. Date Debt Was Incurred:	\$ \$	Δ	
STERLING HEIGHTS, MI 48312	11/02/2021 6. Original Amount of Debt: \$ 3,362.54	\$ \$	\$ 0.00	\$_3,362.54
If bank loan, name of endorser or guarantor:		\$ Am	nount Endorsed: \$_	) ORGIVEN
Debt #3 Corp? Yes Owed to or by: MICHAEL RADTKE JR. 34205 BARRETT DR	4. Type: IN-KIND 5. Date Debt Was Incurred:	\$ \$		
STERLING HEIGHTS, MI 48312	07/20/2022 6. Original Amount of Debt: \$ 408.79	\$ \$ \$	\$_0.00	\$_408.79
If bank loan, name of endorser or guarantor:		Ar	nount Endorsed: \$_	)
		Page Subtotal	(Outstanding debt)	8,390.31
(Ce	omplete on last page of Schedule s	Grand Total howing amounts owed by c	of all Schedules 1E or to the committee)	Enter this total

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.



1. Committee I.D. Number

139377

00	<b>V</b>
<b>CANDIDATE</b>	<b>COMMITTEE</b>

## 2. Committee Name CITIZENS FOR MICHAEL RADTKE

This Schedule itemizes:				
a Debts and obligations owed by or forgiven the common (Check	mittee <b>OR</b> b. Debts ck either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	forgiven <u>by</u> the con	nmittee.
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 endorsers 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: MICHAEL RADTKE JR. 34205 BARRETT DR	4. Type: IN-KIND 5. <u>Date Debt Was Incurred</u> : 10/20/2022	\$ \$		
STERLING HEIGHTS, MI 48312	6. Original Amount of Debt:  \$ 821.54	\$ \$	\$ 0.00	\$_821.54 FORGIVEN
If bank loan, name of endorser or guarantor:			ount Endorsed: \$ 0	
Debt #2 Corp? Yes Owed to or by:	4. Type: IN-KIND	\$		
MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312	5. <u>Date Debt Was Incurred</u> :  12/31/2022 6. Original Amount of Debt:	<u> </u>	\$ 0.00	s 559.16
	\$ 559.16	<u> </u>	\$ <u>  0.00                                </u>	FORGIVEN
If bank loan, name of endorser or guarantor:		Am	nount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by: MICHAEL RADTKE JR.	4. Type: IN-KIND	\$		
34205 BARRETT DR STERLING HEIGHTS, MI 48312	5. <u>Date Debt Was Incurred</u> :  12/31/2022 6. <u>Original Amount of Debt</u> :  \$ 105.45	\$ \$ \$	\$_0.00	\$ 105.45
If bank loan, name of endorser or guarantor:		\$Ar	mount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	1,486.15
(Co	omplete on last page of Schedule s	Grand Total howing amounts owed by c	of all Schedules 1E or to the committee)	Cotor this total
				Enter this total

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.



1. Committee I.D. Number

139377

00	<b></b>
<b>CANDIDATE</b>	COMMITTEE

## 2. Committee Name CITIZENS FOR MICHAEL RADTKE

This Schedule itemizes:				
a Debts and obligations owed by or forgiven the com (Che	nmittee <b>OR</b> b. Debts eck either a or b. Use only for the pu	s and obligations owed <u>to</u> rpose checked.)	or forgiven <u>by</u> the cor	nmittee.
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 endorsers 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	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: MICHAEL RADTKE JR.	4. Type: IN-KIND	\$		
34205 BARRETT DR	5. <u>Date Debt Was Incurred</u> :	\$		
STERLING HEIGHTS, MI 48312	07/20/2023	\$	0.00	¢ 629.00
,	6. Original Amount of Debt:	\$	\$ 0.00	\$_023.00
	<sub>\$</sub> 629.00	Ψ	•	FORGIVEN
	· · ·	\$		
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by: MICHAEL RADTKE JR.	4. Type: LOAN	\$		
34205 BARRETT DR	5. <u>Date Debt Was Incurred</u> :	\$		
STERLING HEIGHTS, MI 48312	07/24/2023	\$	0.00	\$ 300.00
·	6. Original Amount of Debt:	\$	\$ 0.00	\$_000.00
	<u>\$ 300.00</u>			FORGIVEN
		\$		
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type: LOAN	\$		
VIRĞINIA LA ROSA	5. Date Debt Was Incurred:	\$		
13515 PARKRIDGE DR	10/02/2023	φ		
SHELBY TWP, MI 48315	6. Original Amount of Debt:	\$	8 0.00	s 1,000.00
	1 000 00	\$	\$_0.00	Ψ
	\$ <u>1,000.00</u>	\$		FORGIVEN
		Ψ		
If bank loan, name of endorser or guarantor:			Amount Endorsed: \$_	
		Page Subtota	al (Outstanding debt)	1,929.00
,,	Name and the second of Oak and the second		al of all Schedules 1E	
(C	Complete on last page of Schedule s	showing amounts owed by	or to the committee)	Enter this total

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.



1. Committee I.D. Number

139377

SCHEDULE 1E		CITIZENS FOR MICHAEL RADTKE
CANDIDATE COMMITTEE	<ol><li>Committee Name</li></ol>	OTTIZENO I OTTIMIOTIALE HADTINE
CANDIDATE COMMITTEE		

This Schedule itemizes:				
a Debts and obligations owed by or forgiven the common (Chec	nittee <b>OR</b> b. Debts ck either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	forgiven by the con	nmittee.
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 endorsers 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	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: MICHAEL RADTKE JR.	4. Type: IN-KIND 5. Date Debt Was Incurred:	<u> </u>		
34205 BARRETT DR STERLING HEIGHTS, MI 48312	10/20/2023	\$	s 0.00	<sub>\$</sub> _738.76_
	6. Original Amount of Debt:  \$ 738.76	<u> </u>		FORGIVEN
If bank loan, name of endorser or guarantor:			unt Endorsed: \$ 0	
Debt #2 Corp? Yes Owed to or by:	4. Type: IN-KIND	\$		
MICHAEL RADTKE JR. 34205 BARRETT DR STERLING HEIGHTS, MI 48312	5. <u>Date Debt Was Incurred</u> : 12/31/2023	<u> </u>		
OTERLING FILIGITIO, IVII 40012	6. Original Amount of Debt: \$811.30	\$ \$	\$ 0.00	\$_811.30 FORGIVEN
If bank loan, name of endorser or guarantor:		\$ 	ount Endorsed: \$	)
Debt #3 Corp? Yes	4. Type: IN-KIND		ount Endorsed. ψ	
Owed to or by: MICHAEL RADTKE JR.	5. Date Debt Was Incurred:	<u> </u>		
34205 BARRETT DR	07/20/2024	Ф		
STERLING HEIGHTS, MI 48312	6. Original Amount of Debt:	\$	\$_0.00	\$_705.36_
	<u>\$ 705.36</u>	\$ \$		FORGIVEN
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	2,255.42
(Co	omplete on last page of Schedule s	Grand Total ohowing amounts owed by o	of all Schedules 1E r to the committee)	Enter this total

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.



1. Committee I.D. Number

139377

CANDIDATE COMMITTEE 2. Comm

### CITIZENS FOR MICHAEL RADTKE

CANDIDATE COMMITTEE				
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the common (Check	mittee <b>OR</b> b. Debtsck either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	r forgiven <u>by</u> the cor	nmittee.
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 endorsers or	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)
guarantors, if any.				
Debt #1 Corp? Yes Owed to or by: MICHAEL RADTKE JR.	4. Type: IN-KIND	\$		
34205 BARRETT DR	5. Date Debt Was Incurred:	\$		
STERLING HEIGHTS, MI 48312	10/20/2024	\$		015.05
61211211146112161116, WI 16612	6. Original Amount of Debt:	Φ.	\$ 0.00	\$_915.25_
	\$ 915.25	\$		FORGIVEN
	· · ·	\$	I	, <u>—</u>
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$ _	
Debt #2 Corp? Yes Owed to or by:	4. Type: IN-KIND	\$		
MICHAEL RADTKE JR. 34205 BARRETT DR	5. <u>Date Debt Was Incurred</u> : 12/31/2024	\$		
STERLING HEIGHTS, MI 48312	6. Original Amount of Debt:	\$	\$ 0.00	\$ 828.42
	\$ 828.42	\$	5 0.00	T
	Ψ	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$_	
Debt #3 Corp? Yes	4. Type: IN-KIND	\$		
Owed to or by: MICHAEL RADTKE JR.	5. Date Debt Was Incurred:	\$		
34205 BARRETT DR	07/20/2025			
STERLING HEIGHTS, MI 48312	6. Original Amount of Debt:	<u> </u>	\$ 0.00	\$ 3,090.66
	<sub>\$</sub> 3,090.66		Ψ	FORGIVEN
	¥ <u></u>	\$		T ORIGIVEIV
If bank loan, name of endorser or guarantor:		Ar	mount Endorsed: \$_	0
		Page Subtotal	(Outstanding debt)	4,834.33
		· ·	,	
(Co	omplete on last page of Schedule s		of all Schedules 1E or to the committee)	

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.

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



1. Committee I.D. Number

139377

SCHEDULE IE		CITIZENS FOR MICHAEL RADTK
CANDIDATE COMMITTEE	2. Committee Name	OTTIZENO I OTTIVIIOTIALE HAD IN

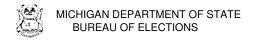
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the commodities (Check	mittee <b>OR</b> b. Debteck either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	or forgiven <u>by</u> the cor	nmittee.
Name and Mailing Address of person, vendor or financial 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 endorsers 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: MICHAEL RADTKE JR. 34205 BARRETT DR	4. Type: IN-KIND 5. Date Debt Was Incurred:	\$		
	08/25/2025	\$		
STERLING HEIGHTS, MI 48312	6. Original Amount of Debt	**************************************	\$ 0.00	\$_1,247.40
	\$ <u>1,247.40</u>			FORGIVEN
If bank loan, name of endorser or guarantor:		\$ Am	ount Endorsed: \$	<u> </u>
Debt #2 Corp? Yes Owed to or by:	4. Type:_IN-KIND	\$		
MICHAEL RADTKE JR. 34205 BARRETT DR	5. <u>Date Debt Was Incurred</u> : 10/19/2025	\$		
STERLING HEIGHTS, MI 48312	6. Original Amount of Debt:	\$	\$ 0.00	\$ 9,558.47
	\$ 9,558.47	\$	Ψ	FORGIVEN
		\$		TOTALVEIV
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$		
	5. <u>Date Debt Was Incurred</u> :	\$		
	6. Original Amount of Debt:	\$		\$
	0. Original Amount of Debt.	\$	\$	
	\$	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_	
		Page Subtota	l (Outstanding debt)	10,805.87
(Co	omplete on last page of Schedules	Grand Tota	of all Schedules 1E	47,838.94

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.

Page 11 of 11



Summary Page.

Page 1 of 1

#### **FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE**

139377 1. Committee I.D. Number

2. Committee Name CITIZENS FOR MICHAEL RADTKE

		EET FOR EACH EVENT -	
Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	Address and Name (If any) of the place where the activity was held.     CENTURY BANQUET CENTE
0/08/2025	67	40TH BIRTHDAY BASH	33204 MAPLE LN DR STERLING HEIGHTS, MI 483
			Private Residence
otal Contributions	14,857.04		
other Receipts	0.00		
iross Receipts (Add lines 7 a	14,857.04		
Total Cost of Event	792.99		
ol Coat included In Kind Cor	ntributions and All Expenditures	Made For the Event	
ai Cost includes in-Kind Col	illibutions and All Expenditures	ividade i di tile Eveliti	
_	nt fund raiser and complete the	,	
_	·	following:	Expenditure Split (%)
Check if event was a joi	nt fund raiser and complete the Contribution S	following:	
Check if event was a joi	nt fund raiser and complete the Contribution S	following:	
Check if event was a joi	nt fund raiser and complete the Contribution S	following:	
Check if event was a joi	nt fund raiser and complete the Contribution S	following:	
Check if event was a joi	nt fund raiser and complete the Contribution S	following:	
Check if event was a joi	nt fund raiser and complete the Contribution S	following:	
Check if event was a joi	nt fund raiser and complete the Contribution S	following:	
Check if event was a joi	nt fund raiser and complete the Contribution S	following:	

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

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.