



FILED

10 SEP 2026 AM 10:36

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: 07/20/2026 to 08/24/2026

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

Date of Election, Convention or Caucus

08/04/2026

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.)

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

09/10/2026

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

09/10/2026



**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>08/05/2026</u> Name & Address: REALTORS POLITICAL ACTION COMMITTEE OF MICHIGAN I 720 N WASHINGTON AVE LANSING, MI 48906		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Memo Itemization Below	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/05/2026</u> Name & Address: PHILIP J WIEGAND 65936 HAVEN RIDGE RD LENOX, MI 48050		\$ <u>300.00</u>	\$ <u>300.00</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		Memo Itemization Below	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name & Address: _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name & Address: _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **1,300.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **1,300.00**

Enter this total on
line 3a of Summary
Page.