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OAKLAND COUNTY CLERK
PONTIAC, MICHIGAN

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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: 10/20/2025 to 11/24/2025

1. Committee I.D. Number

95899

4. Candidate Last Name First Name M.I.

MCGUINNESS MICHAEL L

2. Committee Name

MIKE MCGUINNESS FOR PONTIAC

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

MAYOR, PONTIAC

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

5. Committee's Mailing Address

**26 UNION
PONTIAC, MI 48342**

6. Treasurer's Name & Residential Address

**MIKE MCGUINNESS
26 UNION
PONTIAC, MI 48342**

Area Code and Phone (248) 410-0702
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) 410-0702

7. Treasurer's Business Address

**26 UNION
PONTIAC, MI 48342**

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

**MIKE MCGUINNESS
26 UNION
PONTIAC, MI 48342**

Area Code and Phone (248) 410-0702

Area Code and Phone (248) 410-0702

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

11/04/2025

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

12/04/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

12/04/2025



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 95899

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name MIKE MCGUINNESS FOR PONTIAC

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>7,039.28</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>7,039.28</u>	(18.) \$ <u>52,643.14</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>7,039.28</u>	(20.) \$ <u>52,643.14</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>1,556.00</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>35,095.95</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>35,095.95</u>	(23.) \$ <u>75,690.20</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>34,895.79</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>7,039.28</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>41,935.07</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>35,095.95</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>6,839.12</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 95899
2. Committee Name MIKE MCGUINNESS 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? ☐ YES	4. Date of Receipt <u>10/21/2025</u>	
Name & Address: JOSEPH NEUSSENDORFER 5656 FLAGSTAFF PINES DR SHELBY TOWNSHIP, MI 48317		\$ <u>100.00</u>	\$ <u>275.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>NOT APPLICABLE</u> Business Address <u>5656 FLAGSTAFF PINES DR, SHELBY TOWNSHIP, MI 48317</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2025</u>	
Name & Address: DIANE SALTON 402 W IROQUOIS RD PONTIAC, MI 48341		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>NOT APPLICABLE</u> Business Address <u>402 W IROQUOIS RD, PONTIAC, MI 48341</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>10/23/2025</u>	
Name & Address: CHALDEAN CHAMBER PAC 2075 WALNUT LAKE RD WEST BLOOMFIELD, MI 48322		\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/23/2025</u>	
Name & Address: PATRICK KATTOO 4830 FAIRWAY RIDGE S WEST BLOOMFIELD, MI 48323		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>FOUR SEASONS CONTRACTING</u> Business Address <u>2011 ORCHARD LAKE RD, SYLVAN LAKE, MI 48320</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 3,925.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 95899
2. Committee Name MIKE MCGUINNESS 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? ☐ YES 4. Date of Receipt <u>10/23/2025</u> Name & Address: GARDENIA KATTOO 4830 FAIRWAY RIDGE S WEST BLOOMFIELD, MI 48323		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer <u>NOT APPLICABLE</u> Business Address <u>4830 FAIRWAY RIDGE S, WEST BLOOMFIELD, MI 48323</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/27/2025</u> Name & Address: JOSEPH STEVENS 278 WOODBERRY DR BLOOMFIELD HILLS, MI 48304		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>NOT APPLICABLE</u> Business Address <u>278 WOODBERRY DR, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/27/2025</u> Name & Address: NICHOLAS TALMERS 555 PLEASANT ST BIRMINGHAM, MI 48009		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>CRANBROOK CONTRACTUAL SERVICES</u> Business Address <u>555 PLEASANT ST, BIRMINGHAM, MI 48009</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/28/2025</u> Name & Address: JACK CADY 3127 CHESTNUT CT WATERFORD, MI 48329		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>NOT APPLICABLE</u> Business Address <u>3127 CHESTNUT CT, WATERFORD, MI 48329</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,975.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 95899
2. Committee Name MIKE MCGUINNESS 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? ☐ YES	4. Date of Receipt <u>10/30/2025</u>	
Name & Address: JOAN GEBHARDT 39468 VILLAGE RUN DR NORTHVILLE, MI 48168		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/31/2025</u>	
Name & Address: BRET BERGERON 1492 MARSHBANK DR PONTIAC, MI 48340		\$ <u>14.28</u>	\$ <u>181.06</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>CENTRAL RECYCLING, INC.</u> Business Address <u>1492 MARSHBANK DR, PONTIAC, MI 48340</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/01/2025</u>	
Name & Address: ANNA NELSON 298 ARNOLD AVE PONTIAC, MI 48341		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/03/2025</u>	
Name & Address: MARIA LUKOSAVICH 878 BUELL RD OAKLAND TOWNSHIP, MI 48306		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR PROJECT MANAGER</u> Employer <u>D'AGOSTINI COMPANIES</u> Business Address <u>38700 VAN DYKE AVE, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 639.28

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 95899
2. Committee Name MIKE MCGUINNESS 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? ☐ YES 4. Date of Receipt <u>11/03/2025</u> Name & Address: STEPHEN PANGORI 8106 ROSEBUD LN CLARKSTON VLG, MI 48348		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>ANDERSON, ECKSTEIN AND WESTRICK, INC.</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TOWNSHIP, MI 48315</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 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 # 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	



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **95899**
2. Committee Name **MIKE MCGUINNESS FOR PONTIAC**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name UNITED STATES POSTAL SERVICE Address 735 W HURON ST PONTIAC, MI 48343 ☐ Fund Raiser	Purpose: POSTCARDS POSTAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/22/2025 Date	\$ 610.00
Expenditure #2 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: GRAPHIC DESIGN SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/22/2025 Date	\$ 2,420.00
Expenditure #3 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: CAMPAIGN LITERATURE PRINTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/23/2025 Date	\$ 387.96
Expenditure #4 Name MASS MAILING LLC Address 35468 MOUND RD STERLING HEIGHTS, MI 48310 ☐ Fund Raiser	Purpose: CAMPAIGN MAILER PRINTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/24/2025 Date	\$ 825.24
Expenditure #5 Name UNITED STATES POST OFFICE Address 711 N GLENWOOD AVE PONTIAC, MI 48340 ☐ Fund Raiser	Purpose: CAMPAIGN MAILER POSTAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/24/2025 Date	\$ 3,695.42

Subtotal this page **7,938.62**

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **95899**
2. Committee Name **MIKE MCGUINNESS FOR PONTIAC**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: <u>VOTER CONTACT PHONE BANKING SERVICES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/25/2025</u> Date	\$ <u>7,500.00</u>
Expenditure #2 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: <u>CAMPAIGN SHIRTS PURCHASE & PRINTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/25/2025</u> Date	\$ <u>4,331.25</u>
Expenditure #3 Name META PLATFORMS - FACEBOOK Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>CAMPAIGN CYCLE DIGITAL ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/25/2025</u> Date	\$ <u>1,543.00</u>
Expenditure #4 Name MASS MAILING LLC Address 35468 MOUND RD STERLING HEIGHTS, MI 48310 ☐ Fund Raiser	Purpose: <u>CAMPAIGN MAILING PRINTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/28/2025</u> Date	\$ <u>693.00</u>
Expenditure #5 Name UNITED STATES POST OFFICE Address 711 N GLENWOOD AVE PONTIAC, MI 48340 ☐ Fund Raiser	Purpose: <u>CAMPAIGN MAILER POSTAGE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/28/2025</u> Date	\$ <u>1,607.45</u>

Subtotal this page **15,674.70**

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **95899**
2. Committee Name **MIKE MCGUINNESS FOR PONTIAC**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CHANCE'S EVENT CENTER Address 29B S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: <u>CAMPAIGN EVENT VENUE & FOOD</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/01/2025</u> Date	\$ <u>1,400.00</u>
Expenditure #2 Name GENISYS CREDIT UNION Address 44400 WOODWARD AVE PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: <u>BANK FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/01/2025</u> Date	\$ <u>40.00</u>
Expenditure #3 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: <u>VOTER CONTACT PHONE BANKING SERVICES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/01/2025</u> Date	\$ <u>1,100.00</u>
Expenditure #4 Name JOHN CANTRELL Address 620 BRADY LN PONTIAC, MI 48342 ☐ Fund Raiser	Purpose: <u>CAMPAIGN CONSULTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/03/2025</u> Date	\$ <u>1,000.00</u>
Expenditure #5 Name TERRENCE TAYLOR Address 26580 FRANKLIN POINTE DR SOUTHFIELD, MI 48034 ☐ Fund Raiser	Purpose: <u>ELECTION NIGHT PARTY MUSIC & DJ</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/04/2025</u> Date	\$ <u>400.00</u>

Subtotal this page **3,940.00**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **95899**
2. Committee Name **MIKE MCGUINNESS FOR PONTIAC**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name LAFAYETTE GRANDE BANQUET FACILITY Address 1 LAFAYETTE ST PONTIAC, MI 48342 ☐ Fund Raiser	Purpose: <u>ELECTION NIGHT PARTY VENUE & FOOD</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/04/2025</u> Date	\$ <u>3,000.00</u>
Expenditure #2 Name DARNELL RANDOLPH Address 493 IRWIN AVE PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: <u>CAMPAIGN CONSULTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/04/2025</u> Date	\$ <u>200.00</u>
Expenditure #3 Name VERSHONN CLARK Address 493 IRWIN AVE PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: <u>CAMPAIGN CONSULTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/04/2025</u> Date	\$ <u>200.00</u>
Expenditure #4 Name TCS SERVICES - CASSANDRA THOMAS Address 296 3RD AVE PONTIAC, MI 48340 ☐ Fund Raiser	Purpose: <u>ELECTION NIGHT PHOTO BOOTH SERVICES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/04/2025</u> Date	\$ <u>475.00</u>
Expenditure #5 Name MOBIL GAS STATION Address 328 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: <u>GASOLINE FOR LAWN SIGN PICKUP RUNS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/05/2025</u> Date	\$ <u>57.63</u>

Subtotal this page **3,932.63**
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 **95899**
2. Committee Name **MIKE MCGUINNESS FOR PONTIAC**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name TANESHA TAYLOR Address 123 S VISTA AUBURN HILLS, MI 48326 ☐ Fund Raiser	Purpose: <u>CAMPAIGN CONSULTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/07/2025</u> Date	\$ <u>1,000.00</u>
Expenditure #2 Name JOHN CANTRELL Address 620 BRADY LN PONTIAC, MI 48342 ☐ Fund Raiser	Purpose: <u>CAMPAIGN CONSULTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/12/2025</u> Date	\$ <u>2,000.00</u>
Expenditure #3 Name LEILANI TRIPLETT Address 864 ROBINWOOD ST PONTIAC, MI 48340 ☐ Fund Raiser	Purpose: <u>CAMPAIGN CONSULTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/12/2025</u> Date	\$ <u>160.00</u>
Expenditure #4 Name SHONTIANNA TRIPLETT Address 87 BEECHWOODE LN PONTIAC, MI 48340 ☐ Fund Raiser	Purpose: <u>CAMPAIGN CONSULTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/12/2025</u> Date	\$ <u>160.00</u>
Expenditure #5 Name JUAN CLAUDIO Address 771 CAMERON AVE PONTIAC, MI 48340 ☐ Fund Raiser	Purpose: <u>CAMPAIGN CONSULTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/12/2025</u> Date	\$ <u>130.00</u>

Subtotal this page **3,450.00**

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

Enter this total
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Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **95899**
2. Committee Name **MIKE MCGUINNESS FOR PONTIAC**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name TRACEY TATE Address 120 N EDITH ST PONTIAC, MI 48342 ☐ Fund Raiser	Purpose: <u>CAMPAIGN CONSULTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/12/2025</u> Date	\$ <u>40.00</u>
Expenditure #2 Name ZAJAE SHAW Address 643 LANCASTER LN PONTIAC, MI 48342 ☐ Fund Raiser	Purpose: <u>CAMPAIGN CONSULTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/12/2025</u> Date	\$ <u>40.00</u>
Expenditure #3 Name TYNESHA MCGHEE Address 148 CHARLES LN PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: <u>CAMPAIGN CONSULTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/12/2025</u> Date	\$ <u>40.00</u>
Expenditure #4 Name YASHICA PARKER Address 155 GRANDVIEW BLVD PONTIAC, MI 48342 ☐ Fund Raiser	Purpose: <u>CAMPAIGN CONSULTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/12/2025</u> Date	\$ <u>40.00</u>
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u> </u> Date	\$ <u> </u>

Subtotal this page **160.00**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **35,095.95**

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