



**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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: 10/23/2023 to 11/27/2023

1. Committee I.D. Number

98269

4. Candidate Last Name First Name M.I.

Sochacki Robert M

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

City Council Member - City of Northville

4b. County of Residence **WAYNE**

2. Committee Name

Committee to Elect Bob Sochacki

5. Committee's Mailing Address

223 Linden St.
Northville, MI 48167

6. Treasurer's Name & Residential Address

Robert Sochacki
223 Linden St.
Northville, MI 48167

Area Code and Phone (248) 496-8097

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.

Area Code & Phone (248) 496-8097

7. Treasurer's Business Address

223 Linden St.
Northville, MI 48167

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

Robert Sochacki
223 Linden St.
Northville, MI 48167

Area Code and Phone (248) 496-8097

Area Code and Phone (248) 496-8097

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

11/07/2023

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

11/27/2023

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 Robert Sochacki

Type or Print Name

Signature

Date 7 Dec 2023

Candidate Robert Sochacki

Type or Print Name

Signature

Date 7 Dec 2023



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 98269

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE Bob Sochacki

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>308.90</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$308.90</u>	(18.) \$ <u>\$951.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$308.90</u>	(20.) \$ <u>\$951.00</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>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$1,299.00</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>\$1,299.00</u>	(23.) \$ <u>\$2,541.85</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>\$1.10</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>\$1.10</u>	(24.) \$ <u>\$9.00</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>-\$608.65</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$308.90</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>-\$299.75</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>-\$1,300.10</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>-\$1,599.85</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98269
2. Committee Name CTE Bob Sochacki

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>10/23/2023</u>	
Name & Address: <u>Unknown - cash in envelope</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
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 v	
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/23/2023</u>	
Name & Address: <u>Unknown - direct deposit less fee</u>		\$ <u>18.90</u>	\$ <u>68.90</u>
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 v	
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/03/2023</u>	
Name & Address: <u>Mike Miller</u> <u>540 Randolph</u> <u>Northville, MI 48167</u>		\$ <u>240.00</u>	\$ <u>240.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Home Builder</u> Employer <u>Self-Employed</u> Business Address <u>540 Randolph Northville, MI 48167</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization v	
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 v	

Page Subtotal **\$308.90**

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **\$308.90**

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number **98269**
2. Committee Name **CTE Bob Sochacki**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Jeffrey Snyder Address 508 Gardner Northville, MI 48167 ☐ Fund Raiser	Purpose: Media Package ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/27/2023 Date	\$ 1299.00 Click Here for Memo Itemization Type
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type

Subtotal this page	\$1,299.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)	\$1,299.00

Enter this total
on line 8a of
Summary Page