Michigan Campaign Finance Complainf^{022 DEC 15} THE

ELECTRADZ GREAT SELF

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=pfbid02F732Ne7pVUYGaHif4rw Z6VXXUMEQUwHGnLqKSKgy4MTjuxn7SszRkJYSHgDKvpSLl&id=1000046772475 21
- 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. <u>Therefore, I ask the Bureau of Elections to determine whether Jones violated MCL</u> <u>169.226(1)(d) by failing to report the fundraiser information for the October 10, 2021,</u> <u>event and any other fundraising events held.</u>

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.-220 7520000.&type=3



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=pfbid0BRsNV8mRjcLiB3fogM2x8AEaGNjDn2N6KYYsvtyvURUVdt11eLi45S4Rdr1dgC3G1&id=100004677247521



Michael Jones October 11, 2021 - 🕲

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!!

*Putting families firs		ICHAEL JONES
ICHAEL JONES EASTPOINTE CITY COL	tpointe Council	
OTE V. 2nd	2. 210321 ITTIINC CATION If Writing Certificate or Relations Training ears experience cert ears experience coas	ABE (CIRBLE) CAR (PHO/ATE) (WCCCO) (Wayne State University) (Hed social studies teacher
PROTING THE REAL OF THE PROPERTY OF THE PROPER	heiur's of Art is Histo Catholic High Schoo higan Round Table fo cher Lead for Equity HERSHIP Local 233 Theta Kappa Interna- higan Council for Hes dark Lodge #5 Intern	ry, minor Political Science (Marygrove College) d Alumei r Diversity and Inclusion Sional Society
ek various grants and resources to continue Eastpointe's 'Fan hate and expand commercial projects to increase tax revenue byide state of the art training and equipment for Eastpointe ci 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	nily To pricorps ipointe Ethics Board ipointe Community A anteor Pop Warner Li ity en TO I Emai sypat: (Paypat me/vo Checks can be r	
00 27		3 Comments 3 Shares
🖒 Like 📿	Comment	🖒 Share

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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
 - $\circ \ https://campaignfinance.us/docs.macomb.mi/470889386.PDF$
- 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 Mm Rest 12/12/2022

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.

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Signature of Complainant

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

Date



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

Sec. 1

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

1

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and c	i signod by andidale,	3. This Statement covers From	⁶ 11/23/2021	lo 01/28/202	2
1. Committee I.D. Number		4. Candidate Last Name		Name	M.I.
140113		Jones Jr	Michael		L
2. Committee Name		4a. Office Sought Including Dis Eastpointe City Counc		/ Served (If applicable	•)
Supportes for Mike Jor	nes	4b. County of Residence MA	COMB	•	
6. Committee's Mailing Address P.O. Box 665 Eastpointe, MI 48021		6. Treasurer's Name & Residential Address Michael Jones Jr 23740 Lexington Ave. Eastpointe, MI 48021			
Area Code and Phone (313) 657-0857 If the address in this box is different from the comm mailing address on the Statement of Organization, be sent to this address by the filing official.	illee mail may	Area Code & Phone (313) 6	57-0857		
7. Treasurer's Business Address Michael Jones Jr 23740 Lexington Ave.		8. Designated Record Keeper Designated Record Keeper) Michael Jones Jr		is (If the committee h	as a
Eastpointe, MI 48021		23740 Lexington Ave Eastpointe, MI 4802			
Area Code and Phone (313) 657-0857		Area Code and Phone (313	3) 657-0857		
	<u></u>	Area Code and Phone		f Candidate Commi	Itee
9. TYPE OF STATEMENT 93. Pre-Election OR 9b. Posi-Election		ILY if candidate ballot for the	By checking the by the committee to	nis item I/We certify a o the candidate or his	ny outstanding debt s or her spouse is here
Pre-Election or Post-Election Statement relates to:	July Quar	lorly	the committee. Th	forgiven, and no long e committee has no o or has any oustandir	oustanding assets.
General Convention	October C	luarterly	Further, if the disso considered a reque	Iution cannot be gran st for the Reporting V	nled, that this be Naiver.
	9c. []				
		N Statement () Coverage Year	Effective	date of dissolution	
	(Com	Idment to Campaign Statement plete item 9a, 9b, 9c or 9e to te which Statement is being ded.)	Note: The dispositi	01/28/2022 ion of residual funds i he Summary Page.	must be reported on
Date of Election, Convention or Caucus					
10. Verification: AWe certify that all reasonable dilig my/our knowledge and belief the contents are true.			ent and allached sci	nedules (if any) and l	o the best of
Current Treasurer or Designated Record keeper	is Jr	, orderal	K	01-2	8-2022
Type or Print Name		Signature	97		
Candidate Michael Jones Jr		, miller,	×1		8-2022
Type or Print Name		Signature			

Authority granted under P.A. 398 of 1976

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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

1. Committee I.D. Number 140113

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Supporters for Mike Jones

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RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	ias reada	Cumulanya una disclion cycle
e. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) SNOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1. Column 6)	(4.) S	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) S	(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.) S	(22.) \$
EXPENDITURES		
8. Expenditures		
a, Itemized (Schedule 18, Column 6)	(8a.) s \$185.00	
b. Itemized Get-Out-the-Vole (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.) S	
b. Unitemized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.) \$	
(Add Line 10a + Line 10b) DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) S
a, Owed by the Committee (Schedule 1E)	(12a.) \$ \$0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
 Ending Balance of last report filed (Enter zero if no previous reports have been filed.) Amount received during reporting period (Line 5, Total Confributions & Other Receipts) SUBTOTAL Add lines 13 and 14 Amount expended during reporting period (Add lines 9 and 11) ENDING BALANCE (Subtract line 16 from line 15) 	BALANCE STATEMENT (13.) \$ \$185.00 (14.) $+$ \$ \$0.00 (15.) = \$ \$185.00 (16.) - \$ \$185.00 (17.) \$ \$0.00	

3. Name and advance of outson or paid 4. Purpose (Mediuma number) 9. [157.00] Bagestitum #1 Out 277222 \$ [157.00] Name Stafford House Inc. Out 277222 \$ [157.00] S3.1 Belmont Out 277222 \$ [157.00] Detroit, M1 48202 Cick Here for Mono Nemization Type Image: Stafford House Inc. Fund Raiser Cick Here for Mono Nemization Type Expenditure #2 Name Purpose Cick Here for Mano Nemization Type Name Purpose: Out and independent is payment of the optical on provide statement. S [157.00] Expenditure #3 Name Purpose: Cick Here for Mano Nemization Type Image: Pland Raiser Cick Here for Mano Nemization Type S [157.00] Image: Pland Raiser Out and S [168.00] S [168.00] Address Cick Here for Mano Nemization Type S [168.00] Image: Pland Raiser Cick Here for Mano Nemization Type S [168.00] Image: Pland Raiser Cick Here for Mano Nemization Type S [168.00] Image: Pland Raiser Cick Here for Mano Nemization Type S [168.00] Image: Pland Raiser Cick Here for Mano Nemization Type S [160.00] S [MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS ITEMIZED EXPENDITURES SCHEDULE 1B	Committee I. D. Number 140113 Committee Name Supporters for Mike Jones
Expanditure #1 Name Stafford House Inc.	CANDIDATE	4, Purpose (Regulred Information) 5, Date
Address CLICK Network Detroit, MI 48202 Deck box if this expandiure is payment of 360 or obligation reported on previous Expenditure #2 Name Address Click Here for Memo lemitzation Type Click Here for Memo lemitzation Type S Statement S Marces Purpose: Opic Click Here for Memo lemitzation Type S Statement S S Marces Purpose: Opic S Click Here for Memo lemitzation Type S S	Europetiture #1	donation
Expenditure #2 Date	1 521 Reimont	Check box if this expenditure is payment of the tot obligation reported on previous
Expenditure #2 Date Address Click Here for Memo Itemization Type		s
Address Click Here for Memo Itemization Type	Expenditure #2	
Image: Internet Statement		Click Here for Memo Itemization of Part
Expenditure #3		dept of obligation reported
Expenditure so Date Name Purpose:	Fund Raiser	
Name Purpose:	Expenditure #3	
Address Check box if this expanditure is payment of debt or obligation reported on previous statement Expanditure #4 Name Address Purpose:	Name	
Image: statement reported or obligation reported on previous Expenditure #4 Name Name Purpose:	Address	
Fund Raiser Date S Address Purpose:		debt or obligation reported any
Expenditure is: Date Name Purpose: Address Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Date Expenditure #5 Name Address Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous S Name Purpose: Date Address Click Here for Memo Itemization Type Click Here for Memo Itemization Type Statement Image: Statement Subtobilit this page Subtobilit this page of Schedules 1B \$185.0 Statement Subtobilit this page of Schedules 1B	Fund Raiser	
Address Purpose:	Expenditure #4	
Address Click Here for Memo Itemization Type Image: Ima	Nawe	Purnose;
Fund Raiser Image: Second live #5 Name Purpose:	Address	Click Here for Memo Itemization Type
Fund Raiser Expenditure #5 Name Purpose:		debt or obligation reported the pro-
Expenditure #5 Date	Fund Raiser	
Name Purpose: Date Address Click Here for Memo Iternization Type Address Click Here for Memo Iternization Type Fund Raiser Click Here for Memo Iternization Type Fund Raiser Subtolal this page Grand Total of all Schedules 1B \$185.0 Complete on last page of Schedules \$185.0		
Address Click Here for Memo Iternization 77. Click Here for Memo Iternization 77. Click Here for Memo Iternization 77. Check box if this expanditure is payment of debt or obligation reported on previous statement Subtolal this page \$185.0 Grand Total of all Schedules 18 (Complete on tast page of Schedule) Foregraphic Schedules 18 (Complete on tast page of Schedu	1	
Fund Raiser Check box if this expanditure is payment of debt or obligation reported on previous statement Subtotal this page \$185.0 Grand Total of all Schedules 18 (Complete on tast page of Schedule) \$185.0 \$185.0	Addre55	Click Here for Memo liemization - ye
Fund Raiser Subtotal this page \$185.0 Grand Total of all Schedules 18 (Complete on last page of Schedule) Foter this I		debt or obligation reported on the
Grand Total of all Schedules 18 S185 (Complete on last page of Schedule) Foter this		statement Subtolal this page \$185.00
	Fund Raiser	Grand Total of all Schedules 18 \$185. (Complete on last page of Schedule) Enter this to on line 8a o

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Page 1 of 1

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BUREAU OF ELECTIONS	re /	Amended 1-24-2023	۲	The Constraint Constraints
CANDIDATE COMMITT	EE	1-24-2023	FOR OFFIC	IAL USE ONLY
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by indidate.	3. This Statement covers From	¹ 10/18/2021 to 1	1/22/2021
1. Committee I.D. Number		4. Candidate Last Name	First Name	M.I.
140113		Jones	Michael	L
2. Committee Name		4a. Office Sought Including Dis Eastpointe City Count		if applicable)
Supporters for Mike Jon	nes			Lound
5. Committee's Mailing Address		4b. County of Residence MAC 6. Treasurer's Name & Reside	Antalidad	
P.O. Box 665		Michael Jones Jr		
Eastpointe, MI 48021		23740 Lexington Ave		
		Eastpointe, MI 4802	1	
Area Code and Phone (313) 657-0857				
If the address in this box is different from the commi- mailing address on the Statement of Organization, r	illee nall may			
be sent to this address by the filing official.		Area Code & Phone (313) 6	***************************************	
7. Treasurer's Business Address Michael Jones Jr		8. Designated Record Keeper Designated Record Keeper)	's Name and Address (If the c	ommittee has a
23740 Lexington Ave.		Michael Jones Jr		
Eastpointe, MI 48021		23740 Lexington Ave Eastpointe, MI 4802		
		,		
Ares Code and Phone (313) 657-0857		Area Code and Phone (313	657-0857	
9. TYPE OF STATEMENT	Required Of	VLY if candidate	9e. Dissolution of Candida	
9a. Pre-Election OR 9b. Post-Election	is not on the current year:	ballot for the	by the committee to the canc	Ne certify any outstanding debt lidate or his or her spouse is here
Pre-Election or Post-Election Statement relates to:	Lube Ound	init.	the committee. The committ	and no longer collectible from ee has no oustanding assets,
Primary	July Quar		owes no lates fees or has an	y oustanding debt.
General	October C	luarterly	 Further, if the dissolution can considered a request for the	not be granted, that this be
Convention			Provinging a reduciation (1)6	перенинд манлаг.
Speciel		of Statement ()	Effective date of di	eenistion
School		Coverage Year		
Caucus	Com (Com	idment to Campaign Statement plate liem 9a, 9b, 9c or 9a to	Note: The disposition of cost	dual funds must be reported on
	indica amene	ite which Statement is being ded.)	Schedule 1B and the Summ	
Date of Election, Convention or Caucus	ł			
11/02/2021				
10. Verification: IWe certify that all reasonable dilige	ince was used	In the preparation of this statem	ent and allached schedules (il	fany) and to the best of
Current Treasurer or Michael Lone			ν.	
Designated Record keeper	s Jr	1 millional }	Date	01/24/2022
Type or Print Name		Signature	0/	
Candidate Michael Jones Jr	,	1 miller	Date	01/24/2022
Type or Print Name		Signature		

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Authority granted under P.A. 388 of 1976

Ø	MICHIGAN DEPARTMENT OF STATE
(and	BUREAU OF ELECTIONS

1. Committee I.D. Number 140113

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Supporters for Mike Jones

RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a, Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>45.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) S NOT APPLICABLE	
a. 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 Expanditures (Schedule 18-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 8)	(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 then \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.) \$	
(Add Line 10a + Line 10b)		
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
s. Owed by the Committee (Schedule 1E)	(12a.)\$ <u>1,163.87</u>	
b. Owed to the Committee (Schedule 1E)	/19k \ \$	
	(12b.) \$ BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) s <u>\$140.00</u>	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ \$45.00	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$ \$185.00	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.)- \$ \$0.00	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$185.00	,

ALL MICHIGAN DEPARTMENT OF STATE	
ITEMIZED CONTRIBUTIONS SCHEDULE 1A i. Committee I.D. Number	140113
Saf Saf L Elsis har Saf Sachar 1 273	pporters 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 Flection Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 11/02/2021 Name & Address: Stacie Hickman-Jackson 15001 E. 12 Mile Warren, MI 48088 5. If over \$100.00 cumulative, please provide: Occupation Social Worker Employer Detroit Public schools Business Address	<u>\$20.00</u> Click Here for Memo Itemization
Type of Contribution: 🔽 Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/29/2021 Name & Address Linda Drake 20099 Pelkey Detroit, MI 48205	<u>\$25.00</u>
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Retired Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt	
	\$\$
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	ar headannaidheadh an an an an an ann an ann an ann an ann an a
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address	
	\$\$
5. If over \$180.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
Page Subtotal	\$45.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$45.00
Pageof	Enter this total on line 3a of Summary Page.

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A.

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS				
SCHEDULE 1E CANDIDATE COMMITTEE 2. C	ommittee I.D. Number1401 1	13 s for Mike Jone	S	
This Schedule itemizes:	 1			_
B Debts and obligations owed by or forgiven the com (Cher	mittee OR b. Debts ck either a or b. Use only for the pu	s and obligations owed jo o rpose checked.)	r forgiven <u>by</u> the corr	mittee.
 Name and Mailing Address of person, vendor or finencial 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 Batance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes	4. Type: Loan	10/01/2021 \$ 500.00		
Owed to or by: Michael Jones Jr. 23740 Lexington Ave. Eastpointe, MI 48201	 4. Type: 5. <u>Date Debt Was Incurred</u>: 08/21/2021 6. <u>Original Amount of Debt</u>: \$1,663.87 	\$\$	\$ <u>500.00</u>	\$1,163.87
if bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type: 5. <u>Date Debt Was Incurred</u> : 6. <u>Original Amount of Debt</u> : \$	\$\$ \$	\$	\$
	▼	\$		
If bank loan, name of endorser or guarantor:		Ar	nount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by:	4. Typo: 5. <u>Date Debt Was Incurred</u> : 6. <u>Original Amount of Debt</u> : \$	\$\$	\$	\$ Forgiven
If bank loan, name of endorser or guarantor:			mount Endorsed: \$_	
(C	omplete on last page of Schedule a	÷	I (Outstanding debt) of all Schedules 1E or to the committee)	\$1,163.87 \$1,163.87 Enter this total
A debt or obligation must be shown on this Schedu this Campaign Statement or it was forgiven during			losing date of	on line 12a "owed by"" or line 12b "owed to" of the Summary Page

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Page_2 of_2

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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Department is inslition broad as advised in July and	t aluma at luss	a				
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and c	andidate.	3. This Statement covers From	^{1:} 10/29/2021	to <u>1</u> 1	1/22/2021	
1. Committee I.D. Number		4. Candidate Last Name		t Name		M.I.
140113		Jones	Michae			L
2. Committee Name		4a. Office Sought Including Dir Eastpointe City Coun		y Served (I	f applicable)	Y
Supporters for Mike Jo	nes	4b. County of Residence MA	COMB	$\overline{\mathbf{\nabla}}$		
5. Committee's Mailing Address P.O. Box 665 Eastpointe, MI 48021		6. Treasurer's Name & Reside Michael Jones Jr 23740 Lexington Ave Eastpointe, MI 4802	θ.			
Area Code and Phone (313) 657-0857 If the address in this box is different from the comm mailing address on the Statement of Organization, s be sent to this address by the filling official.	iltee mail may	Area Code & Phone (313) 6	57-0857			
7. Treasurer's Business Address Michael Jones Jr		8. Designated Record Keeper Designated Record Keeper) Michael Jones Jr	's Name and Addre	ss (If the co	ommiltee has a	
23740 Lexington Ave.		23740 Lexington Av	e.			
Eastpointe, MI 48021		Eastpointe, MI 4802				
Area Code and Phone (313) 657-0857	·	Area Code and Phone (313	8) 657-0857			
9. TYPE OF STATEMENT	Remuited Of	ILY if candidate	99, Dissolution of	of Candida	te Committee	
9a. Pre-Election OR 9b. Post-Election		ballot for the	by the committee t	to the cand	Ve certify any ou Idate or his or h	er spouse is here
Pre-Election or Post-Election Statement relates to:	July Quart	erly	by discharged and the committee. The owes no lates fees	te committe	e has no õusta	nding assets,
	October C	luarteriv			-	
XiGeneral			Further, if the dissection considered a requi	olution can est for the F	not be granted, Reporting Waive	that this be er.
Convention						
Special		I Statement () Coverage Yeer	Effective	a date of dis	ssolution	
	ed. Amen	dment to Campaign Statement		<u>.</u>		
Caucus	(Com	plete Item 9a, 9b, 9c or 9e to te which Statement is being	Note: The disposit Schedule 1B and			be reported on
Date of Election, Convention or Caucus						
11/02/2021						
10. Verification: I/We certify that all reasonable dilig mytour knowledge and belief the contents are true,	ence was used accurate and co	In the preparation of this statem omplete.	ent and attached so	hedules (if	any) and to the	best of
Current Treasurer or Designated Record keeper Michael Jone	os Jr	, 22ld	1/2-	- Date	01/14/2	2022
Type or Print Name		Signature				
Candidate Michael Jones Jr		, mlal	<u>h</u>	Date	01/14/2	2022
Type or Print Name	1	Signature	CT.			

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

1. Committee I.D. Number 140113

SUMMA	١RY	PAG	ε
CANDIDATE	CO	IMN	TEE

2. Committee Name Supporters for Mike Jones

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RECEIPTS	Column I	Column II
	This Period	Cumulative this election cycle
3. Contributions	45.00	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>45.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$NOT APPLICABLE	
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.) \$ \$45.00	(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)		
DEBTS AND OBLIGATIONS	(11.) \$	(24.) \$
12. Debts and Obligations		•
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	J.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
13. Ending Balance of last report filed	(13.) \$ \$640.00	,
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ \$45.00	
(Line 5, Total Contributions & Other Receipts)	COPE ON	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(100) - W	
(Add lines 9 and 11) 17. ENDING BALANCE	(16.)- \$ \$0.00	
(Subtract line 16 from line 15)	(17.) \$ \$685.00	•

MICHIGAN DEPARTMENT OF STATE		
ITEMIZED CONTRIBUTIONS	1/0112	
SCHEDULE 1A 1. Committee I.D. Number	140113	.
CANDIDATE COMMITTEE 2. Committee Name	porters for N	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? YES 4. Date of Receipt 11/02/2021	<u>24,000,000,000,000,000,000,000,000,000,0</u>	
Name & Address: Stacie Hickman-Jackson 15001 E. 12 Mile	,20.00	
Warren, MI 48088	\$_20.00	\$
5. If over \$100.00 cumulative, please provide: Occupation social worker Employer Detroit Public schools	Click Here fo	or Memo Itemization
Business Address		
Type of Contribution: 🖌 Direct Loan from a person Fund Raiser	2	and a standard and an an an and an
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/29/2021 Name & Address		
Linda Drake 20099 Pelkey Detroit, MI 48205	<u>\$25.00</u>	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Retired Employer		
Business Address		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address:		
	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address	<u>1</u>	
	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
. Page Subtotal	\$45.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$45.00]
Page of	Enter this total on line 3a of Summary Page.	

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•			FILED 2021 NOU 8 AMS:49 MACOMB COUNTY CLERK
MICHIGAN DEPARTMENT OF STAT		MENDED	
	רין	MENDED 11-8-2021	
CANDIDATE COMMITTI COVER PAGE	EE	11-8-2021	FOR OFFICIAL USE ONLY
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by ndidate.	3. This Statement covers From:	7/20/2021 to 10/17/2021
1. Commillee I.D. Number		4. Candidate Last Name	First Name M.I.
140113		Jones	Michael L
2. Committee Name	÷	4a. Office Sought including Dist Eastpointe City Counc	Irict # or Community Served (If applicable)
Supporters for Mike Joi	nes	4b. County of Residence MAC	COMB 🖂
5. Committee's Mailing Address		6. Treasurer's Name & Resider	ntial Address
P.O. Box 665		Michael Jones Jr	
Eastpointe, MI 48021		23740 Lexington Ave	
		Eastpointe, MI 48021	l .
/949\ 667 (1957			
Area Code and Phone (313) 657-0857 If the address in this box is different from the commit	ltee		
mailing address on the Statement of Organization, n be sent to this address by the filing official.	nail may	Area Code & Phone (313) 6	57-0857
7. Treasurer's Business Address	<u> </u>	8. Designated Record Keeper	s Name and Address (If the committee has a
Michael Jones Jr		Designated Record Keeper) Michael Jones Jr	
23740 Lexington Ave.		23740 Lexington Ave	Э,
Eastpointe, MI 48021		Eastpointe, MI 48021	
Area Code and Phone (313) 657-0857		Area Code and Phone (313) 657-0857
9. TYPE OF STATEMENT	Persiliand Of	ILY if candidate	9e. Dissolution of Candidate Committee
9a. X Pre-Election OR 9b. Post-Election	is not on the	ballot for the	By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here
Pre-Election or Post-Election Statement relates to:	current year:		by discharged and forgiven, and no longer collectible from the committee. The committee has no oustanding assets,
Primary	July Quart	erly	owes no lates fees or has any oustanding dabt.
	October G	uarteriv	
		-	Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Walver.
Special	9c. 🔲 Annus	l Statement ()	Effective date of dissolution
School .	[Coverage Year	
Caucus	(Com	dment to Cempaign Statement plete Item 9a, 9b, 9c or 9e to	
•	indica ameno	te which Statement is being	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
Bala at Flasher George Correct			
Date of Election, Convention or Caucus			
10/19/2021			
10. Verification: I/We certify that all reasonable dilige my/our knowledge and belief the contents are true, a	nce was used	in the preparation of this statem complete.	ent and attached schedules (if any) and to the best of
		5-00 P 0	
Designated Record keeper	זר פ	1 m Jun p	Date 11-8-2021
Type or Print Name		Signature	6 Č
Candidate Michael Jones Jr		, mel	Jung Date 11-8-2021
Type or Print Name		Signature	

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Authority granted under P.A. 388 of 1976

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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	Column II Cumulative this election cycle
3. Contributions	This Period	Communate and electon chois
a, Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>540.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$NOT APPLICABLE	
c. Sublotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$1,663.87	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$2,203.87	(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.) \$ \$2,063.87	
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.) \$ \$2,063.87	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 8)	(108.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.)\$	
11, TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(100)0	
DEBTS AND CALIGATIONS	(11.) \$	(24.) \$
12. Debis 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	(13.) \$ \$0.00	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ \$2,203.87	
(Line 5, Total Contributions & Other Receipts) 15, SUBTOTAL Add lines 13 and 14	(15.) = \$_\$2,203.87	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.)- \$ \$2,063.87	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$140.00	ų

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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS	
ITEMIZED CONTRIBUTIONS SCHEDULE 1A 1. Committee I.D. Norr	_{ber} _140113
CANDIDATE COMMITTEE 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.	e, 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt <u>10/11/2021</u> Name & Address: Mark Holmes 4426 Beech Rd. Temple Hills, MD 20748	
5. If over \$100.00 cimulative, please provide:	Click Here for Memo Itemization
Occupation Owner Employer Holmes Automotive	
Business Address 4426 Beech Rd. Templ Hills MD Unit G 20748	
Type of Contribution: Image: Direct Loan from a person Fund Relser 3. Contribution #2 PAC Receipt? YES 4: Date of Receipt 10/13/2021	nia antara any amin'ny
Name & Address	
Brenda Motley 19194 Tracey Detroit, MI 48235	<u>\$20.00</u>
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
OccupationEmployer	
Bueiness Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution # 3 PAC Receipt? 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:	Click Here for Memo Itemization
Occupation Employer	
Business Address	. `
Type of Contribution: Image: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10/10/2021	and a second
Name & Address	
Teressa Parker 13064 Simms Detroit, MI 48205	<u>\$20.00</u>
5. If over \$100.00 cumulative, please provide:	Ollale Lines for Many Kanada (
Occupation Employer	Click Here for Memo Itemization
Business Address	
Type of Contribution: Direct Loan from a person Sund Raiser	
Page Sul Grand Total of All Schedule (Complete on last page of Sche Pageof7	s 1A

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MICHIGAN DEPARTMENT O				
	ONTRIBUTIONS	1. Committee I.D. Number	. 140113	
CANDIDA'	<i>TE COMMITTEE</i>	2. Committee Name	pporters for N	Aike Jones
Enter contributor's name and addres middle initial, Check box to indicate Committee (PAC) Report <u>all</u> contribu	f contribution is from a Political C	dual, enter last name, first name, committee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
9. Contribution #1 PAC Rec Name & Address: Linïda Emerson 15485 Greenfield Detroit, MI 48227	elpt? YES 4. Date of	Receipt 10/09/2021	- ₅30.00	\$
5. If over \$100.00 cumulative, pleas	-		Click Here fo	or Memo Itemization
Occupation	Employer			المشل
Business Address				
Type of Contribution:	Loan from a person	Fund Raiser		
3. Contribution #2 PAC Rece Name & Address Denise Stallworth- Drake 4541 St. Germain Blvd. Warrensville Hts, OH 441		Receipt <u>10/09/2021</u>	<u>15.00</u>	\$
5. If over \$100,00 cumulative, pleas			Click Here fo	r Memo Itemization
Occupation	-	·		<u>224</u>
Business Address				
Type of Contribution:	Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Rec: Name & Address;		Receipt 10/05/2021		²⁰ ae tedéskindnel né at oronánané anomana
Meia Hudson 16624 Lola Redford, MI 48240			\$40.00	s
5. If over \$100.00 cumulative, pleas	a provide:			Metho Renizaton M
Occupation	Employer	*		•
Business Address Direct	Loan from a person	Fund Raiser		
3: Contribution #4 PAC Rec		fReceipt 09 - 25 - 202	1	
Name & Address Rosemary Boyd 11326 Marlowe Detroit, MI 48227		<u>v</u> <u>z</u> <u>z</u> <u>z</u>	<u>25.00</u>	\$
5. If over \$100.00 cumulative, plea	se provide:		Click Here fo	r Memo Itemization 🕱
Occupation	Employer			AN I
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Reiser		
Page 2 of 07	(Page Subtot Grand Total of All Schedules 1/ Complete on last page of Scheduk	A	

SCHE	CONTRIBUTIONS	1, Committee I.D. Number	140113 oporters for I	Mike Jones
	TE COMMITTEE			
Enter contributor's name and address middle initial. Check box to indicate i Committee (PAC) Report all contribu	 If contribution is from an individual, if contribution is from a Political Comm tions regardless of amount. 	, enier last name, first name, nillee or en Independent	6, Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Rec Name & Address: Mark Covington 8902 Vinton Detroit, Mi 48213	aipt? YES 4. Date of Rece	aipt 09/20/2021	_{\$} 50.00	\$
5. If over \$100.00 cumulative, pleas		•	Click Here f	or Memo Ifemization 🔣
Occupation	Employer			
Business Address		True t Delana		
Type of Contribution: V Direct		Fund Raiser	9	
3. Contribution #2 PAC Rece Name & Address		USIZUIZUZ		
Wesley Fortson 1606 Woodburne Westland, MI 48186			<u>\$25.00</u>	\$
5. If over \$100.00 cumulative, pleas			Click Here fr	or Memo Itemization
Wesselman and Andelson was				
	Elloan from a person	Fund Reiser	an a	aan ay falan ay
Type of Contribution: Direct 3. Contribution # 3 PAC Rec	Loan from a person		<u></u> \$20.00	- \$
Type of Contribution: Direct 3. Contribution # 3 PAC Rect Name & Address: Michael Jones Jr 23740 Lexington Ave.	eini? YES 4. Dete of Rec		7	_ \$ or Memo Itemization 🔀
Type of Contribution: Direct 3. Contribution # 3 PAC Rect Name & Address: Michael Jones Jr 23740 Lexington Ave. Eastpointe, MI 48021 5. If over \$100.00 cumulative, plea	elpt? YES 4. Date of Rec		7	- \$ or Memo Itemization 🔀
Type of Contribution: Direct 3. Contribution # 3 PAC Rect Name & Address: Michael Jones Jr 23740 Lexington Ave. Eastpointe, MI 48021 5. If over \$100.00 cumulative, plea Occupation Business Address	elpt? YES 4. Dete of Rec	ceipt	7	- \$ or Memo Itemization 🔀
Type of Contribution: Direct 3. Contribution # 3 PAC Rect Name & Address: Michael Jones Jr 23740 Lexington Ave. Eastpointe, MI 48021 5. If over \$100.00 cumulative, plea Occupation Business Address Type of Contribution: Direct	Loan from a person elpl? YES 4. Data of Rec se provide: Employer Loan from a person	Esipt Fund Raiser	7	- \$ or Memo Itemization 🔀
Type of Contribution: Direct 3. Contribution # 3 PAC Rec Name & Address: Michael Jones Jr 23740 Lexington Ave. Eastpointe, MI 48021 5. If over \$100.00 cumulative, plea Occupation Business Address Type of Contribution: Direct 3. Contribution # 4 PAC Rec Name & Address Tasha Smith 10011 Powerhouse Dr.	Loan from a person elpl? YES 4. Data of Rec se provide: Employer Loan from a person	ceipt	7	_ \$ or Memo Itemization
Type of Contribution: Direct 3. Contribution # 3 PAC Rect Name & Address: Michael Jones Jr 23740 Lexington Ave. Eastpointe, MI 48021 5. If over \$100.00 cumulative, plea Occupation Business Address Type of Contribution: Direct 3. Contribution # 4 PAC Rect Name & Address Tasha Smith 10011 Powerhouse Dr. San Antonio, TX 78239	eipt? YES 4. Date of Rec	Esipt Fund Raiser	Click Here fo	
Type of Contribution: Direct 3. Contribution # 3 PAC Rect Name & Address: Michael Jones Jr 23740 Lexington Ave. Eastpointe, MI 48021 5. If over \$100.00 cumulative, pleas Occupation Business Address Type of Contribution: Direct 3. Contribution # 4 PAC Rect Name & Address Tasha Smith 10011 Powerhouse Dr. San Antonio, TX 78239 5. If over \$100.00 cumulative, pleas	Loan from a person elpt? YES 4. Date of Rec se provide: Employer Loan from a person pelpt? YES 4. Date of Rec se provide:	Eelpt Fund Reiser acelpt 10/09/2021	Click Here fo	- \$ or Memo Itemization 🕅 \$ or Memo Itemization 🕄
Type of Contribution: Direct 3. Contribution # 3 PAC Rect Name & Address: Michael Jones Jr 23740 Lexington Ave. Eastpointe, MI 48021 5. If over \$100.00 cumulative, plea Occupation Business Address Type of Contribution: Direct 3. Contribution # 4 PAC Rect Name & Address Tasha Smith 10011 Powerhouse Dr. San Antonio, TX 78239	Loan from a person elpt? YES 4. Date of Rec se provide: Employer Loan from a person pelpt? YES 4. Date of Rec se provide:	Eelpt Fund Reiser acelpt 10/09/2021	Click Here fo	
Type of Contribution: Direct 3. Contribution # 3 PAC Rect Name & Address: Michael Jones Jr 23740 Lexington Ave. Eastpointe, MI 48021 5. If over \$100.00 cumulative, plea Occupation Business Address Tasha Smith 10011 Powerhouse Dr. San Antonio, TX 78239 5. If over \$100.00 cumulative, plea Occupation Business Address	Loan from a person	Eelpt Fund Reiser aceipt 10/09/2021	Click Here fo	
Type of Contribution: Direct 3. Contribution # 3 PAC Rect Name & Address: Michael Jones Jr 23740 Lexington Ave. Eastpointe, MI 48021 5. If over \$100.00 cumulative, plea Occupation Business Address Type of Contribution: Direct 3. Contribution # 4 PAC Rec Name & Address Tasha Smith 10011 Powerhouse Dr. San Antonio, TX 78239 5. If over \$100.00 cumulative, plea Occupation	Loan from a person elpt? YES 4. Date of Rec se provide: Employer Loan from a person pelpt? YES 4. Date of Rec se provide:	Fund Reiser	Click Here fo <u>\$20.00</u> Click Here fo	s
Type of Contribution: Direct 3. Contribution # 3 PAC Rect Name & Address: Michael Jones Jr 23740 Lexington Ave. Eastpointe, MI 48021 5. If over \$100.00 cumulative, plea Occupation Business Address Tasha Smith 10011 Powerhouse Dr. San Antonio, TX 78239 5. If over \$100.00 cumulative, plea Occupation Business Address	Loan from a person	Eelpt Fund Reiser aceipt 10/09/2021	Click Here fr <u>\$20.00</u> Click Here fr	s

MICHIGAN DEPARTMENT OF STATE	
ITEMIZED CONTRIBUTIONS SCHEDULE 1A 1. Committee I.D. Number	140113
CANDIDATE COMMITTEE 2. Committee Name	upporters 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 Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Data of Receipt 09/13/2021 Name & Address: Charles Anderson 7488 Asbury Drive 1 Charles Anderson 7488 Asbury Drive 1 1 Jithonia, GA 30058 5. If over \$100.00 cumulative, please provide: 0 Occupation Employer 1 1 Business Address 1 1 1 1 Type of Contribution: Direct Loan from a person Fund Raiser	<u>\$25.00</u> Click Here for Memo Item/zation
3. Contribution #2 PAC Receipt? YES 4, Date of Receipt	n
Name & Address Michael Jones Jr. 23740 Lexington Ave. Eastpointe, MI 48021	<u></u>
5. If over \$100.00 cumulative, please provide: <u>Occupation</u> Teacher Employer Detroit Public School Community District	Click Here for Memo Itemization
Occupation Teacher Employer Detroit Public School Community District Business Address 1150 E. Laniz Detroit, MI 48203	
Business Address 1750 E. Latitiz Denoit, 101 402005 Type of Contribution: Direct Loan from a person Fund Relser	
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt	**************************************
	Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide:	
Occupation Employer	
Business Address Direct Loan from a person Fund Reliser	
9. Contribution # 4 PAC Receipt? YES 4. Date of Receipt	
Name & Address	، <u>د</u>
5. It over \$160.00 cumulative, pleaso provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raisar Page Subto Grand Total of All Schedules 1 (Complete on last page of Schedul Page	A 2203.87
ragaor	* without

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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

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ITEMIZED EXPENDITURES	140113	·		
achenore (b	1, Committee I. D. Number			
CANDIDATE COMMITTEE	2. Committee Name Supporters for Mike Jones	·		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information) (5. Date	8. Amount		
Expenditure #1				
Name U.S. Postal Service	08/01/2021	\$ 59.00		
Address	Purpose: P.O. Box Date			
22430 Gratiot		o Itemization Type		
Eastpointe, MI 48021				
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement			
Expenditure #2				
Name Universal Wholesale	08/10/2021	\$ 274.50		
Address	Purpose: T-Shirts Date	- · <u>- · · · · · ·</u>		
16400 W. 8 Mile Rd.				
Southfield, MI 48075	Click Hero for Men	io liemization Type 😤		
	Check box if this expenditure is payment of			
Fund Raiser	debt or obligation reported on previous statement			
Expenditure #3				
Name ScreenTek	08/10/202	¹ \$95,63		
Address	Purpose: silk screen Date	_ 430,00		
12934 E. 10 Mile Rd.				
Warren, MI 48089		to lienization Type		
	LICheck box if this expenditure is payment of debt or obligation reported on pravious			
Expenditure #4	statement			
Name All Pro Color Design & Printing	08/11/2021	- \$ 171.93		
Address	Purpose: Flyers Data	and a second		
20750 Chesley Dr.	Other Have for Mon	no Itemization Type		
Farmington, MI 48336		o nemicinen Type		
	Check box If this expenditure is payment of debt or obligation reported on previous			
Fund Raiser	statoment			
Expenditure #5				
Name All Pro Color Design & Printing	09/13/2021	s 171.93		
Address	Purpose: Flyers Date	111100		
20750 Chesley Dr. Farmington, MI 48336	Olick Here for Mer	no Itemization Type 📡		
T antimiganty in TOOOO	Check box if this expenditure is payment of			
Fund Raiser	debt or obligation reported on previous statement			
	Sublotel this page	0 772.99		
	Grand Total of all Schedules	IB		
,	(Complete on last page of Schedu	\$		
		Enter this lotal		

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Page 6 of 7

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MICHIGAN DEPARTMENT OF STATE

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
Expanditure #1		<u></u>	~ <u></u>
Name U.S. Postal Service	•	10/26/2021	\$ 58.00 ·
Address	Purpose: stamps	Date	*
22430 Gratiot		fare for Memo	Itemization Type
Eastpointe, MI 48021		1010 101 100100	treatment type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2	•		
Name Office Depot		10/26/2021	\$ 32.88
Address	Purpose: labels/envelopes	Date	· <u></u>
19001 E. Nine Mile Rd.			ي. مەربى
Eastpointe, MI 48021		tere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		
Expenditure #3	statement		
Name Monique Owens			
		10/02/2021	\$700.00
Address 22480 Petersburg	Purpose: Advertisement	Date	
Eastpointe, MI 48021	Memo	Itemization Bel	ow 🔀
	Check box if this expenditure is payment of		
Fund Ralser	debt or obligation reported on previous statement		
Expanditure #4			
Name Michael Jones Jr		10/13/2021	
Address	Putrose. Ioan payment	Date	\$ 500.00
23740 Lexington Ave.	Purpose: Warn payment		
eastpointe, MI 48021	Click	lere for Memo I	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous stalement		
Expenditure #S			
Name			
Address	Pumpeo	Date	\$
	Purpose:		
	Cilck H Check box if this expenditure is payment of	lere for Memo i	temization Type
Fund Raiser	debt or obligation reported on previous		
	statement	tal this page	1290.88
	Grand Total of all t		201-20
	(Complete on last page		2063.87
			Enter this total

Page__________7

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Enter this total on line Ba of Summary Page

MICHIGAN DEPARTMENT OF STATE				
DEBTS AND OBLIGATIONS 1. C	ommittee I.D. Number 1401	13		
SCHEDULE 1E	Dumm autor	- for Kalles laws	-	
CANDIDATE COMMITTEE 2. C	ommittee Name Supporter	s for Mike Jone	5	
This Schedule Itemizes:				
a Debts and obligations owed by or forgiven the com (Cheo	mittee OR b. Debt ck either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	forgiven <u>by</u> the con	nmittee.
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	 Type of Obligation (Description) Indicate date debt was incurred Indicate original amount of debt 	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at clo of this period (Item 6 minus Item 8)
guarantors, if any. Debt #1 Corp? Yes Owed to or by: Michael Jones Jr.	4. Type: Loan	10/13/2021 \$ 500.00		
23740 Lexington Ave. Eastpointe, MI 48021	5. <u>Date Debt Was Incorred</u> : 08/01/2021 6. Original Amount of Debt:	\$	s 500.00	\$_ <u>1,163.87</u>
	s_1,663.87	s		Forgivi
If bank loan, name of endorser or guarantor:		Amc	unt Endorsed: \$	· · · · · · · · · · · · · · · · · · ·
Debt #2 Corp? Yes Owed to or by:	4. Type: 5. Date Deht Was Incurred;	<u> </u>		
	6. Original Amount of Debt:	\$	¢	\$
	\$	\$\$	·Ψ,	FORGIVE
If bank loan, name of endorser or guarantor.		Am	ount Endorsed: \$	<u>.</u>
Debt #3 Corp? Yes Owed to or by:	4. Type:	<u> </u>		
	5. <u>Date Debt Was Incurred</u> : 6. Original Amount of Dabt:	<u> </u>	¢	\$
	\$	<u>\$</u> \$	Ψ	FORGIVE
If bank loan, name of endorser or guarantor;		An	nount Endorsed: \$	
		_	(Outstanding debt)	\$1,163.8
(Ca	omplete on last page of Schedule s	Grand Total howing amounts owed by o	of all Schedules 1E r to the committee)	\$1,163.8 Enter this total
A debt or obligation must be shown on this Schedu this Campaign Statement or it was forgiven during i	ile if there was an outstanding ar the period covered by this Camp	nount owed on it at the cleage statement.	osing date of	on line 12a "ov by"" or line 12t "owed to" of th Summary Page

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Page 7 of 7

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66745	
(Continet)	

CANDIDATE COMMITTEE COVER PAGE

AMENDED

FOR OFFICIAL USE ONLY

FILED 2021 OCT 26 AM11:17 MACOMB COUNTY CLERK

OVIENTAGE			
Report must be legible, typed or printed in ink and signed the treasurer (or designated record keeper) and candidate	by 3. This Statement covers From:	07/02/2021 to 10/17/20)21
1. Committee I.D. Number	4. Candidate Last Name	First Name	M.),
140113	Jones	Michael	L
	-	trict # or Community Served (If applica	ible)
2. Committee Name	Eastpointe City Counc		
Supporters for Mike Jones	40, County of Residence InAc		
5. Committee's Malling Address P.O. Box 665	6. Treesurer's Name & Resider Michael Jones Jr	ntial Address	
Eastpointe, MI 48021	23740 Lexington Ave	Э.	
	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 ma	y (313) 6	57-0857	
be sent to this address by the filing official.	Area Code & Phone (0107)		a hae a
7. Treasurer's Business Address Michael Jones Jr	Designated Record Keeper)	's Name and Address (If the committee	0 1100 a
23740 Lexington Ave.	Michael Jones Jr	-	
Eastpointe, MI 48021	23740 Lexington Ave Eastpointe, MI 4802		
	Lastpointe, Mi 4002	1	
Area Code and Phone (313) 657-0857	Area Code and Phone (313	3) 657-0857	
9. TYPE OF STATEMENT		9e. Dissolution of Candidate Com	mittee
98. Pre-Election OR 9b. Post-Election is no	uired ONLY if candidate it on the ballot for the ent year:	By checking this item IWe certified by the committee to the candidate of	his or her spouse is here
Pre-Election or Post-Election Statement relates to:	e he Ouestade	by discharged and forgiven, and no i the committee. The committee has	no oustanding assets,
	ly Quarterly	owes no lates fees or has any oustar	nding debt.
ł	clober Quarterly	Further, if the dissolution cannot be g	granted, that this be
Convention		considered a request for the Reportin	ng Walver.
Special 9c.	American Distances (
	_]Annual Statement () Coverage Year	Effective date of dissolutio	'n
Caucus gd. C	Amendment to Campaign Slatement		
	Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being	Note: The disposition of residual fun	
1	amended.)	Schedule 1B and the Summary Pag	σ.
Date of Election, Convention or Caucus			
10/19/2021			
		and attached askadulas (if and a	nd in the heat of
10. Verification: I/We certify that all reasonable diligence w my/our knowledge and belief the contents are true, accurate	as used in the preparation of this statem le and complete.	tent and attached schedules (it any) a	ווט ען וווס שמאן טו
Current Treasurer or Michael Jones Jr	ma l.	0 $(1$)
Designated Record keeper Type or Print Name	Signature	T Date 10	
	angi kasara a	Ωα	
Candidate Michael Jones Jr	1 mla	V Date _//)-26-21
Type or Print Name	Signature	۲ U	

Authority granted under P.A. 388 of 1976

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 1	Column II
3. Contributions	This Period	Cumulative this election cycle
a, Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>540.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$1,663.87	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$2,203.87	(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.) \$ \$1,563.87	
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.) \$ \$1,563.87	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b, Uniternized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)		
DEBTS AND OBLIGATIONS	(11.) \$	(24.) \$
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ \$1,163.87	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
 Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 	(13.) \$ \$0.00	
14. Amount received during reporting period	(14.) + \$ \$2,203.87	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$_\$2,203.87	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.)- \$ \$1,563.87	
17. ÈNDING BALANCÉ (Subtract line 16 from line 15)	(17.) \$ \$640.00	•

MICHIGAN DEPARTMENT OF STATE			
ITEMIZED CONTRIBUTIONS SCHEDULE 1A 1. Conv	mittee I.D. Number	0113	Array 1994 - 19 19 - 19 19 - 19 19 19 19 19 19 19 19 19 19 19 19 19
	mittee Name Suppor	rters for M	ike Jones
Enter contributor's name and address. If contribution is from an individual, enter last middle initial. Check box to indicate if contribution is from a Political Committee or an Committee (PAC) Report <u>all</u> contributions regardless of amount.		Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/1	1/2021		
Mark Holmes 4426 Beech Rd. Temple Hills, MD 20748	\$	200.00	\$
5. If over \$100.00 cumulative, please provide:	~	Click Here for	Memo Itemization
Occupation Owner Employer Holmes Automotive			المشنا
Business Address 4426 Beech Rd. Templ Hills MD Unit G 2074			
Type of Contribution: Image: Direct Loan from a person Fund R 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/11	and the second	Malatina (capital) - 110 - 117 - 117 - 117 - 117 - 117 - 117 - 117 - 117 - 117 - 117 - 117 - 117 - 117 - 117 -	an a
Name & Address	5/2021		
Brenda Motley 19194 Tracey Detroit, MI 48235	\$	20.00	\$
5. If over \$100.00 cumulative, please provide:	(Click Here for	Memo Itemization
Occupation Employer			لبعة
Business Address	al		
Type of Contribution:	Ralser	, .	
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/1 Name & Address:	3/2021		
James Everage Jr 5785 Lodewyck Detroit, MI 48224	\$	50.00	\$
5. If over \$100.00 cumulative, please provide:	C	Click Here for I	Memo Itemization
Occupation Employer			
Business Address			
	Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/1 Name & Address	0/2021		
Teressa Parker 13064 Simms Detroit, MI 48205	<u>\$</u> 2	20.00	\$
5. If over \$100.00 cumulative, please provide:	(Click Here for I	Viemo Itemization 🐺
Occupation Employer	·		The second se
Business Address			
Type of Contribution: V Direct Loan from a person Fund F			
(Complete on la	of All Schedules 1A st page of Schedule)	er this total on 3a of Summary	
Pageof	Pag)e.	

MICHIGAN DEPARTMENT OF STATE			
ITEMIZED CONTRIBUTIONS SCHEDULE 1A	1. Committee I.D. Number	140113	
CANDIDATE COMMITTEE	2. Committee Name Sur	oporters for N	Aike Jones
Enter contributor's name and address. If contribution is from an individual, en middle initial. Check box to indicate if contribution is from a Political Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt	10/09/2021	information in the History of the Annual Control of the History	
Name & Address:			
15485 Greenfield Detroit, MI 48227		<u>\$30.00</u>	\$
5. If over \$100,00 cumulative, please provide:		Click Here fo	or Memo Itemization
Occupation Employer			
Business Address			
Type of Contribution:	Fund Raiser	((
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address	10/09/2021		
Denise Stallworth- Drake 4541 St. Germain Blvd. Warrensville Hts, OH 44128		<u>15.00</u>	\$
5. If over \$100.00 cumulative, please provide:		Click Here fo	r Memo Itemization
Employee			
Occupation Employer			
Type of Contribution:	Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address:	10/05/2021	A <u></u>	
Meia Hudson 16624 Lola		_{\$} 40.00	. \$
Redford, MI 48240		Oliok Liana fa	r Memo Itemization
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			•
Business Address			
	Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address	109-25-2021		
Rosemary Boyd 11326 Marlowe		,25.00	
Detroit, MI 48227		\$	\$
5. If over \$100.00 cumulative, please provide:		Click Here for	r Memo Itemization 😿
Occupation Employer			المحتبل
Business Address	······································		
Type of Contribution: Direct Loan from a person	Fund Ralser		200 (Maan mainta and a state and a stat
	Page Subtotal	110.00	
	d Total of All Schedules 1A te on last page of Schedule)		
Page 2 of 8	er an iner heße of generale)	Enter this total on line 3a of Summary Page.	,

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MICHIGAN DEPARTMENT OF STAT	B		<u>)</u>	
BUREAU OF ELECTIONS ITEMIZED CONT SCHEDUL CANDIDATE C	E 1A	1. Committee I.D. Number 2. Committee Name	140113 pporters for M	/ike Jones
Enter contributor's name and address. If co middle Initial. Check box to indicate if contri Committee (PAC) Report <u>all</u> contributions re	bution is from a Political Com	i, enler last name, first name, miltee or an Independent	6. Amount	7, Cumulative for Election Cycle for E Contributor (Throug date of receipt)
3. Contribution #1 PAC Receipt? Name & Address: Mark Covington 8902 Vinton Detroit, MI 48213	YES 4. Date of Rec	oipt 09/20/2021	,50.00	<u>\$</u>
5. If over \$100.00 cumulative, please prov Occupation			<u> </u>	or Memo Itemizati
Business Address Type of Contribution:	Loan from a person	Fund Raiser		inan kana manga di kana di kala kana di kana manga di k
3. Contribution #2 PAC Receipt? [Name & Address Wesley Fortson 1606 Woodburne Westland, MI 48186 5. If over \$100.00 cumulative, please prov Occupation		eipt <u>09/20/2021</u>	\$25.00 Click Here fo	\$ r Memo Itemizatio
Business Address Type of Contribution: Direct 3. Contribution # 3 PAC Receipt?	Loan from a person	Fund Raiser		
Name & Address: Michael Jones Jr 23740 Lexington Ave. Eastpointe, MI 48021	• •		<u>\$20.00</u>	. \$
5. If over \$100.00 cumulative, please prov Occupation Business Address	l ide: Employer		Click Here fo	r Memo Itemizatio
Type of Contribution: 🗹 Direct	Loan from a person	Fund Raiser	•	
3. Contribution # 4 PAC Receipt? Name & Address Tasha Smith 10011 Powerhouse Dr. San Antonio, TX 78239	YES 4, Date of R	eceipt 10/09/2021	<u>20.00</u>	. \$
5. If over \$100.00 cumulative, please prov			Click Here fo	r Memo Itemizatio
Occupation Business Address Type of Contribution:	Employer	Fund Raiser		
Type of Contribution:	Loan from a person	Page Subtote	115,00	ann franssanning ann an an ann an ann ann an ann an ann
Page 3 of 8	(Co	Grand Total of All Schedules 1/ mplete on last page of Schedule	x [

MICHIGAN DEPARTMENT OF STATE			
BUREAU OF ELECTIONS			
ITEMIZED CONTRIBUTIONS SCHEDULE 1A	1. Committee I.D. Number	140113	un en
CANDIDATE COMMITTEE	2. Committee Name Sup	porters for M	like Jones
Enter contributor's name and address. If contribution is from an individual, en middle initial. Check box to indicate if contribution is from a Political Committee (PAC) Report all contributions regardless of amount.	ler last name, first name, se or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt	09/13/2021	<u> </u>	
Neme & Address:			
7488 Asbury Drive		25.00	
Lithonia, GA 30058		<u>\$25.00</u>	\$
5. If over \$100.00 cumulative, please provide:		Click Here fo	r Memo Itemization
Occupation Employer			land 1
Business Address			
Type of Contribution: V Direct Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address			
Michael Jones Jr.			
23740 Lexington Ave.		_s 1663.87	s
Eastpointe, MI 48021		* <u></u>	φ
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Iternization
Occupation Teacher Employer Detroit Public School C	community District		
Business Address 1150 E. Lantz Detroit, MI 48203			
Type of Contribution: Direct 🔽 Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receip Name & Address:			
		\$	\$
		Click Hara for	Memo Itemization
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address Type of Contribution: Direct Loan from a person			
	Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receip Name & Address	۹ 		
		\$	6
		Construction of the state of th	Ψ
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization
Occupation Employer			
Business Address	·		
Type of Contribution: Direct Loan from a person	Fund Ralser		
	Page Subtotal	1688.87	renne di Calina i ne de normalizzation della metadalizzatione. I
	d Total of All Schedules 1A	2203.87	
	ie on last page of Schedule) I	Enter this total on	L
Page 4 of 8	,	line 3a of Summary Page.	

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MICHIGAN DEPARTMENT OF STA	
BUREAU OF ELECTIONS	k.

ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

CANDIDATE COMMITTEE

1. Committee I.D. Number 140113

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0, ((0))) ((1)		2. Committee Name Supporters for Mike Jones	
3. Name & Address From Whom Received		5. Type of Receipt 6. Amount	
Receipt #1 Name & Address:	Date of Receipt 08/01/2021	Loan from a Lending Institution	
Michael Jones Jr.		interest \$ 1663.87	
23740 Lexington Ave		Refund \Rebate Click for Memo Ilemization Type	Γ.
Eastpointe, MI 48021			استسا
	Fund Raiser	✓ Other (Specify) loan	
Receipt #2 Name & Address:	Date of Receipt	Loan from a Lending Institution	Kanan Santa Kat
		Interest \$	
		Refund \Rebate Click for Memo Iternization Type	9
		Olher (Specify)	1.0004
· · · · · · · · · · · · · · · · · · ·	Fund Raiser		
Receipt #3 Name & Address:	Date of Receipt	Loan from a Lending Institution	
		Interest \$	
		Refund Rebate Click for Memo Itemization Type	; 코
		Olher (Specify)	
Receipt #4	Date of Receipt		<u> </u>
Name & Address:		Loan from a Lending Institution	
		Interest \$	
		Refund \Rebate Click for Memo Iternization Type	. 🛨
	Fund Raiser	Other (Specify)	
Receipt #5	Date of Receipt		
Name & Address:	bate of receipt	Loan from a Lending Institution	
		Interest \$	•
		Refund \Rebate Click for Memo Itemization Type	, ⊡
		Other (Specify)	
	Fund Raiser	Loan from a Lending Institution	
Namé & Address:	• 		
		Interest	
		Refund \Rebate Click for Memo Itemization Type	
	Fund Raiser	Other (Specify)	
	Date of Receipt		
Name & Address:		Loan from a Lending Institution	
		Interest	
		Refund \Rebate Click for Memo Itemization Type	
	Fund Raiser	Other (Specify)	
<u>*************************************</u>		Page Subtotal 1663.8	7
		Grand Total of All Schedules 1A-1 (Complete on last page of Schedule) 1663.8	7
		Enter this total	
- 0		line 4 of Summi	ary

Page 5 of 8

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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		8/01/2021	\$ 59.00
Address	Purpose: P.O. Box	Date	\$
22430 Gratiot	Purpose:		
Eastpointe, MI 48021	Click H	ere for Memo	itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name Universal Wholesale		08/10/2021	\$ 274.50
Address	Purpose: T-Shirts	Date	*
16400 W. 8 Mile Rd.	Porpose:		
Southfield, MI 48075	Click He	ere for Memo	Itemization Type
	Check box if this expenditure is payment of		E24044
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
Name ScreenTek		08/10/2021	\$95.63
Address	Purpose: silk screen	Date	* 00.00
12934 E, 10 Mile Rd.			
Warren, MI 48089	Click He	are for Memo I	itemization Type
bround.	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name All Pro Color Design & Printing		08/11/2021	
	1 1	Date	\$ 171.93
Address	Purpose: Flyers	Dala	
20750 Chesley Dr.			
Farmington, MI 48336	<u></u>	ere for Memo I	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5		********	
Name All Pro Color Design & Printing			
	1	09/13/2021	\$171.93
Address 20750 Chesley Dr.	Purpose: Flyers	Date	
Farmington, MI 48336	Click He	are for Memo i	temization Type
	Check box If this expenditure is payment of		السسا
Fund Raiser	debt or obligation reported on previous statement		
<u></u>		al this page	772.99
	Grand Total of all S		
	(Complete on last page		

Enter this total on line 8a of Summary Page

Page <u>6 of 8</u>

Page 7 of 8

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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		1	
Name U.S. Postal Service	1	10/26/2021	\$ 58.00
Address	Purpose: stamps	Date	•
22430 Gratiot			
Eastpointe, MI 48021	Click H	ere for Memo I	emization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2	α το πολογματικό προγραφικό το στο το τ		
Name Office Depot		10/26/2021	\$ 32.88
	Purpose: labels/envelopes	Date	* <u>52.00</u>
Address	Purpose:		
19001 E. Nine Mile Rd. Eastpointe, MI 48021	Click He	ere for Memo II	emization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name Monique Owens		10/02/2021	\$700.00
Address	Purpose: Advertisement	Date	*100.00
22480 Petersburg			
Eastpointe, MI 48021	Memo Memo Memo Memo Memo Memo Memo Memo	temization Belo	× []
F	LCheck box if this expenditure is payment of debt or obligation reported on previous	an 004	e in house
Fund Raiser	stalement		
Expenditure #4			
Name Michael Jones Jr	1	10/13/2021	- 500.00
Address	Purpose: loan payment	Date	\$ <u>500.00</u>
23740 Lexington Ave.	Purpose:		
eastpointe, MI 48021	Click He	ere for Memo It	emization Type
	Check box if this expenditure is payment of		
Fund Ralser	debt or obligation reported on provious statement		
Expenditure #5			·······
Name			
Address		Date	\$
rwujoaa	Ригрове:	Udio	
	panet datas	ere (or Memo I	emization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Relser	statement	······································	
	Subtot	al this page	1290.88
	Grand Total of all S (Complete on last page		2063.87

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS				
	Committee I.D. Number	13		
SCHEDULE 1E	Committee Name Supporte	rs for Mike Jone	s	
CANDIDATE COMMITTEE 2. C				·
	··· ··· · · · · · · · · · · · · · · ·			
a <u>U</u> Debts and obligations owed by or forgiven the com (Che	mittee OR b. Debt ck either a or b. Use only for the pu	s and obligations owed <u>to</u> or prose checked.)	forgiven <u>by</u> the cor	nmittee,
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	4. Type of Obligation (Description) 5. indicate date debt was	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period
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.	incurred 6. Indicate original amount of debt			(item 6 minus item 8)
Debt #1 Corp? Yes	4, Type: Loan	.500°-		
Owed to or by:	4, 1ypc:	<u>\$</u>		
23740 Lexington Ave.	5. Date Debt Was Incurred:	<u> </u>		
Eastpointe, MI 48021	08/01/2021	\$	s 500,00	s 1,163.87
	6. Original Amount of Debt	<u> </u>	\$	¥
	\$	 s		FORGIVEN
If bank toon, name of endorser or guarantor:		Amc	unt Endorsed: \$ _	
Debt #2 Corp? Yes	1 m			
Owed to or by:	4. Type:	\$		
	5. Date Debt Was Incurred:	<u> </u>		
	6. Original Amount of Debt:	<u> </u>		\$
	\$	\$	• •	[]
	₩ \$2009 \$	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	
Debt #3 Corp? Yes	4. Type:	l .		<u> </u>
Owed to or by:	5. Date Debt Was Incurred:	3		
	5. Date Deby Was Incuired.	<u> </u>		
	6. Original Amount of Dobt:	\$\$	l s	\$
	\$	\$	Ψ	
	*	\$		
If bank loan, name of endorser or guarantor:		Ar	nount Endorsed: \$_	
				\$1,163.87
			(Outstanding debt)	
(C	omplete on last page of Schedule :	Grand Total showing amounts owed by a	of all Schedules 1E r to the committee)	\$1,163.87 Enter this total on line 12a "owed
A debt or obligation must be shown on this Schedu this Campaign Statement or it was forgiven during	ule if there was an outstanding a the period covered by this Camp	mount owed on it at the cl paign Statement.	osing date of	by** or line 12b *owed to* of the Summary Page

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Page of	
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FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and s the treasurer (or designated record keeper) and car	signed by ndidate.	3. This Statement covers From:	08/01/2021 to 10/20/2021	
1. Committee I.D. Number		4. Candidate Last Name	First Name M.I.	
140113		Jones	Michael L	
			htt # or Community Served (if applicable)	
2. Committee Name		Eastpointe City Counc	il (ž.
Supporters for Mike Jones		4b. County of Residence NIACOMB		
6. Committee's Mailing Address		6, Treasurer's Name & Residential Address Michael Jones Jr		
P.O. Box 665 Eastpointe, MI 48021		23740 Lexington Ave.		
		Eastpointe, MI 48021		
Area Code and Phone (313) 657-0857	•	4		
If the address in this boy is different from the commi	tée vali mav	(0.4.0).07		
mailing address on the Statement of Organization, m be sent to this address by the filing official.		Area Code & Phone (313) 65		
7. Treasurer's Business Address		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)		
Michael Jones Jr		Michael Jones Jr		
23740 Lexington Ave. Eastpointe, MI 48021		23740 Lexington Ave.		
		Eastpointe, MI 48021	1	
			•	
		(949	8) 657-0857	
Area Code and Phone (313) 657-0857		Area Code and Phone 1313	9 857-0657	
9. TYPE OF STATEMENT	Required O	NLY if candidate		
9a. Pre-Election OR 9b. Post-Election	is not on the ballotfor the		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 oustanding assets,	
Pre-Election or Post-Election Statement relates to:				
Pdmary	July Quar	terly	owes no lates fees or has any oustanding debt.	
	October 0	Quarterly	Further, if the dissolution cannot be granted, that this be	
			considered a request for the Reporting Waiver.	
Convention				
Special	^{9c.} 🗌 Annu	al Statement ()	Effective date of dissolution	
School		Coverage Year		
Caucus	(Com	ndment to Campaign Statement plete item 9a, 9b, 9c or 9e to	Note: The disposition of residual funds must be reported o	117
	Indica amen	ate which Statement is being	Schedule 1B and the Summary Page.	
Date of Election, Convention or Caucus		,		
·,				
10/19/2021				
10. Verification: NWe certify that ell reasonable dilig	ence was user	I in the preparation of this statem	ient and attached schedules (if any) and to the best of	
mytour knowledge and belief the contents are true,		Sumplete.	10	
Current Treasurer or Designated Record keeper	is Jr	1 milet	Date 10-20-21	
Type or Print Name		Signature		
Michael Jones Jr		me	Date 10-20-21 Date 10-20-21	
Candidate		Standius	Date Correct of	
Type or Print Name	•	Signature	✓	
Authority granted under P.A. 388 of 1976				

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

CANDIDATE COMMITTEE

COVER PAGE

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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

1. Committee LD. Number 140113

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SUMMARY PAGE CANDIDATE COMMITTEE	2. Committee Name Supporters for N	
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.) \$ NOT APPLICABLE	
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.) \$ \$540.00	(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.) \$	1 1
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$1,563.87	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$	
b. Uniternized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.) \$	
(Add Line 10a + Line 10b)	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.)\$_ \$1,163.87	
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.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15) 	$(13.) \$ \frac{\$0.00}{(14.) + \$ \frac{\$540.00}{5540.00}}$ $(15.) = \$ \frac{\$540.00}{(16.) - \$ \frac{\$1.563.87}{(17.) \$ \frac{-\$1.023.87}{-\$1.023.87}}$	

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MICHIGAN DEPARTMENT OF STATE		
ITEMIZED CONTRIBUTIONS	140113	
SCHEDULE 1A 1. Committee I.D. Number	porters for N	like lones
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/11/2021		
Mark Holmes		
4426 Beech Rd.	,200.00	
Temple Hills, MD 20748	ş <u>200.00</u>	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Owner Employer Holmes Automotive		ليستعيل
Business Address 4426 Beech Rd. Templ Hills MD Unit G 20748		
Type of Contribution: V Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/13/2021		
Brenda Motley	,20.00	
19194 Tracey Detroit, MI 48235	\$ <u>20.00</u>	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization 🐇
Occupation Employer		
Busines's Address		
Type of Contribution:		
3. Contribution #3 PAC Receipt? YES 4, Date of Receipt 10/13/2021 Name & Address:		₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩
James Everage Jr	₅ 50.00	
5785 Lodewyck Detroit, MI 48224	\$00.00	\$
-	Click Here for	Memo Itemization
5. If over \$100.00 cumulative, please provide:		المعنيا
Occupation Employer		•
Business Address Type of Contribution: Image: Contribution: Direct Loan from a person Fund Raiser		•
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10/10/2021		
Name & Address	-	
Teressa Parker	~~ ~~	
13064 Simms Detroit, MI 48205	<u>\$20.00</u>	\$
5. If over \$100.00 cumulative, please provide:		
	Click Here for	Memo Itemization
Occupation Employer		
Type of Contribution: Direct Loan from a person Fund Raiser		-
Page Sublotat		_
Grand Total of All Schedules 1A (Complete on last page of Schedule)	L	
Pageof	Enter this total on. Ine-3a of Summary Page.	

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MICHIGAN DEPARTMENT OF STATE		Ĵ	
ITEMIZED CONTRIBUTIONS SCHEDULE 1A	1. Committee I.D. Number	140113	
	2. Committee Name Sur	porters for M	like Jones
Enter contributor's name and address. If contribution is from an individual, ent middle initial. Check box to indicate if contribution is from a Political Committee 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? YES 4. Date of Receipt Name & Address: Linda Emerson 15485 Greenfield Detroit, MI 48227	10/09/2021	<u>\$30.00</u>	£
5. If over \$100.00 cumulative, please provide:		Click Here fo	r Memo Iternization 🕱
Occupation Employer	<u> </u>		
Business Address	<u> </u>		
Type of Contribution:	Fund Ralser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address	10/09/2021		
Denise Stallworth- Drake 4541 St. Germain Blvd. Warrensville Hts, OH 44128		<u>15.00</u>	\$
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser	<u>.</u>	
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address:	10/05/2021		
Meia Hudson 16624 Lola Redford, MI 48240		<u>\$40.00</u>	\$
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization
Occupation Employer			-
Business Address	۹ 		
Type of Contribution: V Direct Loan from a person	Fund Ralser	······································	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receip Name & Address	t		
Rosemary Boyd			
11326 Marlowe		s25.00	s
Detroit, MI 48227		<u>C</u>	×
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization

Ôccupation	Employer			
Business Address		۰	r	
	Loan from a person	Fund Raiser		
		Page Subtotal		

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

Enter this total on line 3a of Summary Page.

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Page 2 of 8

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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS	·	j.	
ITEMIZED CONTRIBUTIONS SCHEDULE 1A	1. Committee I.D. Number	140113	
	2. Committee Name Sup	porters for N	like Jones
Enter contributor's name and address. If contribution is from an Individual, en middle initial. Check box to indicate if contribution is from a Political Committee Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution,#1 PAC Receipt? YES 4. Date of Receipt Name & Address: Mark Covington 8902 Vinton	09/20/2021	<u> </u>	
Detroit, MI 48213		<u>\$50.00</u>	\$
5. If over \$100.00 cumulative, please provide:		· Click Here fo	r Memo Itemization 🕅
Occupation Employer			
Business Address	· · ·		1 7 7
Type of Contribution:	Fund Ralser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address	09/20/2021		
Wesley Fortson 1606 Woodburne Westland, MI 48186		<u>\$25.00</u>	\$
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization
Occupation Employer			
Business Address			
Type of Contribution:	Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address:	08/01/2021		Anderson and a second
Michael Jones Jr.		.20.00	
23740 Lexington Ave. Eastpointe, MI 48021		\$	\$
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization
Occupation Employer			
Business Address	a de la della d		
Type of Contribution: Direct Loan from a person	Fund Raiser		an a
3. Contribution #4 PAC Receipt? YES 4. Date of Receip Name & Address	t 10/09/2021		
Tasha Smith 10011 Powda hause dr.		<u>20.00</u>	
Sam Antonio, TX 78239		<u><u> </u></u>	Þ
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization
Occupation Employer		ł	
Business Address			
Type of Contribution: 🗹 Direct Loan from a person	Fund Raiser		
•	Page Subtotal	·	_
	d Total of All Schedules 1A e on last page of Schedule)		
Page 3 of 8		Enter this total on line 3a of Summary Page.	

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•		•	-
MICHIGAN DEPARTMENT OF STATE		-	
ITEMIZED CONTRIBUTIONS		140113	
	L Committee I.D. Number _	porters for N	lika lonos
			······································
Enter contributor's name and address. If contribution is from an individual, enter middle initial. Check box to indicate if contribution is from a Political Committee 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? YES 4. Date of Receipt Name & Address:	09/13/2021		i na finanta ana ang ang ang ang ang ang ang ang an
Charlessanderson 7488 Asbury Drive			
7488 Asbury Drive		_s 25.00	•
Lithonia, GA 30058		§	\$
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization
Occupation Employer			
Business Address Loan from a person F	und Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt			
Name & Address			
		\$	\$
E If the \$100.00 sumpleting plages provide		Click Upra for	Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation Employer			
Business Address	Para Palaas		
	Fund Raiser		,
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address:			
		\$	\$
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization
Occupation Employer			
Type of Contribution: Direct Losn from a person	Fund Ralser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address		, en	titi till an döra till efter oceanistic oceanistic oceanistic oceanistic oceanistic oceanistic oceanistic ocean
		\$	\$
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization
Occupation Employer.		Anar 1010 301	
Business Address			
kanant kast	Fund Raiser		
land and a second s	Page Subtotal	i Aubite des la des internets des la des internets d'Aubite des la des internets d'Aubite des des internets des	
Grand	Total of All Schedules 1A	· · · · · · · · · · · · · · · · · · ·	-
(Complete	on last page of Schedule)	Enter this total on	J
Page 4 of 8		line 3a of Summary Page.	
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MICHIGAN DEPARTMENT OF BUREAU OF ELECTIONS	ST
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ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

CANDIDATE COMMITTEE

4	140115)
1. Committee I.D. Number	140113	<u>)</u>

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VANDIDATE		2. Committee Name Supporter	s for Mike Jones
3. Name & Address From Whom Racelvad		5. Type of Receipt	6, Amount
Receipt #1 Name & Address: Michael Jones Jr.	Date of Receipt <u>08/01/2021</u>	Loan from a Lending Insti	\$ 1663.87
23740 Lexington Ave Eastpointe, MI 48021		Refund \Rebate	Click for Memo Itemization Type
	Fund Ralser	Other (Specify) loan	
Receipt #2 Name & Address:	Date of Receipt	Loan from a Lending Inst	itution
		Interest	\$
		. Refund \Rebate	Click for Memo Itemization Type
	Fund Ralser	Other (Specify)	
Receipt #3 Name & Address:	Date of Receipt	Loan from a Lending Insti	iution
		Interest	\$
		Refund \Rebate	Click for Memo Itemization Type
	Fund Ralser	Other (Specify)	· · · · · · · · · · · · · · · · · · ·
Receipt #4 Name & Address:	Date of Receipt		
		Interest	\$
		Refund \Rebate	
	Fund Ralser	Other (Specify)	**************************************
Receipt #5 Name & Address:	Date of Receipt	- Loan from a Lending Instit	ution \$
		Interest Refund Rebate	* <u></u>
	functions	Other (Specify)	y
Receipt #6 D	Fund Raiser		·····
Name & Address;	• •	Loan from a Lending inst	\$
¢		Interest	Click for Memo Itemization Type
•		Other (Specify)	
Receipt #7 D	L Fund Raiser		
Name & Address:	₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩	- Loan from a Lending Inst	ltution \$
		Interest	Click for Memo Itemization Type
•		Refund \Rebate	
	Fund Raiser		Page Subtotal
,	,	Grand Total of All & (Complete on last pa	Schedules 1A -1
Page 5 of 8		•••••••••••••••••	Enter this total on line 4 of Summary Page
Page			

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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1. Committee I. D. Number 140113 n

CANDIDATE COMMITTEE 2.	Committee Name Supporters for M	ike Jones	
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	8. Amount
Expenditure #1			
Name U.S. Postal Service	·	08/01/2021	\$ 59.00
Address	Purpose: P.O. Box	Date	
22430 Gratiot Eastpointe, MI 48021	Ci	ick Here for Memo I	temization Type
	Check box if this expenditure is paymen debt or obligation reported on previous	tof	
Fund Raiser	statement		
Expenditure #2 Name Universal Wholesale		08/10/2021	
	Tebleto	Date	\$ <u>274.50</u>
	Purpose: T-Shirts		
16400 W. 8 Mile Rd. Southfield, MI 48075	CI	ck Here for Merno I	temization Type
	Check box if this expenditure is paymen	t of	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
^{Name} ScreenTek		08/10/2021	\$95.63
Address	Purpose: silk screen	Date	
12934 E. 10 Mile Rd. Warren, MI 48089	CI	ck Here for Memo I	emization Type 🐺
	Check box if this expenditure is paymen	tof	أسببها
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name All Pro Color Design & Printing		08/11/2021	\$ 171.93
Address	Purpose: Flyers	Date	♦ <u>171,90</u>
20750 Chesley Dr.		<u>.</u> . <i></i>	
Farmington, MI 48336	Click Here for Memo Itemization Ty		emization Type
Fund Ralser	Check box if this expenditure is paymen debt or obligation reported on previous	tor	
Expenditure #5	statement	<u> </u>	
Name All Pro Color Design & Printing			
Address	Pumore Flyers	09/13/2021 Date	\$171.93
20750 Chesley Dr.			(451
Farmington, MI 48336	Clineck box if this expenditure is paymen		temization Type
Fund.Reiser	debt or obligation réported on previous statement	,	
······································	8	ublotal this page	·····
	Grand Total of	all Schedules 1B	••••••••••••••••••••••••••••••••••••••
	(Complete on last	page of Schedule)	
· · · · · · · · · · · · · · · · · · ·			Enter this lotal on line 8a of Summary Page

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Page 6 of 8

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

140113 1. Committee I. D. Number

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		4,	
Name U.S. Postal Service		09/27/2021	\$ 58.00
Address	Purpose: stamps	Date	
22430 Gratiot		ere for Memo I	lemization Type
Eastpointe, MI 48021	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expendituro #2			
Name Office Depot		09/24/2021	* 33 66
	Purpose: Labels/envelopes	Date	\$ <u>32.88</u>
Address 19001 E. Nine Mile rd.			
Eastpointe, Mi 48021	Cilek H	ere for Memo I	ternization Type
	Check box if this expenditure is payment of		
Fund Ralser	debt or obligation reported on previous statement		······································
Expanditure #3			
^{Name} Monique Owens		10/10/2021	\$700.00
Addrass	Purpose: Advertisement	Date	*
22480 Petersburg		are for Memo i	temization Type
Eastpointe, MI 48021	Check box if this expenditure is payment of		ermenant type 2
Fund Raiser	debt or obligation reported on previous		
Expenditure #4	statement		
Name		10/13/2021	
	-	Date	\$
Addross	Purpose:		
	Click He	ere for Memo I	emization Type
	Check box if this expenditure is payment of		
Fund Reiser	debt or obligation reported on previous statement		
Expenditure #5		*******	
Name			
Address	Purpose:	Date	\$
		non das Alaman li	temization Type
	Check box if this expenditure is payment of		onization) ypa
Fund Ralser.	debt or obligation reported on previous statement		
		el this page	
	Grand Total of all S	· -	
	(Complete on last page		
			Enter this total on line 8a of
Page of			Summary Page
Page of			•

MICHIGAN DEPARTMENT OF STATE. BUREAU OF ELECTIONS				e.
	ommittee I.D. Number1401 ·	13		
SCHEDULE 1E	ommittee Name Supporter	s for Mike Jone	s	
CANDIDATE COMMITTEE				······································
This Schedule itemizes:				•••
a Check and obligations owed by or forgiven the come (Check	mittee OR b. Debt ck either a or b. Use only for the pu	s and obligations owed <u>to</u> o rpose checked.)	r torgiven <u>by</u> the con	Imittee.
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	4. Type of Obligation (Description) 5. Indicate date debt was	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period
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.	Incurred 6, Indicate original amount of debt	-		(Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: Loan	\$		
Michael Jones Jr.	5. Date Debt Was Incurred:	<u> </u>		
23740 Lexington Ave. Eastpointe, MI 48021	08/01/2021	\$	500.00	1,163.87
	6. Original Amount of Debt	\$	\$ 500.00	•
	\$_ <u>1,663.87</u>	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		¥	ount Endorsed: \$	
Debt #2 Corp? Yes	4. Type:	\$		
Owed to or by:	5. Date Debt Was Incurred:			
	6. Original Amount of Debt:		_{\$}	\$
	\$	\$		FORGIVEN
		<u> </u>	معرو و سدد	
If bank loan, name of endorser or guarantor.		A(nount Endorsed: \$	
Owed to or by:	4, Type:	\$		
	5. Date Debt Was Incurred:	\$		
	6. Original Amount of Debt:	\$	e	s .
	s.	\$	- Ψ	FORGIVEN
	Ψ	<u> </u>		
If bank loan, name of endorser or guarantor.		A	mount Endorsed: \$_	
		Page Subtota	I (Outstanding debt)	\$1,163.87
			\$1,163.87	
Ente on li by" A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of "owe			Enter this total on line 12a *owed by"* or line 12b "owed to" of the Summary Page	

Page_8_of_8__



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 where 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.

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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 the treasurer (or designated record keeper) and c	l signed by andidate.	3. This Statement covers From	¹¹ 11/23/2021	to 01/28/2022	2
1. Committee I.D. Number		4. Candidate Last Name	Firs	t Name	M.I.
140113		Jones Jr	Michae	1	L
2. Committee Name		4a. Office Sought Including Dis Eastpointe City Coun		y Served (If applicable) (~
Supportes for Mike Jor	nes	4b. County of Residence MA	СОМВ	•	
5. Committee's Mailing Address P.O. Box 665 Eastpointe, MI 48021		6. Treasurer's Name & Reside Michael Jones Jr 23740 Lexington Ave Eastpointe, MI 4802	э.		
Area Code and Phone (313) 657-0857 If the address in this box is different from the comm mailing address on the Statement of Organization, i be sent to this address by the filing official.		Area Code & Phone (313) 6	57-0857		
7. Treasurer's Business Address Michael Jones Jr 23740 Lexington Ave. Eastpointe, MI 48021		8. Designated Record Keeper Designated Record Keeper) Michael Jones Jr 23740 Lexington Avu	е.	ss (If the committee ha	is a
Area Code and Phone (313) 657-0857		Eastpointe, MI 4802	1 3) 657-0857		
				of Candidate Commit	tee
9. TYPE OF STATEMENT 9a. Pre-Election OR 9b. Post-Election	Required ONLY if candidate is not on the ballot for the current year:		By checking the committee t	his item I/We certify ar o the candidate or his forgiven, and no long	ny outstanding debt or her spouse is here
Pre-Election or Post-Election Statement relates to:	July Quar	erly	the committee. Th	or has any oustanding	ustanding assets.
General	October C	luarterly	Further, if the disso considered a reque	plution cannot be grant ast for the Reporting W	led, that this be /aiver.
Special	9c. 🗌 Annua	al Statement () Coverage Year	Effective	e date of dissolution	
	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)		Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.		
Date of Election, Convention or Caucus					
10. Verification: I/We certify that all reasonable diligimy/our knowledge and belief the contents are true.	ence was used accurate and co	in the preparation of this statem omplete.	ent and attached sc	hedules (if any) and to	the best of
Current Treasurer or Designated Record keeper	es Jr	mand	KJ_	01-28	3-2022
Type or Print Name		Signature	· · · · · · · · · · · · · · · · · · ·		
Candidate Michael Jones Jr		, maller,	×1	Date01-23	8-2022
Type or Print Name	•	Signature	5		

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

1. Committee	1.D.	Number	14011	3

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Supporters for Mike Jones

RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) S NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) S	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) S	(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.) § \$185.00	
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. Uniternized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.) \$	
(Add Line 10a + Line 10b)	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations		(24.) 3
a. Owed by the Committee (Schedule 1E)	(12a.) s <u>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ \$185.00	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ \$0.00	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = s_\$185.00	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ \$185.00	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$0.00	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS	140113		
ITEMIZED EXPENDITURES SCHEDULE 1B	1. Committee I. D. Number		
	Committee Name Cupperson 4. Purpose (Required Information) 5. Date 6. Amount		
3. Name and address of person or vendor to whom paid	01/27/2022 s 185.00		
Expenditure #1			
Name Stafford House Inc.	Purpose: donation Click Here for Memo Itemization Type		
Address 531 Belmont Detroit, MI 48202	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Fund Raiser	s		
Expenditure #2	Date		
Name	Purpose:		
Address	Purpose: Click Here for Memo Itemization Type		
	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Fund Raiser	statement		
Expenditure #3	\$		
Name	Date		
	Purpose:Click Here for Memo Itemization Type		
Address	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4	S		
Name	Date		
	Purpose:Click Here for Memo Itemization Type		
Address			
	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Fund Raiser			
Expenditure #5	\$		
Name			
Address	Click Here for Memo Remization 1900		
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement Subtolal this page \$185.00		
	Grand Total of all Schedules 1B \$185.0 (Complete on last page of Schedule)		
	(Complete of hast page and Enter this tota on line 8a of Summary Page		

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Page _____ of _____

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. <u>If you elect to file a</u> <u>rebuttal statement, you are required to do so within 10 business days of the date of this letter</u>. The rebuttal statement may be emailed to <u>BOERegulatory@Michigan.gov</u> 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. <u>Consequently, I ask that the Bureau deny the respondent's request for dismissal of the complaint.</u>

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. <u>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.</u>

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,

MREnt

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 <u>pre-election campaign report filed</u> 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.

Michael Jones Page 2

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,

An Arneam

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

c: Matthew Schonert