



FILED
22 OCT 2024 PM 04:30
OAKLAND COUNTY CLERK
PONTIAC, 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: 07/21/2024 to 10/20/2024

1. Committee I.D. Number
97728

2. Committee Name
TIM GREIMEL FOR PONTIAC

4. Candidate Last Name **GREIMEL** First Name **TIMOTHY** M.I. **A**

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

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

5. Committee's Mailing Address
**P.O. BOX 430124
PONTIAC, MI 48343**

Area Code and Phone (248) 214-6395
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
**ANGELA POWELL
1044 WILLIAMSON CIRCLE
PONTIAC, MI 48340**

Area Code & Phone (248) 214-6395

7. Treasurer's Business Address
**1044 WILLIAMSON CIRCLE
PONTIAC, MI 48340**

Area Code and Phone (248) 214-6395

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

Date of Election, Convention or Caucus

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

July Quarterly
 October Quarterly

9c. Annual Statement (2024)
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 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	/	Submitted electronically, signature on file _____ Signature	Date <u>10/22/2024</u>
Candidate _____ Type or Print Name	/	Submitted electronically, signature on file _____ Signature	Date <u>10/22/2024</u>



1. Committee I.D. Number 97728

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name TIM GREIMEL FOR PONTIAC

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>550.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>550.00</u>	(18.) \$ <u>72,850.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>1,912.42</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>550.00</u>	(20.) \$ <u>74,762.42</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>1,000.00</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>3,175.75</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>3,175.75</u>	(23.) \$ <u>64,736.21</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>59,492.31</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>550.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>60,042.31</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>3,175.75</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>56,866.56</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97728
2. Committee Name TIM GREIMEL FOR PONTIAC

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? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>08/05/2024</u> Name & Address: DTE ENERGY PAC 1 ENERGY PLAZA DETROIT, MI 48226	<u>\$ 500.00</u>	<u>\$ 500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/15/2024</u> Name & Address: DANA FORTIER 23871 W LEBOST NOVI, MI 48375	<u>\$ 50.00</u>	<u>\$ 50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser Click Here for Memo Itemization		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser Click Here for Memo Itemization		

Page Subtotal **550.00**

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

550.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 97728
2. Committee Name TIM GREIMEL FOR PONTIAC

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SQUARESPACE Address 8 CLARKSON ST NEW YORK, NY 10014 <input type="checkbox"/> Fund Raiser	Purpose: <u>WEBSITE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/29/2024</u> Date	\$ <u>30.00</u>
Expenditure #2 Name APOLLO ARTISTRY Address 1165 N CLARK ST STE 700 CHICAGO, IL 60610 <input type="checkbox"/> Fund Raiser	Purpose: <u>WEBSITE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/29/2024</u> Date	\$ <u>100.00</u>
Expenditure #3 Name APPOLINE MEDIA Address PO BOX 43414 DETROIT, MI 48243 <input type="checkbox"/> Fund Raiser	Purpose: <u>PHOTOGRAPHY</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/02/2024</u> Date	\$ <u>500.00</u>
Expenditure #4 Name PARAGON SOLUTIONS Address 2141 E BROADWAY RD STE 2020 TEMPE, AZ 85282 <input type="checkbox"/> Fund Raiser	Purpose: <u>FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/02/2024</u> Date	\$ <u>25.00</u>
Expenditure #5 Name NATIONAL STORAGE CENTER Address 800 MARTIN LUTHER KING JR BLVD S PONTIAC, MI 48341 <input type="checkbox"/> Fund Raiser	Purpose: <u>STORAGE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/05/2024</u> Date	\$ <u>227.00</u>

Subtotal this page **882.00**
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 97728
2. Committee Name TIM GREIMEL FOR PONTIAC

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name NGP VAN INC Address 655 15TH ST NW #650 WASHINGTON, DC 20005 <input type="checkbox"/> Fund Raiser	Purpose: <u>SOFTWARE FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/07/2024</u> Date	\$ <u>470.00</u>
Expenditure #2 Name SQUARESPACE Address 8 CLARKSON ST NEW YORK, NY 10014 <input type="checkbox"/> Fund Raiser	Purpose: <u>WEBSITE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/27/2024</u> Date	\$ <u>55.00</u>
Expenditure #3 Name APOLLO ARTISTRY Address 1165 N CLARK ST STE 700 CHICAGO, IL 60610 <input type="checkbox"/> Fund Raiser	Purpose: <u>WEBSITE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/27/2024</u> Date	\$ <u>100.00</u>
Expenditure #4 Name NATIONAL STORAGE CENTER Address 800 MARTIN LUTHER KING JR BLVD S PONTIAC, MI 48341 <input type="checkbox"/> Fund Raiser	Purpose: <u>STORAGE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/03/2024</u> Date	\$ <u>227.00</u>
Expenditure #5 Name PARAGON SOLUTIONS Address 2141 E BROADWAY RD STE 2020 TEMPE, AZ 85282 <input type="checkbox"/> Fund Raiser	Purpose: <u>FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/03/2024</u> Date	\$ <u>25.00</u>

Subtotal this page **877.00**
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 97728
2. Committee Name TIM GREIMEL FOR PONTIAC

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name NGP VAN INC Address 655 15TH ST NW #650 WASHINGTON, DC 20005 <input type="checkbox"/> Fund Raiser	Purpose: <u>SOFTWARE FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/03/2024</u> Date	\$ <u>470.00</u>
Expenditure #2 Name SQUARESPACE Address 8 CLARKSON ST NEW YORK, NY 10014 <input type="checkbox"/> Fund Raiser	Purpose: <u>WEBSITE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/27/2024</u> Date	\$ <u>30.00</u>
Expenditure #3 Name APOLLO ARTISTRY Address 1165 N CLARK ST STE 700 CHICAGO, IL 60610 <input type="checkbox"/> Fund Raiser	Purpose: <u>WEBSITE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/27/2024</u> Date	\$ <u>100.00</u>
Expenditure #4 Name PARAGON SOLUTIONS Address 2141 E BROADWAY RD STE 2020 TEMPE, AZ 85282 <input type="checkbox"/> Fund Raiser	Purpose: <u>FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/02/2024</u> Date	\$ <u>119.75</u>
Expenditure #5 Name NATIONAL STORAGE CENTER Address 800 MARTIN LUTHER KING JR BLVD S PONTIAC, MI 48341 <input type="checkbox"/> Fund Raiser	Purpose: <u>STORAGE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/03/2024</u> Date	\$ <u>227.00</u>

Subtotal this page **946.75**
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 97728
2. Committee Name TIM GREIMEL FOR PONTIAC

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name NGP VAN INC Address 655 15TH ST NW #650 WASHINGTON, DC 20005 <input type="checkbox"/> Fund Raiser	Purpose: <u>SOFTWARE FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/03/2024</u> Date	\$ <u>470.00</u>
Expenditure #2 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **470.00**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **3,175.75**

Enter this total on line 8a of Summary Page