



FILED

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MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**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: 03/06/2026 to 07/19/2026

1. Committee I.D. Number

140595

2. Committee Name

CTE KEN GOIKE

4. Candidate Last Name

GOIKE

First Name

KENNETH

M.I.

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

01 COUNTY COMMISSIONER, MACOMB COUNTY

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

5. Committee's Mailing Address

**22440 32 MILE ROAD
RAY, MI 48096**

Area Code and Phone (810) 499-2510
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

**THERESA WEEKS
71320 WELDING ROAD
RICHMOND, MI 48062**

Area Code & Phone (810) 543-0202

7. Treasurer's Business Address

**71320 WELDING ROAD
RICHMOND, MI 48062**

Area Code and Phone (810) 543-0202

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

**KENNETH GOIKE
22440 32 MILE ROAD
RAY, MI 48096**

Area Code and Phone (810) 499-2510

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

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

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

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement ()
Coverage Year

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

Date of Election, Convention or Caucus

08/04/2026

9e. Dissolution of Candidate Committee

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

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

Effective date of dissolution

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

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

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/22/2026

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/22/2026



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140595

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE KEN GOIKE

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>35,000.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>35,000.00</u>	(18.) \$ <u>35,000.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>3.11</u>	(19.) \$ <u>3.11</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>35,003.11</u>	(20.) \$ <u>35,003.11</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>23,743.79</u>	(22.) \$ <u>23,743.79</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>0.00</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>0.00</u>	(23.) \$ <u>0.00</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>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>35,003.11</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>35,003.11</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>0.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>35,003.11</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140595
2. Committee Name CTE KEN GOIKE

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>04/23/2026</u> Name & Address: KENNETH F GOIKE 22440 32 MILE ROAD RAY, MI 48094		\$ <u>5,000.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNTY COMMISSIONER</u> Employer <u>MACOMB COUNTY</u> Business Address <u>32 MARKET ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/16/2026</u> Name & Address: KENNETH F GOIKE 22440 32 MILE ROAD RAY, MI 48094		\$ <u>15,000.00</u>	\$ <u>20,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNTY COMMISSIONER</u> Employer <u>MACOMB COUNTY</u> Business Address <u>32 MARKET ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/18/2026</u> Name & Address: KENNETH F GOIKE 22440 32 MILE ROAD RAY, MI 48094		\$ <u>10,000.00</u>	\$ <u>30,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNTY COMMISSIONER</u> Employer <u>MACOMB COUNTY</u> Business Address <u>32 MARKET ST, Mount Clemens, MI 48043</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/29/2026</u> Name & Address: KENNETH F GOIKE 22440 32 MILE ROAD RAY, MI 48094		\$ <u>5,000.00</u>	\$ <u>35,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNTY COMMISSION</u> Employer <u>MACOMB COUNTY</u> Business Address <u>32 MARKET ST, Mount Clemens, MI 48043</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			

Page Subtotal **35,000.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **35,000.00**

Enter this total on
line 3a of Summary
Page.



**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1**

CANDIDATE COMMITTEE

1. Committee I.D. Number **140595**

2. Committee Name **CTE KEN GOIKE**

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: CHOICE ONE BANK 109 E DIVISION ST PO BOX 186 SPARTA, MI 49345	Date of Receipt 04/30/2026	☐ Loan from a Lending Institution ☒ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ 0.51
Receipt #2 Name & Address: CHOICE ONE BANK 109 E DIVISION ST PO BOX 186 SPARTA, MI 49345	Date of Receipt 05/31/2026	☐ Loan from a Lending Institution ☒ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ 1.96
Receipt #3 Name & Address: CHOICE ONE BANK 109 E DIVISION ST PO BOX 186 SPARTA, MI 49345	Date of Receipt 06/11/2026	☐ Loan from a Lending Institution ☒ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ 0.64
Receipt #4 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Receipt #5 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Receipt #6 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Receipt #7 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type

Page Subtotal

3.11

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

3.11

Enter this total on
line 4 of Summary
Page



ITEMIZED IN-KIND EXPENDITURES

SCHEDULE 1B – IK
CANDIDATE COMMITTEE

140595
1. Committee I. D. Number
2. Committee Name **CTE KEN GOIKE**

3. Name and Address of person to whom goods or services were donated or transferred.	4. Type of In-Kind Expenditure (Check appropriate box and fill in description)	5. Date:	6. Fair Market Value
Expenditure #1 Name & Address: IN RIGHT STRATEGIES 2153 WEALTHY ST SE EAST GRAND RAPIDS, MI 49506	4. ☐ Donation of goods or services to a Ballot Question Committee ☐ Donation of assets to tax exempt charitable Institution ☐ Donation of assets to Political Party Committee ☒ Other Description MAILING LIST	04/24/2026 Date	\$ 353.50
Expenditure #2 Name & Address: HARLAND CLARKE 1910 CAMPUS PL LOUISVILLE, KY 40299	4. ☐ Donation of goods or services to a Ballot Question Committee ☐ Donation of assets to tax exempt charitable institution ☐ Donation of assets to Political Party Committee ☒ Other Description: CHECK ORDER	04/29/2026 Date	\$ 22.53
Expenditure #3 Name & Address: PRINT MASTERS PRINT COMPANY 26039 DEQUINDRE RD MADISON HEIGHTS, MI 48071	4. ☐ Donation of goods or services to a Ballot Question Committee ☐ Donation of assets to tax exempt charitable institution ☐ Donation of assets to Political Party Committee ☒ Other Description: MAILERS	06/18/2026 Date	\$ 23,364.76
Expenditure #4 Name & Address: CHOICE ONE BANK 109 E DIVISION ST PO BOX 186 SPARTA, MI 49345	4. ☐ Donation of goods or services to a Ballot Question Committee ☐ Donation of assets to tax exempt charitable institution ☐ Donation of assets to Political Party Committee ☒ Other Description: SERVICE FEE	06/30/2026 Date	\$ 3.00
Expenditure #5 Name & Address:	4. ☐ Donation of goods or services to a Ballot Question Committee ☐ Donation of assets to tax exempt charitable institution ☐ Donation of assets to Political Party Committee ☐ Other Description:	 Date	 \$

Page Subtotal **23,743.79**

Grand Total of all Schedules 1B-1K
(Complete on last page of Schedule) **23,743.79**

Enter this total
on line 7 of
the Summary
Page