

Michigan Campaign Finance Complaint

RECEIVED
2022 DEC 15 PM 1:15
ELECTIONS/GREAT LAKES

Section 1. Complainant

Name: Matthew Ross Schonert

Daytime Telephone Number: +1 (231) 250-9931

Mailing Address: 22050 Boulder Avenue, Eastpointe, Michigan 48021

Section 2. Alleged Violator

Name: Michael Jones

Mailing Address: 23740 LEXINGTON AVE, EASTPOINTE, MI 48021

Email: voteformikejones2021@gmail.com

Section 3. Allegations

Sections of MCFA alleged to be violated:

MCL 169.226(1)(d)

Explain how those sections were violated:

Background

1. Michael Jones was a candidate for Eastpointe City Council in 2021.¹
2. In July 2021, Jones formed a candidate committee called SUPPORTERS FOR MIKE JONES with the Macomb County Clerk.²
3. Jones is named as the respondent in this complaint because the candidate committee is under the control and direction of the candidate.³
4. In a letter dated July 23, 2021, the county clerk notified the committee that the committee did not have a reporting waiver and was required to file all campaign statements.⁴

¹ <https://electionresults.macombgov.org/m33/eastpointe.html>

² <https://macomb.mi.campaignfinance.us/iCommitteePortal.php?iCommitteeID=12443>

³ MCL 169.203(2)

⁴ <https://campaignfinance.us/docs.macomb.mi/470887325.pdf>

Details of violation of MCL 169.226(1)(d):

5. On September 20, 2021, the candidate used Facebook to promote a campaign fundraiser to be held on October 10, 2021, at Ray's Boom Boom Room, located 21530 Gratiot Avenue, Eastpointe, Michigan.
6. On October 11, 2021, one day after the advertised date of the fundraiser, Jones posted on Facebook: "I want to thank everyone that came out to support my fundraiser campaign for Eastpoint City Council. Special thanks & shouts out to Ray Oshay and his staff, Shenita Lloyd, my masonic family, and my Ultimate members, family and friends. I still need donations & volunteers, all and any will help. THANKS GOD BLESS!!"
https://www.facebook.com/permalink.php?story_fbid=pfbid02F732Ne7pVUYGaHif4rwZ6VXXUMEQUwHGnLqKSKgy4MTjuxn7SszRkJYSHgDKvpSLl&id=100004677247521
7. The October 10, 2021, date of the fundraiser falls within the reporting period of the committee's pre-election campaign statement.
8. Despite holding a fundraiser on October 10, 2021, the committee's pre-election campaign statements (including the original filing and two amended filings) did not report a fundraiser held on that date. In fact, none of the pre-election statements included a fundraising schedule whatsoever.
9. The committee's post-election statements (including the original filing and an amended filing) also do not include fundraising schedules.
10. MCL 169.226(1)(d) requires that a campaign statement include the following information for each fund-raising event held:
 - i. The type of event, date held, address and name, if any, of the place where the activity was held, and approximate number of individuals participating or in attendance.
 - ii. The total amount of all contributions.
 - iii. The gross receipts of the fund-raising event.
 - iv. The expenditures incident to the event.
11. Therefore, I ask the Bureau of Elections to determine whether Jones violated MCL 169.226(1)(d) by failing to report the fundraiser information for the October 10, 2021, event and any other fundraising events held.

Evidence included with the submission of the complaint that supports the allegations:

Advertisement posted on Facebook on September 20, 2021, promoting the October 10, 2021, fundraiser at Ray's Boom Boom Room.

<https://www.facebook.com/photo.php?fbid=2043148522517703&set=pb.100004677247521.-2207520000.&type=3>



Michael Jones
September 20, 2021 · 🌐

...

MEET & GREET FUNDRAISER

Eastpointe, MI City Council Candidate

Michael Jones

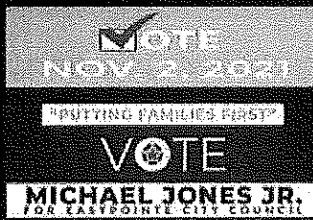
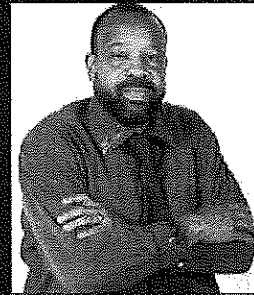
Sunday October 10, 2021

\$20 Donation

RAYS BOOM BOOM ROOM

21530 Gratiot Eastpointe, MI 48021

3pm-5pm



TO DONATE: Supporters for Mike Jones

Email: voteformikejones2021@gmail.com

Paypal: ([Paypal.me/voteformikejones2021](https://www.paypal.me/voteformikejones2021)) | Cash App: (\$voteformikejones)

Checks can be mailed to P.O. Box No. 665, Eastpointe, MI 48021

(No corporate checks please & No donation over \$1200PP)

👍👍 41

13 Comments 27 Shares

👍 Like

💬 Comment

➦ Share

Facebook post made on October 11, 2021, (the day after the fundraiser) mentioning that the event had taken place:

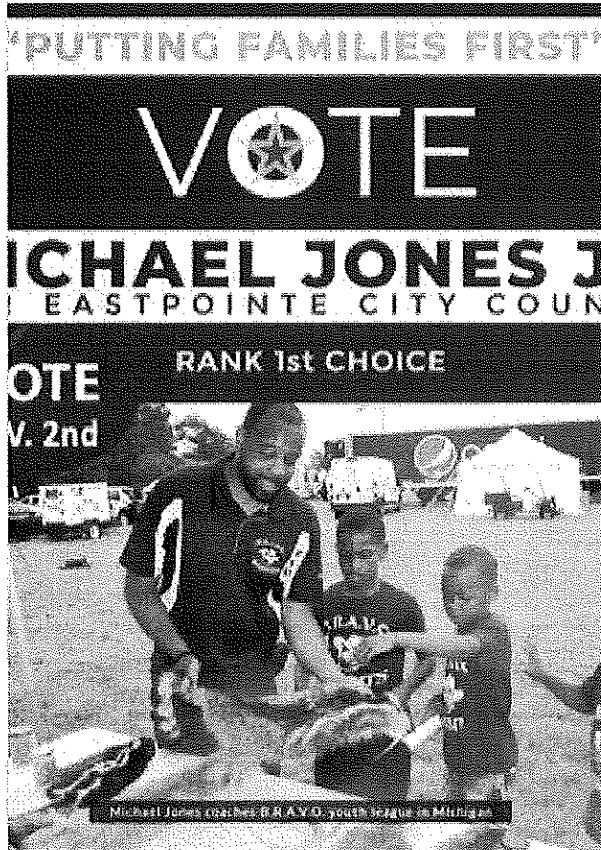
https://www.facebook.com/permalink.php?story_fbid=pfbid0BRsNV8mRjcLiB3fogM2x8AEaGNjDn2N6KYYsvtyvURUVdt11eLi45S4Rdr1dgC3GI&id=100004677247521



Michael Jones

October 11, 2021 · 🌐

I want to thank everyone that came out to support my fundraiser campaign for Eastpointe City Council. Special thanks & shouts out to Ray Oshay and his staff, Shenita Lloyd, my masonic family, and my Ultimate members, family and friends. I still need donations & volunteers, all and any will help. THANKS GOD BLESS!!



VISION

ate new and improved youth programs to promote responsible citizenship
ek various grants and resources to continue Eastpointe's "Family Tc
ate and expand commercial projects to increase tax revenue
wide state of the art training and equipment for Eastpointe city en
ive for Blue Ribbon recognition for Eastpointe schools
rease revenue to repair infrastructure
ive for Eastpointe to be listed as one of America's top cities to live

TE MICHAEL JONES

for
Eastpointe
Council

VOTE
2, 2021

PUTTING FAMILIES FIR

MEET THE CANDIDATE

EDUCATION

- nt Writing Certificate (WCCO)
- or Relations Training (Wayne State University)
- years experience certified social studies teacher
- years experience coaching athletics
- ter's of Art in Educational Leadership (Marygrove College)
- helor's of Art in History, minor Political Science (Marygrove College)
- l Catholic High School Alumni
- nigan Round Table for Diversity and Inclusion
- ther Lead for Equity

MEMBERSHIP

- Local 231
- Theta Kappa International Society
- nigan Council for History Education
- ark Lodge #5 International Free and Accepted Modern Masons

TEERISM

- er corps
- pointe Ethics Board
- pointe Community Action Coalition
- unteer Pop Warner Little Scholars Inc.

TO DONATE: Supporters for Mike Jones

Email: voteformikejones2021@gmail.com

Paypal: [Paypal: paypal.me/voteformikejones2021](https://www.paypal.me/voteformikejones2021) | Cash App: [Cash App: \\$voteformikej](https://cash.app/$voteformikej)

Checks can be mailed to P.O. Box No. 665, Eastpointe, MI 48021
(No corporate checks please & No donation over \$1200PP)

👍 27

3 Comments 3 Shares

👍 Like

💬 Comment


🔗 Share

All of the pre-election campaign statements mentioned in this complaint are available online from the Macomb County Clerk's office. I have also attached copies. The relevant documents and URLs are as follows in reverse chronological order by date of receipt.

- **Dissolution Stmt** received on 01/27/22
 - <https://campaignfinance.us/docs.macomb.mi/470890889.pdf>
- **Post-Election Stmt - 11/02/2021 General Election (Amended)** received on 01/26/22
 - <https://campaignfinance.us/docs.macomb.mi/470890701.PDF>
- **Post-Election Stmt - 11/02/2021 General Election** received on 01/14/22
 - <https://campaignfinance.us/docs.macomb.mi/470887176.PDF>
- **Pre-Election Stmt - 11/02/2021 General Election (Amended)** received on 11/08/21
 - <https://campaignfinance.us/docs.macomb.mi/470889386.PDF>
- **Pre-Election Stmt - 11/02/2021 General Election (Amended)** received on 10/26/21
 - <https://campaignfinance.us/docs.macomb.mi/470888927.PDF>
- **Pre-Election Stmt - 11/02/2021 General Election** received on 10/20/21
 - <https://campaignfinance.us/docs.macomb.mi/470887175.PDF>

Section 4. Certification

I certify that to the best of my knowledge, information, and belief, formed after a reasonable inquiry under the circumstances, each factual contention of this complaint is supported by evidence.

X  12/12/2022
Signature of Complainant Date

Section 5. Certification without Evidence (Supplemental to Section 4)

If, after a reasonable inquiry under the circumstances, you are unable to certify that certain factual contentions are supported by evidence as indicated above, you may make the following certification:

I certify that to the best of my knowledge, information, or belief, there are grounds to conclude that the following specifically identified factual contentions are likely to be supported by evidence after a reasonable opportunity for further inquiry. Those specific contentions are:

NOT APPLICABLE.

X

Signature of Complainant

Date

Section 6. Submission

This complaint is hereby submitted to:

Michigan Department of State
Bureau of Elections
Richard H. Austin Building – 1st Floor
430 West Allegan Street
Lansing, Michigan 48918

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONSCANDIDATE 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.

1. Committee I.D. Number 140113		3. This Statement covers From: <u>11/23/2021</u> to <u>01/28/2022</u>	
2. Committee Name Supportes for Mike Jones		4. Candidate Last Name <u>Jones Jr</u> First Name <u>Michael</u> M.I. <u>L</u> 4a. Office Sought Including District # or Community Served (If applicable) Eastpointe City Council	
5. Committee's Mailing Address P.O. Box 665 Eastpointe, MI 48021 Area Code and Phone <u>(313) 657-0857</u> <small>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.</small>		4b. County of Residence <u>MACOMB</u> 6. Treasurer's Name & Residential Address Michael Jones Jr 23740 Lexington Ave. Eastpointe, MI 48021 Area Code & Phone <u>(313) 657-0857</u>	
7. Treasurer's Business Address Michael Jones Jr 23740 Lexington Ave. Eastpointe, MI 48021 Area Code and Phone <u>(313) 657-0857</u>		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Michael Jones Jr 23740 Lexington Ave. Eastpointe, MI 48021 Area Code and Phone <u>(313) 657-0857</u>	
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus 		9c. <input type="checkbox"/> Annual Statement () Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) 9e. Dissolution of Candidate Committee <input checked="" type="checkbox"/> 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 <u>01/28/2022</u> 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 <u>Michael Jones Jr</u> Type or Print Name		<u>[Signature]</u> Signature	
Candidate <u>Michael Jones Jr</u> Type or Print Name		<u>[Signature]</u> Signature	
Date <u>01-28-2022</u>		Date <u>01-28-2022</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140113

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Supporters for Mike Jones

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ _____	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ _____	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ _____	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$185.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ _____	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
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.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$185.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$185.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$185.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$0.00</u>	



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number

140113

2. Committee Name Supporters for Mike Jones

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Stafford House Inc. Address 531 Belmont Detroit, MI 48202 <input type="checkbox"/> Fund Raiser	Purpose: <u>donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/27/2022</u> Date	\$ <u>185.00</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

\$185.00

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

\$185.0

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED 2022 JAN 23 AM 9:05
TROMBLY COUNTY CLERK

Amended
1-24-2022

**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.

1. Committee I.D. Number 140113		3. This Statement covers From: 10/18/2021 to 11/22/2021	
2. Committee Name Supporters for Mike Jones		4. Candidate Last Name Jones First Name Michael M.I. L 4a. Office Sought Including District # or Community Served (If applicable) Eastpointe City Council <input type="checkbox"/> 4b. County of Residence MACOMB <input type="checkbox"/>	
5. Committee's Mailing Address P.O. Box 665 Eastpointe, MI 48021 Area Code and Phone (313) 657-0857 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 Michael Jones Jr 23740 Lexington Ave. Eastpointe, MI 48021 Area Code & Phone (313) 657-0857	
7. Treasurer's Business Address Michael Jones Jr 23740 Lexington Ave. Eastpointe, MI 48021 Area Code and Phone (313) 657-0857		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Michael Jones Jr 23740 Lexington Ave. Eastpointe, MI 48021 Area Code and Phone (313) 657-0857	
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus 11/02/2021		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement () Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	
		9e. Dissolution of Candidate Committee <input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby 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 Michael Jones Jr Type or Print Name		Signature Date 01/24/2022	
Candidate Michael Jones Jr Type or Print Name		Signature Date 01/24/2022	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140113

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Supporters for Mike Jones

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>45.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$		(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$		(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$45.00</u>	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$		(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$		(22.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$		
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$		
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$		(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$		
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$		(24.) \$
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>1,163.87</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$140.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$45.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$185.00</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>\$185.00</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140113

2. Committee Name Supporters for Mike Jones

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 all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/02/2021</u> Name & Address: <u>Stacie Hickman-Jackson</u> <u>15001 E. 12 Mile</u> <u>Warren, MI 48088</u>		\$ <u>20.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>social worker</u> Employer <u>Detroit Public schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/29/2021</u> Name & Address: <u>Linda Drake</u> <u>20099 Pelkey</u> <u>Detroit, MI 48205</u>		\$ <u>25.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
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 \$45.00

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

\$45.00

Enter this total on
line 3a of Summary
Page.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140113

2. Committee Name Supporters for Mike Jones

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Michael Jones Jr. 23740 Lexington Ave. Eastpointe, MI 48201	4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>08/21/2021</u> 6. Original Amount of Debt: <u>\$ 1,663.87</u>	10/01/2021 \$ 500.00 \$ \$ \$ \$	\$ 500.00	\$ 1,163.87 <input checked="" type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$1,163.87

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

\$1,163.87

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED 2022 JAN 14 PM 12:24
MACOMB COUNTY CLERK

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.

<p>1. Committee I.D. Number 140113</p> <p>2. Committee Name Supporters for Mike Jones</p>		<p>3. This Statement covers From: 10/29/2021 to 11/22/2021</p>	
<p>5. Committee's Mailing Address P.O. Box 665 Eastpointe, MI 48021</p> <p>Area Code and Phone (313) 657-0857 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.</p>		<p>4. Candidate Last Name Jones First Name Michael M.I. L</p> <p>4a. Office Sought Including District # or Community Served (If applicable) Eastpointe City Council</p> <p>4b. County of Residence MACOMB</p>	
<p>7. Treasurer's Business Address Michael Jones Jr 23740 Lexington Ave. Eastpointe, MI 48021</p> <p>Area Code and Phone (313) 657-0857</p>		<p>6. Treasurer's Name & Residential Address Michael Jones Jr 23740 Lexington Ave. Eastpointe, MI 48021</p> <p>Area Code & Phone (313) 657-0857</p>	
<p>9. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus 11/02/2021</p>		<p>8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Michael Jones Jr 23740 Lexington Ave. Eastpointe, MI 48021</p> <p>Area Code and Phone (313) 657-0857</p>	
		<p>9c. <input type="checkbox"/> Annual Statement () Coverage Year</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</p>	
		<p>9e. Dissolution of Candidate Committee</p> <p><input type="checkbox"/> 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.</p> <p>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Effective date of dissolution</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>	
<p>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.</p>			
<p>Current Treasurer or Designated Record keeper Michael Jones Jr</p> <p>Type or Print Name</p>		<p>[Signature]</p> <p>Signature</p>	
<p>Candidate Michael Jones Jr</p> <p>Type or Print Name</p>		<p>[Signature]</p> <p>Signature</p>	
		<p>Date 01/14/2022</p>	
		<p>Date 01/14/2022</p>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140113

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Supporters for Mike Jones

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>45.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ _____	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$45.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ _____	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ _____	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$640.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$45.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$685.00</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>\$685.00</u>	*



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140113

2. Committee Name Supporters for Mike Jones

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 type="checkbox"/> YES 4. Date of Receipt <u>11/02/2021</u> Name & Address: <u>Stacie Hickman-Jackson</u> <u>15001 E. 12 Mile</u> <u>Warren, MI 48088</u>		\$ <u>20.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>social worker</u> Employer <u>Detroit Public schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/29/2021</u> Name & Address: <u>Linda Drake</u> <u>20099 Pelkey</u> <u>Detroit, MI 48205</u>		\$ <u>25.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
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 \$45.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) \$45.00

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

AMENDED
11-8-2021

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: 7/20/2021 to 10/17/2021

1. Committee I.D. Number
140113

2. Committee Name
Supporters for Mike Jones

4. Candidate Last Name **Jones** First Name **Michael** M.I. **L**

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

4b. County of Residence **MACOMB**

5. Committee's Mailing Address
**P.O. Box 665
Eastpointe, MI 48021**

Area Code and Phone **(313) 657-0857**

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
**Michael Jones Jr
23740 Lexington Ave.
Eastpointe, MI 48021**

Area Code & Phone **(313) 657-0857**

7. Treasurer's Business Address
**Michael Jones Jr
23740 Lexington Ave.
Eastpointe, MI 48021**

Area Code and Phone **(313) 657-0857**

8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)
**Michael Jones Jr
23740 Lexington Ave.
Eastpointe, MI 48021**

Area Code and Phone **(313) 657-0857**

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
10/19/2021

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 **Michael Jones Jr** Signature [Signature] Date 11-8-2021

Candidate **Michael Jones Jr** Signature [Signature] Date 11-8-2021



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140113

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Supporters for Mike Jones

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>540.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ _____	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$1,663.87</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$2,203.87</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-1K, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-1K, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$2,063.87</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$2,063.87</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$1,163.87</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
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>\$2,203.87</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$2,203.87</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$2,063.87</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$140.00</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140113
2. Committee Name Supporters for Mike Jones

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 all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/11/2021</u>	
Name & Address: Mark Holmes 4426 Beech Rd. Temple Hills, MD 20748		\$ <u>200.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Holmes Automotive</u> Business Address <u>4426 Beech Rd. Temple Hills MD Unit G 20748</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/13/2021</u>	
Name & Address: Brenda Motley 19194 Tracey Detroit, MI 48235		\$ <u>20.00</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		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/13/2021</u>	
Name & Address: James Everage Jr 5785 Lodewyck Detroit, MI 48224		\$ <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		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/10/2021</u>	
Name & Address: Teresa Parker 13064 Simms Detroit, MI 48205		\$ <u>20.00</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		Click Here for Memo Itemization	

Page Subtotal

290.00

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140113
2. Committee Name Supporters for Mike Jones

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 all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: Linda Emerson 15485 Greenfield Detroit, MI 48227		\$ 30.00	
PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/09/2021</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		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: Denise Stallworth- Drake 4541 St. Germain Blvd. Warrensville Hts, OH 44128		\$ 15.00	
PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/09/2021</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		Click Here for Memo Itemization	
3. Contribution #3 Name & Address: Meia Hudson 16624 Lola Redford, MI 48240		\$ 40.00	
PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/05/2021</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		Click Here for Memo Itemization	
3. Contribution #4 Name & Address: Rosemary Boyd 11326 Marlowe Detroit, MI 48227		\$ 25.00	
PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09 - 25 - 2021</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		Click Here for Memo Itemization	

Page Subtotal

110.00

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140113
2. Committee Name Supporters for Mike Jones

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 type="checkbox"/> YES	4. Date of Receipt <u>09/20/2021</u>	
Name & Address: Mark Covington 8902 Vinton Detroit, MI 48213		\$ <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		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/20/2021</u>	
Name & Address: Wesley Fortson 1606 Woodburne Westland, MI 48186		\$ <u>25.00</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		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address: Michael Jones Jr 23740 Lexington Ave. Eastpointe, MI 48021		\$ <u>20.00</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		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/09/2021</u>	
Name & Address: Tasha Smith 10011 Powerhouse Dr. San Antonio, TX 78239		\$ <u>20.00</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		Click Here for Memo Itemization	

Page Subtotal 115.00

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140113

2. Committee Name Supporters for Mike Jones

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 type="checkbox"/> YES 4. Date of Receipt <u>09/13/2021</u> Name & Address: <u>Charles Anderson</u> <u>7488 Asbury Drive</u> <u>Lithonia, GA 30058</u>		\$ <u>25.00</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		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>Michael Jones Jr.</u> <u>23740 Lexington Ave.</u> <u>Eastpointe, MI 48021</u>		\$ <u>1663.87</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Detroit Public School Community District</u> Business Address <u>1150 E. Lantz Detroit, MI 48203</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
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

1688.87

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

2203.87

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 140113
2. Committee Name Supporters for Mike Jones

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name U.S. Postal Service Address 22430 Gratiot Eastpointe, MI 48021 <input type="checkbox"/> Fund Raiser	Purpose: <u>P.O. Box</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/01/2021</u> Date	<u>\$ 59.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name Universal Wholesale Address 16400 W. 8 Mile Rd. Southfield, MI 48075 <input type="checkbox"/> Fund Raiser	Purpose: <u>T-Shirts</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/10/2021</u> Date	<u>\$ 274.50</u> Click Here for Memo Itemization Type
Expenditure #3 Name ScreenTek Address 12934 E. 10 Mile Rd. Warren, MI 48089 <input type="checkbox"/> Fund Raiser	Purpose: <u>silk screen</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/10/2021</u> Date	<u>\$ 95.63</u> Click Here for Memo Itemization Type
Expenditure #4 Name All Pro Color Design & Printing Address 20750 Chesley Dr. Farmington, MI 48336 <input type="checkbox"/> Fund Raiser	Purpose: <u>Flyers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/11/2021</u> Date	<u>\$ 171.93</u> Click Here for Memo Itemization Type
Expenditure #5 Name All Pro Color Design & Printing Address 20750 Chesley Dr. Farmington, MI 48336 <input type="checkbox"/> Fund Raiser	Purpose: <u>Flyers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/13/2021</u> Date	<u>\$ 171.93</u> Click Here for Memo Itemization Type

Subtotal this page 772.99

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 140113
2. Committee Name Supporters for Mike Jones

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name U.S. Postal Service Address 22430 Gratiot Eastpointe, MI 48021 <input type="checkbox"/> Fund Raiser	Purpose: <u>stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/26/2021</u> Date	\$ <u>58.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name Office Depot Address 19001 E. Nine Mile Rd. Eastpointe, MI 48021 <input type="checkbox"/> Fund Raiser	Purpose: <u>labels/envelopes</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/26/2021</u> Date	\$ <u>32.88</u> Click Here for Memo Itemization Type
Expenditure #3 Name Monique Owens Address 22480 Petersburg Eastpointe, MI 48021 <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertisement</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/02/2021</u> Date	\$ <u>700.00</u> Memo Itemization Below <i>"all done in house"</i>
Expenditure #4 Name Michael Jones Jr Address 23740 Lexington Ave. eastpointe, MI 48021 <input type="checkbox"/> Fund Raiser	Purpose: <u>loan payment</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/13/2021</u> Date	\$ <u>500.00</u> Click Here for Memo Itemization Type
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	\$ _____ Click Here for Memo Itemization Type

Subtotal this page 1290.88

Grand Total of all Schedules 1B
(Complete on last page of Schedule) 2063.87

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140113

2. Committee Name Supporters for Mike Jones

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantor, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Michael Jones Jr. 23740 Lexington Ave. Eastpointe, MI 48021	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>08/01/2021</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,663.87</u>	10/13/2021 \$ 500.00 \$ \$ \$ \$	\$ 500.00	\$ 1,163.87 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$1,163.87

(Complete on last page of Schedule showing amounts owed by or to the committee)

Grand Total of all Schedules 1E

\$1,163.87

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

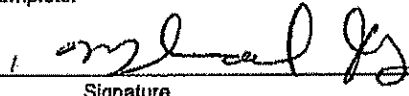
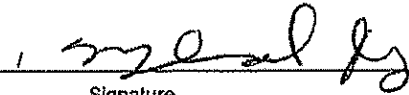


CANDIDATE COMMITTEE
COVER PAGE

AMENDED

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number 140113		3. This Statement covers From: 07/02/2021 to 10/17/2021	
2. Committee Name Supporters for Mike Jones		4. Candidate Last Name Jones First Name Michael M.I. L 4a. Office Sought Including District # or Community Served (If applicable) Eastpointe City Council <input checked="" type="checkbox"/> 4b. County of Residence MACOMB <input checked="" type="checkbox"/>	
5. Committee's Mailing Address P.O. Box 665 Eastpointe, MI 48021 Area Code and Phone (313) 657-0857 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 Michael Jones Jr 23740 Lexington Ave. Eastpointe, MI 48021 Area Code & Phone (313) 657-0857	
7. Treasurer's Business Address Michael Jones Jr 23740 Lexington Ave. Eastpointe, MI 48021 Area Code and Phone (313) 657-0857		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Michael Jones Jr 23740 Lexington Ave. Eastpointe, MI 48021 Area Code and Phone (313) 657-0857	
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus 10/19/2021		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement () Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) 9e. Dissolution of Candidate Committee <input type="checkbox"/> 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 Michael Jones Jr Type or Print Name		 Signature Date 10-26-21	
Candidate Michael Jones Jr Type or Print Name		 Signature Date 10-26-21	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140113

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Supporters for Mike Jones

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>540.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ _____	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$1,663.87</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$2,203.87</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$1,563.87</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$1,563.87</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$1,163.87</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
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>\$2,203.87</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$2,203.87</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$1,563.87</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$640.00</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140113
2. Committee Name Supporters for Mike Jones

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 type="checkbox"/> YES 4. Date of Receipt <u>10/11/2021</u> Name & Address: <u>Mark Holmes</u> <u>4426 Beech Rd.</u> <u>Temple Hills, MD 20748</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Holmes Automotive</u> Business Address <u>4426 Beech Rd. Templ Hills MD Unit G 20748</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>200.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/13/2021</u> Name & Address: <u>Brenda Motley</u> <u>19194 Tracey</u> <u>Detroit, MI 48235</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		\$ <u>20.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/13/2021</u> Name & Address: <u>James Everage Jr</u> <u>5785 Lodewyck</u> <u>Detroit, MI 48224</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		\$ <u>50.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/10/2021</u> Name & Address: <u>Teressa Parker</u> <u>13064 Simms</u> <u>Detroit, MI 48205</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		\$ <u>20.00</u>	\$ _____ Click Here for Memo Itemization

Page Subtotal

290.00

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140113
2. Committee Name Supporters for Mike Jones

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 type="checkbox"/> YES 4. Date of Receipt <u>10/09/2021</u> Name & Address: Linda Emerson 15485 Greenfield Detroit, MI 48227		\$ <u>30.00</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		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/09/2021</u> Name & Address: Denise Stallworth- Drake 4541 St. Germain Blvd. Warrensville Hts, OH 44128		\$ <u>15.00</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		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/05/2021</u> Name & Address: Mela Hudson 16624 Lola Redford, MI 48240		\$ <u>40.00</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		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09-25-2021</u> Name & Address: Rosemary Boyd 11326 Marlowe Detroit, MI 48227		\$ <u>25.00</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		Click Here for Memo Itemization	

Page Subtotal 110.00

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 140113
2. Committee Name Supporters for Mike Jones

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 type="checkbox"/> YES 4. Date of Receipt <u>09/20/2021</u> Name & Address: Mark Covington 8902 Vinton Detroit, MI 48213		\$ 50.00	\$ _____
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		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/20/2021</u> Name & Address: Wesley Fortson 1606 Woodburne Westland, MI 48186		\$ 25.00	\$ _____
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		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: Michael Jones Jr 23740 Lexington Ave. Eastpointe, MI 48021		\$ 20.00	\$ _____
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		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/09/2021</u> Name & Address: Tasha Smith 10011 Powerhouse Dr. San Antonio, TX 78239		\$ 20.00	\$ _____
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		Click Here for Memo Itemization	

Page Subtotal **115.00**

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 140113
2. Committee Name Supporters for Mike Jones

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 all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/13/2021</u> Name & Address: <u>Charles Anderson</u> <u>7488 Asbury Drive</u> <u>Lithonia, GA 30058</u>		\$ <u>25.00</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		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>Michael Jones Jr.</u> <u>23740 Lexington Ave.</u> <u>Eastpointe, MI 48021</u>		\$ <u>1663.87</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Detroit Public School Community District</u> Business Address <u>1150 E. Lantz Detroit, MI 48203</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	
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 <input type="button" value="v"/>	
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 <input type="button" value="v"/>	

Page Subtotal 1688.87

Grand Total of All Schedules 1A
(Complete on last page of Schedule) 2203.87

Enter this total on
line 3a of Summary
Page.



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

CANDIDATE COMMITTEE

1. Committee I.D. Number 140113

2. Committee Name Supporters for Mike Jones

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: Michael Jones Jr. 23740 Lexington Ave Eastpointe, MI 48021	Date of Receipt <u>08/01/2021</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Other (Specify) <u>loan</u>	\$ <u>1663.87</u> Click for Memo Itemization Type <input checked="" type="checkbox"/>
Receipt #2 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type <input type="checkbox"/>
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type <input type="checkbox"/>
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type <input type="checkbox"/>
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type <input type="checkbox"/>
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type <input type="checkbox"/>
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type <input type="checkbox"/>

Page Subtotal 1663.87

Grand Total of All Schedules 1A-1
(Complete on last page of Schedule) 1663.87

Enter this total on
line 4 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 140113
2. Committee Name Supporters for Mike Jones

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name U.S. Postal Service Address 22430 Gratiot Eastpointe, MI 48021 <input type="checkbox"/> Fund Raiser	Purpose: <u>P.O. Box</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/01/2021</u> Date	\$ <u>59.00</u> Click Here for Memo Itemization Type <input checked="" type="checkbox"/>
Expenditure #2 Name Universal Wholesale Address 16400 W. 8 Mile Rd. Southfield, MI 48075 <input type="checkbox"/> Fund Raiser	Purpose: <u>T-Shirts</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/10/2021</u> Date	\$ <u>274.50</u> Click Here for Memo Itemization Type <input checked="" type="checkbox"/>
Expenditure #3 Name ScreenTek Address 12934 E. 10 Mile Rd. Warren, MI 48089 <input type="checkbox"/> Fund Raiser	Purpose: <u>silk screen</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/10/2021</u> Date	\$ <u>95.63</u> Click Here for Memo Itemization Type <input checked="" type="checkbox"/>
Expenditure #4 Name All Pro Color Design & Printing Address 20750 Chesley Dr. Farmington, MI 48336 <input type="checkbox"/> Fund Raiser	Purpose: <u>Flyers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/11/2021</u> Date	\$ <u>171.93</u> Click Here for Memo Itemization Type <input checked="" type="checkbox"/>
Expenditure #5 Name All Pro Color Design & Printing Address 20750 Chesley Dr. Farmington, MI 48336 <input type="checkbox"/> Fund Raiser	Purpose: <u>Flyers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/13/2021</u> Date	\$ <u>171.93</u> Click Here for Memo Itemization Type <input checked="" type="checkbox"/>

Subtotal this page

772.99

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 140113
2. Committee Name Supporters for Mike Jones

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>U.S. Postal Service</u> Address <u>22430 Gratiot</u> <u>Eastpointe, MI 48021</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/26/2021</u> Date	\$ <u>58.00</u> Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #2 Name <u>Office Depot</u> Address <u>19001 E. Nine Mile Rd.</u> <u>Eastpointe, MI 48021</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>labels/envelopes</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/26/2021</u> Date	\$ <u>32.88</u> Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #3 Name <u>Monique Owens</u> Address <u>22480 Petersburg</u> <u>Eastpointe, MI 48021</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertisement</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/02/2021</u> Date	\$ <u>700.00</u> Memo Itemization Below <input type="button" value="v"/> <i>"all done in house"</i>
Expenditure #4 Name <u>Michael Jones Jr</u> Address <u>23740 Lexington Ave.</u> <u>eastpointe, MI 48021</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>loan payment</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/13/2021</u> Date	\$ <u>500.00</u> Click Here for Memo Itemization Type <input type="button" value="v"/>
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	\$ _____ Click Here for Memo Itemization Type <input type="button" value="v"/>

Subtotal this page 1290.88

Grand Total of all Schedules 1B
(Complete on last page of Schedule) 2063.87

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140113

2. Committee Name Supporters for Mike Jones

This Schedule itemizes:

a ☒ Debts and obligations owed by or forgiven the committee OR b ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Michael Jones Jr. 23740 Lexington Ave. Eastpointe, MI 48021	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>08/01/2021</u> 6. <u>Original Amount of Debt:</u> \$ <u>1,663.87</u>	\$ <u>508.00</u> \$ \$ \$ \$	\$ <u>500.00</u>	\$ <u>1,163.87</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$1,163.87

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

\$1,163.87

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



**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: 08/01/2021 to 10/20/2021

1. Committee I.D. Number

140113

2. Committee Name

Supporters for Mike Jones

5. Committee's Mailing Address

**P.O. Box 665
Eastpointe, MI 48021**

Area Code and Phone (313) 657-0857

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.

4. Candidate Last Name

Jones

First Name

Michael

M.I.

L

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

Eastpointe City Council

4b. County of Residence **MACOMB**

6. Treasurer's Name & Residential Address

**Michael Jones Jr
23740 Lexington Ave.
Eastpointe, MI 48021**

Area Code & Phone (313) 657-0857

7. Treasurer's Business Address

**Michael Jones Jr
23740 Lexington Ave.
Eastpointe, MI 48021**

Area Code and Phone (313) 657-0857

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

**Michael Jones Jr
23740 Lexington Ave.
Eastpointe, MI 48021**

Area Code and Phone (313) 657-0857

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

10/19/2021

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 Michael Jones Jr

Type or Print Name

Signature

Date 10-20-21

Candidate Michael Jones Jr

Type or Print Name

Signature

Date 10-20-21



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140113

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Supporters for Mike Jones

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>540.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ _____	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$540.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$1,563.87</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$1,563.87</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$1,163.87</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
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>\$540.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$540.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$1,563.87</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>-\$1,023.87</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140113
2. Committee Name Supporters for Mike Jones

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)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/11/2021</u></p> <p>Name & Address: Mark Holmes 4426 Beech Rd. Temple Hills, MD 20748</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Holmes Automotive</u> Business Address <u>4426 Beech Rd. Templ Hills MD Unit G 20748</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>200.00</u>	Click Here for Memo Itemization
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/13/2021</u></p> <p>Name & Address: Brenda Motley 19194 Tracey Detroit, MI 48235</p> <p>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</p>		\$ <u>20.00</u>	Click Here for Memo Itemization
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/13/2021</u></p> <p>Name & Address: James Everage Jr 5785 Lodewyck Detroit, MI 48224</p> <p>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</p>		\$ <u>50.00</u>	Click Here for Memo Itemization
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/10/2021</u></p> <p>Name & Address: Teressa Parker 13064 Simms Detroit, MI 48205</p> <p>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</p>		\$ <u>20.00</u>	Click Here for Memo Itemization

Page Subtotal

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140113

2. Committee Name Supporters for Mike Jones

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 type="checkbox"/> YES 4. Date of Receipt <u>10/09/2021</u> Name & Address: <u>Linda Emerson</u> <u>15485 Greenfield</u> <u>Detroit, MI 48227</u>		\$ <u>30.00</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		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/09/2021</u> Name & Address: <u>Denise Stallworth- Drake</u> <u>4541 St. Germain Blvd.</u> <u>Warrensville Hts, OH 44128</u>		\$ <u>15.00</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		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/05/2021</u> Name & Address: <u>Meia Hudson</u> <u>16624 Lola</u> <u>Redford, MI 48240</u>		\$ <u>40.00</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		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>Rosemary Boyd</u> <u>11326 Marlowe</u> <u>Detroit, MI 48227</u>		\$ <u>25.00</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		Click Here for Memo Itemization	

Page Subtotal

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 140113
2. Committee Name Supporters for Mike Jones

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 all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/20/2021</u></p> <p>Name & Address: <u>Mark Covington</u> <u>8902 Vinton</u> <u>Detroit, MI 48213</u></p> <p>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</p>		\$ <u>50.00</u>	Click Here for Memo Itemization
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/20/2021</u></p> <p>Name & Address: <u>Wesley Fortson</u> <u>1606 Woodburne</u> <u>westland, MI 48186</u></p> <p>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</p>		\$ <u>25.00</u>	Click Here for Memo Itemization
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/01/2021</u></p> <p>Name & Address: <u>Michael Jones Jr.</u> <u>23740 Lexington Ave.</u> <u>Eastpointe, MI 48021</u></p> <p>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</p>		\$ <u>20.00</u>	Click Here for Memo Itemization
<p>3. Contribution #4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/09/2021</u></p> <p>Name & Address: <u>Tasha Smith</u> <u>10011 Powderhouse dr</u> <u>San Antonio, TX 78239</u></p> <p>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</p>		\$ <u>20.00</u>	Click Here for Memo Itemization

Page Subtotal

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140113
2. Committee Name Supporters for Mike Jones

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 all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/13/2021</u> Name & Address: <u>Charles Anderson</u> <u>7488 Asbury Drive</u> <u>Lithonia, GA 30058</u>		\$ <u>25.00</u>	
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 #2 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 #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

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

Enter this total on
line 3a of Summary
Page.



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

CANDIDATE COMMITTEE

1. Committee I.D. Number 140113

2. Committee Name Supporters for Mike Jones

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: Michael Jones Jr. 23740 Lexington Ave Eastpointe, MI 48021	Date of Receipt <u>08/01/2021</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Other (Specify) <u>loan</u>	\$ <u>1663.87</u> Click for Memo Itemization Type <input checked="" type="checkbox"/>
Receipt #2 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type <input type="checkbox"/>
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type <input type="checkbox"/>
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type <input type="checkbox"/>
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type <input type="checkbox"/>
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type <input type="checkbox"/>
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type <input type="checkbox"/>

Page Subtotal

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

Enter this total on
line 4 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 140113
2. Committee Name Supporters for Mike Jones

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name U.S. Postal Service Address 22430 Gratiot Eastpointe, MI 48021 <input type="checkbox"/> Fund Raiser	Purpose: <u>P.O. Box</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/01/2021</u> Date	\$ <u>59.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name Universal Wholesale Address 16400 W. 8 Mile Rd. Southfield, MI 48075 <input type="checkbox"/> Fund Raiser	Purpose: <u>T-Shirts</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/10/2021</u> Date	\$ <u>274.50</u> Click Here for Memo Itemization Type
Expenditure #3 Name ScreenTek Address 12934 E. 10 Mile Rd. Warren, MI 48089 <input type="checkbox"/> Fund Raiser	Purpose: <u>silk screen</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/10/2021</u> Date	\$ <u>95.63</u> Click Here for Memo Itemization Type
Expenditure #4 Name All Pro Color Design & Printing Address 20750 Chesley Dr. Farmington, MI 48336 <input type="checkbox"/> Fund Raiser	Purpose: <u>Flyers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/11/2021</u> Date	\$ <u>171.93</u> Click Here for Memo Itemization Type
Expenditure #5 Name All Pro Color Design & Printing Address 20750 Chesley Dr. Farmington, MI 48336 <input type="checkbox"/> Fund Raiser	Purpose: <u>Flyers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/13/2021</u> Date	\$ <u>171.93</u> Click Here for Memo Itemization Type

Subtotal this page

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 140113
2. Committee Name Supporters for Mike Jones

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name U.S. Postal Service Address 22430 Gratiot Eastpointe, MI 48021 <input type="checkbox"/> Fund Raiser	Purpose: <u>stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/27/2021</u> Date	\$ <u>58.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name Office Depot Address 19001 E. Nine Mile rd. Eastpointe, MI 48021 <input type="checkbox"/> Fund Raiser	Purpose: <u>Labels/envelopes</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/24/2021</u> Date	\$ <u>32.88</u> Click Here for Memo Itemization Type
Expenditure #3 Name Monique Owens Address 22480 Petersburg Eastpointe, MI 48021 <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertisement</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10/2021</u> Date	\$ <u>700.00</u> Click Here for Memo Itemization Type
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	<u>10/13/2021</u> Date	\$ _____ Click Here for Memo Itemization Type
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	\$ _____ Click Here for Memo Itemization Type

Subtotal this page

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

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140113

2. Committee Name Supporters for Mike Jones

This Schedule itemizes:

a ☒ Debts and obligations owed by or forgiven the committee OR b ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Michael Jones Jr. 23740 Lexington Ave. Eastpointe, MI 48021	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>08/01/2021</u> 6. <u>Original Amount of Debt:</u> \$ <u>1,663.87</u>	\$ \$ \$ \$ \$	\$ <u>500.00</u>	\$ <u>1,163.87</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt) **\$1,163.87**

Grand Total of all Schedules 1E **\$1,163.87**
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total
on line 12a "owed
by" or line 12b
"owed to" of the
Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



STATE OF MICHIGAN
JOCELYN BENSON, SECRETARY OF STATE
DEPARTMENT OF STATE
LANSING

January 11, 2023

Michael Jones
23740 Lexington Ave
Eastpointe, MI 48021

Re: *Schonert v. Jones*
Campaign Finance Complaint No. 2022 – 12 – 224 – 226

Dear Mr. Jones:

The Department of State (Department) has received a formal complaint filed against you by Matthew Schonert alleging that you violated the Michigan Campaign Finance Act (MCFA or Act). Specifically, the complaint alleges that you failed to file required information concerning a fundraiser you held on October 10, 2021. A copy of the complaint is included with this notice.

The MCFA requires that candidates and committees record the full name, street address, amount contributed, and date of contribution for each individual from whom contributions are received. MCL 169.226(1)(e). Additionally, the following information regarding each fundraising event must be included in the report:

- The type of event, date held, address and name, if any, of the place where the activity was held, and approximate number of individuals participating or in attendance.
- The total amount of all contributions.
- The gross receipts of the fundraising event.
- The expenditures incident to the event.

MCL 169.226(1)(d).

The purpose of this letter is to inform you of the Department's examination of these matters and your right to respond to the allegations before the Department proceeds further. It is important to understand that the Department is neither making this complaint nor accepting the allegations as true. The investigation and resolution of this complaint is governed by section 15 of the Act and the corresponding administrative rules, R 169.51 *et seq.* An explanation of the process is included in the enclosed guidebook.

If you wish to file a written response to this complaint, you are required to do so within 15 business days of the date of this letter. Your response may include any written statement or additional documentary evidence you wish to submit. Materials may be emailed to

Michael Jones

Page 2

BOERegulatory@michigan.gov or mailed to the Department of State, Bureau of Elections, Richard H. Austin Building, 1st Floor, 430 West Allegan Street, Lansing, Michigan 48918. If you fail to submit a response, the Department will render a decision based on the evidence furnished by the complainant.

A copy of your answer will be provided to Mr. Schonert, who will have an opportunity to submit a rebuttal statement to the Department. After reviewing the statements and materials provided by the parties, the Department will determine whether “there may be reason to believe that a violation of [the MCFA] has occurred [.]” MCL 169.215(10). Note that the Department’s enforcement powers include the possibility of entering a conciliation agreement, conducting an administrative hearing, or referring this matter to the Attorney General for enforcement.

If you have any questions concerning this matter, you may contact the Regulatory Section of the Bureau of Elections at BOERegulatory@michigan.gov.

Sincerely,

Regulatory Section
Bureau of Elections
Michigan Department of State

Enclosure
c: Matthew Schonert

1-18-23

Re; Schonert v. Jones

Campaign Finance Complaint No. 2022 – 224 -226

To Whom It May Concern

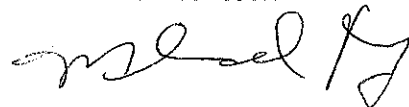
This written statement is a response to Campaign Finance Complaint No. 2022-12-224-226, Complainant Matthew Schonert. I first would state that the candidate and its committees are all dissolved and will not be pursued for any future campaigns or political offices. Dissolution Statement was filed 1-27-2021 and all remaining funds were donated Stafford House Inc. nonprofit organization in the amount of \$185. Moreover, I had further communication with the Macomb County Clerk office to properly resolve, or I thought would be dissolved, of any issues that may occur to dissolve the committee. Allegations of not reporting fundraisers may have been an oversight on the committees and Macomb County Clerks office behave. However, funds collected from the fundraiser were reported. There were only two contributions connected with the fundraiser in question in which were reported that may have been an oversight. I will make the necessary corrections if need be. The corrections will include the contribution from Mark Holmes of \$200 dated 10-11-21 and Teressa Parker contribution of \$20 dated ~~10-10-21~~. These contributions were reported as direct contributions in which they may have needed to be reported as Fund Raiser contributions. The fund raiser in question was a very low turn out just as the entire campaign.

I also would like to state that I do not believe that Facebook is a valuable resource for evidence. Who is to say that a Facebook page is in the alleged persons control to grant a violation to the accused? Moreover, is the complainant aware that the alleged violator has a very common name, people "share" Facebook information and that his father and son bare the same name. I believe if the complainant was in attendance to the fundraiser, he would see that there was no wrongdoing or misreporting of funds due to the almost no attendance and contributions. There was no collection of funds at the fundraiser and the funds collected on the dates reported were received from CashApp. As stated previously all contributions made to the candidate and committee were reported. Again, there may have been an oversight when reporting the type of contribution, but technically the funds received for the fundraiser was not received at the actual fundraiser.

Therefore, I respectfully ask that the complaint be dismissed without prejudice and if there is any correction needed to be amended to the committees report please advise to remedy the complainant concerns.

Sincerely,

Michael L Jones Jr.

A handwritten signature in black ink, appearing to read 'Michael L Jones Jr.', with a stylized flourish at the end.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS**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.

1. Committee I.D. Number 140113		3. This Statement covers From: <u>11/23/2021</u> to <u>01/28/2022</u>	
2. Committee Name Supportes for Mike Jones		4. Candidate Last Name <u>Michael</u> First Name <u>L</u> M.I. 4a. Office Sought Including District # or Community Served (If applicable) Eastpointe City Council	
5. Committee's Mailing Address P.O. Box 665 Eastpointe, MI 48021 Area Code and Phone <u>(313) 657-0857</u> <small>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.</small>		6. Treasurer's Name & Residential Address Michael Jones Jr 23740 Lexington Ave. Eastpointe, MI 48021 Area Code & Phone <u>(313) 657-0857</u>	
7. Treasurer's Business Address Michael Jones Jr 23740 Lexington Ave. Eastpointe, MI 48021 Area Code and Phone <u>(313) 657-0857</u>		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Michael Jones Jr 23740 Lexington Ave. Eastpointe, MI 48021 Area Code and Phone <u>(313) 657-0857</u>	
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus 		9e. Dissolution of Candidate Committee <input checked="" type="checkbox"/> 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 <u>01/28/2022</u> 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 <u>Michael Jones Jr</u> Type or Print Name		<u>[Signature]</u> Signature	
Candidate <u>Michael Jones Jr</u> Type or Print Name		<u>[Signature]</u> Signature	
		Date <u>01-28-2022</u>	
		Date <u>01-28-2022</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140113

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Supporters for Mike Jones

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ _____	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ _____	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ _____	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$185.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ _____	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
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.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$185.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$185.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$185.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$0.00</u>	



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number

140113

2. Committee Name

Supporters for Mike Jones

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Stafford House Inc. Address 531 Belmont Detroit, MI 48202 <input type="checkbox"/> Fund Raiser	Purpose: <u>donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/27/2022</u> Date	<u>\$ 185.00</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

\$185.00

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

\$185.00

Enter this total
on line 8a of
Summary Page



STATE OF MICHIGAN
JOCELYN BENSON, SECRETARY OF STATE
DEPARTMENT OF STATE
LANSING

January 19, 2023

Matthew Ross Schonert
22050 Boulder Ave
Eastpointe, MI 48021

Via email

Re: *Schonert v. Jones*
Campaign Finance Complaint No. 2022-12-224-226

Dear Mr. Schonert:

The Department of State received a response from Michael Jones to the complaint you filed against him alleging a violation of the Michigan Campaign Finance Act, 1976 P.A. 388, MCL 169.201 *et seq.* A copy of the response is provided as an enclosure with this letter.

You may file a rebuttal statement after reviewing the enclosed response. If you elect to file a rebuttal statement, you are required to do so within 10 business days of the date of this letter. The rebuttal statement may be emailed to BOERegulatory@Michigan.gov or mailed to the Department of State, Bureau of Elections, Richard H. Austin Building, 1st Floor, 430 West Allegan Street, Lansing, Michigan 48918.

Sincerely,

Regulatory Section
Bureau of Elections
Michigan Department of State

c: Michael Jones

January 20, 2023

22050 Boulder Avenue
Eastpointe, Michigan 48021

Bureau of Elections
Michigan Department of State
Richard H. Austin Building - First Floor
430 West Allegan St.
Lansing, Mich. 48918

Re: *Schonert v. Jones* (MCFA complaint no. 2022-12-224-226)

To Whom It May Concern:

This letter is in response to your letter dated January 19, 2023, regarding Michael Jones's answer to complaint no. 2022-12-224-226. I hereby respectfully submit my rebuttal.

The authority of the Bureau of Elections to investigate the complaint

The respondent states that his committee (SUPPORTERS FOR MIKE JONES) is dissolved and that the filing official (i.e. the Macomb County Clerk) had not made him aware of any outstanding issues.

However, a filing official can only ask the candidate to correct issues that they are aware of. Filing officials are not responsible for monitoring candidates' advertisements and social media posts. Candidates are responsible for disclosing the required information accurately on their campaign statements. When that does not happen, a resident may bring a complaint alleging a violation of the Act. The complaint was prepared as soon as I discovered a potential violation and was filed less than a year after the committee's effective dissolution date of January 27, 2022.

The Bureau of Elections has the authority to investigate complaints after dissolution of a committee and has done so in the recent past, leaving no doubt as to its lawful authority to investigate and resolve the present complaint. Consequently, I ask that the Bureau deny the respondent's request for dismissal of the complaint.

The suitability of social media postings as evidence

The respondent also questions my submission of Facebook posts as evidence supporting the allegations made in the complaint. However, the Bureau has previously investigated and resolved complaints that relied almost exclusively on social media evidence.¹

A fair investigation requires critical examination of each piece of evidence to determine its merits. The investigation must also afford the respondent an opportunity to question that evidence and submit evidence supporting their position. However, categorical exclusion of social media postings as evidence would be inappropriate. Social media has become an important communication tool for political campaigns and in some cases is the only means of mass communication used by a candidate. Candidates' social media postings can provide valuable information about campaign activity that falls under the purview of the Act.

The respondent went on to say in his answer that it is often difficult to establish if the Facebook account making the posts is under the control of the accused. He also states that he has a common name and that his name is shared by other members of his family. He also states that people can share Facebook posts made by others.

These are all valid concerns that one should bear in mind when evaluating social media evidence. However, in this particular case, the evidence stands firm in spite of these concerns.

For instance, the October 11, 2022, Facebook post which was included in the complaint as a screenshot appears as an original post, not as a shared post. Typically, when a Facebook user shares another user's post, the original post is embedded within the new post, with both the original poster's name and the sharer's names visible, making it clear who said what. The above-mentioned post appears to be an original post and not shared. Furthermore, the text content of the post was written in the first person ("I want to thank everyone that came out to support my fundraiser campaign"), making it reasonable to believe that it was posted by the respondent and not by another person with the same name.

The respondent had an opportunity in submitting his answer to deny that the posts included in the complaint were made by him. He also had an opportunity to deny that the fundraiser was held. He did not do so. The respondent's letter acknowledged that a fundraiser was in fact held, which was the very fact that the inclusion of social media screenshots sought to substantiate. Therefore, the respondent's concerns about the source of the evidence have no practical relevance to this particular case.

¹ For example, see *Ohly v. Economou-Ureste*.

Conclusion

The respondent denies that he failed to report contributions and asserts that he properly disposed of the committee's assets upon dissolution of the committee. However, the complaint did not allege a failure to report contributions or a failure to properly dispose of committee assets.

The complaint alleged that the respondent failed to report fundraiser information required under MCL 169.226(1)(d). The respondent's letter acknowledges that a fundraiser was held. At the time of the complaint and at the present date, no fundraiser schedule has been submitted for the respondent's pre-election campaign statement. Consequently, I ask the Bureau to find that the respondent violated MCL 169.226(1)(d) by holding a fundraiser and failing to disclose the event information on the pre-primary CS fundraiser schedule.

A candidate's completion of a fundraiser schedule furthers regulatory and public interest by disclosing aggregate information about contributions, expenditures, and attendance relating to each fundraising event held. This information is valuable because it can aid in verification of the contributions and expenditures reported elsewhere in the campaign statement.

Thank you for your time investigating this matter, and please feel free to contact me if I can be of further assistance.

Sincerely,



Matthew R. Schonert



STATE OF MICHIGAN
JOCELYN BENSON, SECRETARY OF STATE
DEPARTMENT OF STATE
LANSING

March 9, 2023

Michael Jones
23740 Lexington Ave
Eastpointe, MI 48021

Re: *Schonert v. Jones*
Campaign Finance Complaint No. 2022-12-224-26

Dear Michael Jones:

The Michigan Department of State (Department) has finished investigating the campaign finance complaint filed against you by Matthew Schonert on December 15, 2022. The complaint alleges you violated the Michigan Campaign Finance Act (MCFA or Act) by failing to report contributions you received at a fundraiser.

The complaint alleges that you held a fundraiser on October 10, 2021 and failed to report on the pre-election campaign statement the fundraising event or any amount of contributions received.

By letter dated January 18, 2023, you responded to the complaint and indicated that it was an oversight to not specifically state there were only two contributions at issue and neither was received at the fundraiser.

Mr. Schonert responded to the complaint on January 20, 2023 and did not raise new arguments, but responded to your allegations that Facebook should not be used as evidence. He further argued that the Bureau has the authority to investigate even after the committee is dissolved.

The MCFA requires that candidates and committees record the full name, street address, amount contributed, and date of contribution for each individual from whom contributions are received. MCL 169.226(1)(e).

Here, the Department has reviewed the complaint and determines that the evidence is insufficient to conclude that a potential violation of the Act has occurred. In your response, you indicate that the contributions received were disclosed on the [pre-election campaign report filed](#) with the Macomb County Clerk's Office, and the Department has verified this information. Specifically, the two contributions at issue were both reported at the time. Further, the report demonstrates that the contribution given by Mark Holmes was given on the day *after* the fundraiser. In fact, review of your report demonstrates that there was only one contribution received on the same date as the fundraiser, but without more, there's insufficient evidence to show that this contribution was received *at* the fundraiser. Regardless, the disclosure was present the entire time, and without more, there's no evidence demonstrating that there were missing contributions.

Accordingly, the Department dismisses the complaint as there is insufficient evidence to determine that there may be reason to believe a potential violation of the Act has occurred and will take no further action.

Sincerely,

A handwritten signature in blue ink, appearing to read "Adam Fracassi". The signature is fluid and cursive, with the first name "Adam" and last name "Fracassi" clearly distinguishable.

Adam Fracassi, Regulatory Manager
Regulatory Division
Bureau of Elections
Michigan Department of State

c: Matthew Schonert