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MACOMB COUNTY CLERK
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**CANDIDATE COMMITTEE
COVER PAGE**

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

3. This Statement covers From: 10/21/2025 to 12/31/2025

1. Committee I.D. Number

140444

4. Candidate Last Name First Name M.I.

GIELEGHEM PAUL

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

SUPERVISOR, CLINTON TWP

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

2. Committee Name

PAUL GIELEGHEM FOR SUPERVISOR

5. Committee's Mailing Address

**37905 E HORSESHOE DRIVE
CLINTON TOWNSHIP, MI 48036**

Area Code and Phone (586) 221-3449
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

**GERALD INNES
14128 BILLETTE
STERLING HEIGHTS, MI 48313**

Area Code & Phone (586) 707-4007

7. Treasurer's Business Address

**14128 BILLETTE
STERLING HEIGHTS, MI 48313**

Area Code and Phone (586) 707-4007

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

Area Code and Phone () -

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

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

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

- ☐ July Quarterly
☐ October Quarterly

9c. ☒ Annual Statement (2025)
Coverage Year

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

Date of Election, Convention or Caucus

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I\We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my\our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper _____
Type or Print Name

Signature

Submitted electronically,
signature on file

Date

02/02/2026

Candidate _____
Type or Print Name

Signature

Submitted electronically,
signature on file

Date

02/02/2026



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140444

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name PAUL GIELEGHEM FOR SUPERVISOR

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>250.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>250.00</u>	(18.) \$ <u>23,995.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>87.69</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>250.00</u>	(20.) \$ <u>24,082.69</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>3,101.78</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>660.11</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>660.11</u>	(23.) \$ <u>15,796.90</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>23,390.01</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>250.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>23,640.01</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>660.11</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>22,979.90</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140444
2. Committee Name PAUL GIELEGHEM FOR SUPERVISOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/31/2025</u>	
Name & Address: DOMINIC DILIBERTI 41202 WORTHINGTON CLINTON TOWNSHIP, MI 48038		\$ <u>50.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/30/2025</u>	
Name & Address: DOMINIC DILIBERTI 41202 WORTHINGTON CLINTON TOWNSHIP, MI 48038		\$ <u>50.00</u>	\$ <u>650.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/01/2025</u>	
Name & Address: ROBERT KIRK 19500 HALL RD SUITE 100 CLINTON TWP, MI 48038		\$ <u>100.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>CENTRE COURT PROPERTIES LLC</u> Business Address <u>19500 HALL RD, SUITE 100, CLINTON TWP, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/31/2025</u>	
Name & Address: DOMINIC DILIBERTI 41202 WORTHINGTON CLINTON TOWNSHIP, MI 48038		\$ <u>50.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 250.00

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

250.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140444**
2. Committee Name **PAUL GIELEGHEM FOR SUPERVISOR**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name NATIONAL COUNCIL OF NEGRO WOMEN Address PO BOX 463066 MOUNT CLEMENS, MI 48046 ☐ Fund Raiser	Purpose: AD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/07/2025 Date	\$ 50.00
Expenditure #2 Name BETHELEHEM TEMPLE CHURCH Address 22645 QUINN RD CLINTON TOWNSHIP, MI 48035 ☐ Fund Raiser	Purpose: TICKET ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/07/2025 Date	\$ 75.00
Expenditure #3 Name NORTH MACOMB DEMOCRATIC CLUB Address 13526 TOWERING OAKS DR SHELBY TOWNSHIP, MI 48315 ☐ Fund Raiser	Purpose: TICKET ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/13/2025 Date	\$ 50.00
Expenditure #4 Name CONNECT MACOMB Address 12900 HALL RD SUITE 100 STERLING HEIGHTS, MI 48313 ☐ Fund Raiser	Purpose: TICKET ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	12/09/2025 Date	\$ 40.00
Expenditure #5 Name XFINITY MOBILE Address PO BOX 60533 CITY OF INDUSTRY, CA 91716 ☐ Fund Raiser	Purpose: CELL PHONE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	12/13/2025 Date	\$ 25.98

Subtotal this page

240.98

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140444
2. Committee Name PAUL GIELEGHEM FOR SUPERVISOR

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name OLIVE GARDEN Address 13835 LAKESIDE CIR STERLING HEIGHTS, MI 48313 ☐ Fund Raiser	Purpose: <u>VOLUNTEER FOOD</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/18/2025</u> Date	\$ <u>219.13</u>
Expenditure #2 Name LUCIANO'S RESTAURANT Address 39091 GARFIELD RD CLINTON TOWNSHIP, MI 48038 ☐ Fund Raiser	Purpose: <u>FUNDRAISER DEPOSIT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/24/2025</u> Date	\$ <u>200.00</u>
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **419.13**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **660.11**

Enter this total
on line 8a of
Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **140444**
2. Committee Name **PAUL GIELEGHEM FOR SUPERVISOR**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 01/22/2026	4. Number of Individuals Attending or Participating (whichever is greater) 0	5. Type of Fund Raising Activity LUNCHEON FUNDRAISER-NOT HELD YET IN REPORTING	6. Address and Name (If any) of the place where the activity was held. LUCIANO'S RESTAURANT 39091 GARFIELD RD CLINTON TOWNSHIP, MI 48038 ☐ Private Residence
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7. Total Contributions **0.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **0.00**
10. Total Cost of Event **0.00**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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