

# Michigan Campaign Finance Complaint

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MICHIGAN  
DEC 15 PM 3:50  
ELECTIONS/GREAT SEAL

## Section 1. Complainant

**Name:** Matthew Ross Schonert

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

**Mailing Address:** 22050 BOULDER AVE, EASTPOINTE, MI 48021

## Section 2. Alleged Violator

**Name:** Kip C. Walby

**Mailing Address:** 21611 EDGEWOOD, ST CLAIR SHORES, MI 48080

**Email:** kip.walby@gmail.com

## Section 3. Allegations

### Sections of MCFA alleged to be violated:

- MCL 169.226(1)(j)

### Explain how those sections were violated:

#### Background

1. Kip C. Walby organized a candidate committee called CTE KIP C WALBY, which is registered with the Macomb County Clerk.<sup>1</sup>
2. Walby is named as the respondent in this complaint because the candidate committee is under the control and direction of the candidate.<sup>2</sup>
3. Walby's committee does not have a reporting waiver.

#### Details of allegation

4. An August 24, 2022, miscellaneous filing by SUPPORTERS FOR MONIQUE OWENS, a separate candidate committee also registered with the Macomb County Clerk, reported receiving a fundraiser-related \$100 direct contribution dated August 15, 2021, from

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<sup>1</sup> <https://macomb.mi.campaignfinance.us/iCommitteePortal.php?iCommitteeID=3669>

<sup>2</sup> MCL 169.203(2)

“Committee to Elect Kip C. Walby” with an address of 20712 Alger, St. Clair Shores, MI 48080.<sup>3</sup>

5. An expenditure from CTE KIP C WALBY occurring on August 15, 2021, would fall within the reporting period for the committee’s 2021 October Quarterly campaign statement.
6. However, the pre-primary campaign statement filed by CTE KIP C WALBY, which covers from July 21, 2021, to October 20, 2021, did not report an expenditure paid to SUPPORTERS FOR MONIQUE OWENS. In fact, the summary page reported the committee’s total expenditures for that period as \$0.
7. If CTE KIP C WALBY contributed to SUPPORTERS FOR MONIQUE OWENS as described above, then CTE KIP C WALBY likely violated MCL 169.226(1)(j) by not reporting the expenditure.

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

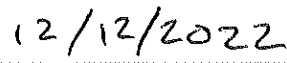
**SUPPORTERS FOR MONIQUE OWENS miscellaneous filing dated August 24, 2022:**  
<https://campaignfinance.us/docs.macomb.mi/471775997.pdf>  
(relevant page is attached at end of complaint)

**CTE KIP C WALBY 2021 October Quarterly CS:**  
<https://campaignfinance.us/docs.macomb.mi/470888480.PDF>  
(statement in its entirety is attached at end of complaint)

## **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   
\_\_\_\_\_  
Signature of Complainant

  
\_\_\_\_\_  
Date

<sup>3</sup> <https://campaignfinance.us/docs.macomb.mi/471775997.pdf>

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

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

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

NOT APPLICABLE.

X

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

## Section 6. Submission

This complaint is hereby submitted to:

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



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE  
COVER PAGE

FOR OFFICIAL USE ONLY

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

1. Committee I.D. Number <b>139792</b>		3. This Statement covers From: <b>7/21/21</b> to <b>10/20/21</b>	
2. Committee Name <b>Supporters for Monique Owens</b>		4. Candidate Last Name <b>Owens</b> First Name <b>Monique</b> M.I. 4a. Office Sought Including District # or Community Served (If applicable) <b>Mayor</b> 4b. County of Residence <b>Macomb</b>	
5. Committee's Mailing Address <b>P.O. Box 97 Eastpointe, MI 48021</b>  Area Code and Phone _____ If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		6. Treasurer's Name & Residential Address <b>Same as above</b>  Area Code & Phone _____	
7. Treasurer's Business Address <b>Same as above</b>  Area Code and Phone _____		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)  Area Code and Phone _____	
<b>9. TYPE OF STATEMENT</b> 9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus  Date of Election, Convention or Caucus _____		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input checked="" type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year 9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)  <b>9e. Dissolution of Candidate Committee</b> <input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.  Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.  Effective date of dissolution _____  Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record keeper <b>Monique Owens</b> Type or Print Name		<b>[Signature]</b> Signature	
Candidate <b>Monique Owens</b> Type or Print Name		<b>[Signature]</b> Signature	
		Date <b>8/19/22</b>	
		Date <b>8/19/22</b>	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number

139792

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name

Supporters for Monique Owens

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	5,030.00	(18.) \$
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	NOT APPLICABLE	(19.) \$
c. Subtotal of "Contributions"	(3c.) \$		(20.) \$
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>			
(4.) \$			(19.) \$
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	5,030.00	(20.) \$
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	5,574.97	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$		(22.) \$
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
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.) \$		
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$	5,574.97	(23.) \$
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$		
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$		
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$		(24.) \$
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	5,574.97	
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	0	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	5,030.00	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	5,030.00	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	5,574.97	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	544.97	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number

139792

2. Committee Name

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

8/15/2021

Name & Address:

Committee to Elect Kp C. Walby  
20712 Alger  
St. Clair Shores, MI 48080

\$ 00

\$

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

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt

8/15/2021

Name & Address:

Walter Martin  
19040 Elsmere Ave  
Eastpointe, MI 48021

\$ 75

\$

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

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt

8/15/2021

Name & Address:

Brandee Cooke-Brown  
540 S. Saginaw St.  
Flint, MI 48502

\$ 75

\$

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

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt

8/15/2021

Name & Address:

James Yang  
26400 Berg Rd  
Southfield, MI 48033

\$ 75

\$

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

Page Subtotal

325

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

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

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

3. This Statement covers From: 7-21-2021 to 10-20-2021

1. Committee I.D. Number  
00 13 66 1850

2. Committee Name  
CMTE Kip C. Walby

4. Candidate Last Name WALBY First Name Kip M.I. C

4a. Office Sought including District # or Community Served (if applicable)

4b. County of Residence MACOMB

5. Committee's Mailing Address  
21611 Edgewood  
S.C.S. MI. 48080

6. Treasurer's Name & Residential Address  
Michele L. Walby  
21611 Edgewood  
S.C.S.

Area Code and Phone \_\_\_\_\_  
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

Area Code & Phone \_\_\_\_\_

7. Treasurer's Business Address  
SAME AS Box 6

8. Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper)  
SAME AS Box 6

Area Code and Phone \_\_\_\_\_

Area Code and Phone \_\_\_\_\_

**9. TYPE OF STATEMENT**

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary ☒ General  
☐ Convention ☐ School  
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

11/2/2021

9c. ☐ Annual Statement (\_\_\_\_\_ Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution \_\_\_\_\_

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in Items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper Michele Walby Michele Walby Date 10-22-2021  
Type or Print Name Signature

Candidate Kip Walby Kip Walby Date 10-22-21  
Type or Print Name Signature



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 00 13 66 1850

2. Committee Name CMT E Kip C. Walby.

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>0</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>0</u>	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>0</u>	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>0</u>	(20.) \$
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>0</u>	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>0</u>	(22.) \$
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 8)	(8a.) \$	<u>0</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>0</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>0</u>	(23.) \$
<b>INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)</b>			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>0</u>	(24.) \$
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>500<sup>00</sup></u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>0</u>	
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>7147 77</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>0</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>7147 77</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>0</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>7147 77</u>	





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE

1. Committee I.D. Number

00 13 66 1850

2. Committee Name

CMT E Kip C. Walby

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.

Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.

4. Type of Obligation (Description)

5. Indicate date debt was incurred

6. Indicate original amount of debt

7. Date and amount of each payment

8. Cumulative payment to date on debt

9. Outstanding Balance at close of this period (Item 6 minus Item 8)

Debt #1 Corp? ☐ Yes  
Owed to or by:

Kip C. Walby  
21611 Edgewood  
St. Clair Shores, MI  
48080

4. Type: LOAN

5. Date Debt Was Incurred:

11-1-09

6. Original Amount of Debt:

\$ 500

\$  
\$  
\$  
\$  
\$

\$ 0

\$ 500

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #2 Corp? ☐ Yes  
Owed to or by:

4. Type:

5. Date Debt Was Incurred:

6. Original Amount of Debt:

\$

\$  
\$  
\$  
\$  
\$

\$

\$

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #3 Corp? ☐ Yes  
Owed to or by:

4. Type:

5. Date Debt Was Incurred:

6. Original Amount of Debt:

\$

\$  
\$  
\$  
\$  
\$

\$

\$

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Page Subtotal (Outstanding debt)

500

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

Grand Total of all Schedules 1E

500

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

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



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

January 3, 2023

Kip C. Walby  
21611 Edgewood  
St. Clair Shores, MI 48080

Re: *Schonert v. Walby*  
Campaign Finance Complaint No. 2022 – 12 – 225 – 226

Dear Mr. Walby:

The Department of State (Department) has received a formal complaint filed against you Matthew Schonert that you violated the Michigan Campaign Finance Act (MCFA or Act). Specifically, the complaint alleges that you may have failed to report a contribution by your committee, "CTE Kip C. Walby," to Monique Owens' campaign for Eastpoint mayor. Such a contribution was reported by Ms. Owens on August 24, 2022, with a contribution date of August 15, 2021. The Department has reviewed your filings with the Macomb County Clerk since July 23, 2021, and no such contribution has been identified in your reports. 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). Further, if the individual's cumulative contributions are more than \$100.00, the candidate or committee must also report the individual's occupation, employer, and principal place of business. Id. For each person other than an individual, candidates and committees need not include the additional employment information but must provide all other contributor information previously listed. MCL 169.226(1)(g).

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 [BOERegulatory@michigan.gov](mailto:BOERegulatory@michigan.gov) or mailed to the Department of State, Bureau of Elections,

Richard H. Austin Building, 1<sup>st</sup> 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](mailto:BOERegulatory@michigan.gov).

Sincerely,

Regulatory Section  
Bureau of Elections  
Michigan Department of State

c: Matthew Schonert

**COMMITTEE TO ELECT KIP C. WALBY**  
**20712 ALGER**  
**ST. CLAIR SHORES, MI 48080**

FEB -7 PM 2: 26

FILED IN THE OFFICE OF THE

January 30, 2023

Michigan Bureau of Elections  
Richard H. Austin Building, First Floor  
431 W. Allegan  
Lansing, Michigan 48918

Re: Schonert v Walby  
Campaign Finance Complaint No. 2022-12-225-226  
Committee ID No. 00-1366-1850

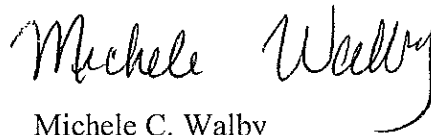
Dear Sir or Madam:

I send this correspondence in response to the above referenced Campaign Finance Complaint. My name is Michele Walby and I am the current treasurer and designated record keeper for the Committee to Elect Kip C. Walby, located at 20712 Alger, St. Clair Shores, Michigan 48080. I also was the treasurer and designated record keeper of said committee during the time the attached Campaign Finance Report was made and filed. The attached statement covers the period from July 21, 2021 to October 20, 2021. The report was filed on October 22, 2021 with the Macomb County Clerk. The report indicates that no expenditures were made from the committee during that period of time. The report inadvertently failed to disclose a \$100 expenditure made to "Supporters of Monique Owens" on or about August 18, 2021. I am not exactly sure why this expenditure did not get reported, however, it was inadvertent and not intentional.

I have completed an amended report and hereby submit same. The amended report shows the expenditure to "Supporters for Monique Owens" which was made on August 18, 2021. There were no other expenditures during the reporting period.

I respectfully request the Bureau of Elections to dismiss the complaint or pursue its normal procedure for informal resolution. I have been the record keeper for the Committee to Elect Kip C. Walby for more than 23 years and don't believe there have ever been any campaign finance reporting mistakes or violations. Your consideration of the above is appreciated.

Respectfully Submitted,

  
Michele C. Walby



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE  
COVER PAGE

FOR OFFICIAL USE ONLY

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

3. This Statement covers From: 7-21-2021 to 10-20-2021

1. Committee I.D. Number

00 13 66 1850

2. Committee Name

CMTE Kip C. Walby

4. Candidate Last Name

WALBY

First Name

Kip

M.I.

C

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

4b. County of Residence

MACOMB

5. Committee's Mailing Address

21611 Edgewood  
S.C.S. MI. 48080

Area Code and Phone \_\_\_\_\_

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

Michele L. Walby  
21611 Edgewood  
S.C.S.

Area Code & Phone \_\_\_\_\_

7. Treasurer's Business Address

SAME AS Box 6

Area Code and Phone \_\_\_\_\_

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

SAME AS Box 6

Area Code and Phone \_\_\_\_\_

9. TYPE OF STATEMENT

9a. ☒ Pre-Election

OR

9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary

☐ General

☐ Convention

☐ School

☐ Special

☐ Caucus

Date of Election, Convention or Caucus

11/2/2021

9c. ☐ Annual Statement (\_\_\_\_\_ Coverage Year)

9d. ☒ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in Items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or  
Designated Record keeper

Michele Walby

Type or Print Name

Michele L Walby

Signature

Date

1-30-23

Candidate

Kip C. Walby

Type or Print Name

Kip C Walby

Signature

Date

1-30-23



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 00 1366 1850

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name CMTE Kip C. Walby

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>0</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>0</u>	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>0</u>	(19.) \$
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	<u>0</u>	(20.) \$
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>0</u>	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>0</u>	(22.) \$
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>100</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>0</u>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>100</u>	(23.) \$
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>0</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$	<u>0</u>	(24.) \$
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>500</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>0</u>	
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>7147<sup>77</sup></u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>0</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>7147<sup>77</sup></u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>100</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>7047<sup>77</sup></u>	*



ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 00 13 66 1850  
2. Committee Name CMT E Kip C. Walby

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Supporters for Monique Owens</u> Address <u>P.O. Box 97</u> <u>Eastpointe, MI. 48021</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-18-21</u> Date Click Here for Memo Itemization Type	<u>\$ 100</u>
Expenditure #2 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date Click Here for Memo Itemization Type	\$ _____
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date Click Here for Memo Itemization Type	\$ _____
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date Click Here for Memo Itemization Type	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date Click Here for Memo Itemization Type	\$ _____

Subtotal this page	<u>100</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)	<u>100</u>

Enter this total on line 8a of Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS

SCHEDULE 1E

CANDIDATE COMMITTEE

1. Committee I.D. Number 00 13 66 1850

2. Committee Name CMT E KIP C. WALBY

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Kip C. Walby</u> <u>21611 Edgewood</u> <u>St. Clair Shores, MI</u> <u>48080</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>11-1-09</u> 6. Original Amount of Debt: <u>\$ 500</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>500</u> <input type="checkbox"/> FORGIVEN

If bank loan, name of endorser or guarantor: \_\_\_\_\_ Amount Endorsed: \$ \_\_\_\_\_

Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
--	---	----------------------------	----------	---

If bank loan, name of endorser or guarantor: \_\_\_\_\_ Amount Endorsed: \$ \_\_\_\_\_

Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
--	---	----------------------------	----------	---

If bank loan, name of endorser or guarantor: \_\_\_\_\_ Amount Endorsed: \$ \_\_\_\_\_

Page Subtotal (Outstanding debt) 500

Grand Total of all Schedules 1E 500  
(Complete on last page of Schedule showing amounts owed by or to the committee)

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

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





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FILED 2021 OCT 22 PM 3:40  
MACOMB COUNTY CLERK

CANDIDATE COMMITTEE  
COVER PAGE

FOR OFFICIAL USE ONLY

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

1. Committee I.D. Number <b>00 13 66 1850</b>		3. This Statement covers From: <b>7-21-2021</b> to <b>10-20-2021</b>	
2. Committee Name <b>CMTE Kip C. Walby</b>		4. Candidate Last Name <b>Walby</b> First Name <b>Kip</b> M.I. <b>C</b>	
5. Committee's Mailing Address <b>21611 Edgewood S.C.S. MI. 48080</b>		4a. Office Sought including District # or Community Served (if applicable)	
Area Code and Phone _____ <small>If the address in this box is different from the committee's mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>		4b. County of Residence <b>Macomb</b>	
7. Treasurer's Business Address <b>SAME AS Box 6</b>		6. Treasurer's Name & Residential Address <b>Michele L. Walby 21611 Edgewood S.C.S.</b>	
Area Code and Phone _____		Area Code & Phone _____	
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election  Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus  Date of Election, Convention or Caucus <b>11/2/2021</b>		9c. <input type="checkbox"/> Annual Statement (_____ Coverage Year) 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which statement is being amended) 9e. <input type="checkbox"/> Dissolution of Candidate Committee  Effective Date of Dissolution _____  By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
<small>A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in Items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.</small>			
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record Keeper <b>Michele Walby</b>		Signature <b>Michele Walby</b> Date <b>10-22-2021</b>	
Candidate <b>Kip Walby</b>		Signature <b>Kip Walby</b> Date <b>10-22-21</b>	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 00 13 66 1850

2. Committee Name CMTE Kip C. Walby.

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

	Column I This Period	Column II Cumulative this election cycle
<b>RECEIPTS</b>		
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0</u>	(15.) \$ _____
4. Other Receipts (Schedule 1A-1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>0</u>	(20.) \$ _____
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ _____
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>0</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>0</u>	(23.) \$ _____
<b>INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)</b>		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>500.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>7147.77</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>0</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>7147.77</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>0</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>7147.77</u>	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE

1. Committee I.D. Number 00 13 66 1850  
2. Committee Name CMT E KIP C. WALBY

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (item 6 minus item 8)
---	--	------------------------------------	---------------------------------------	--

Debt #1 Owed to or by: <u>Kip C. Walby</u> <u>21611 Edgewood</u> <u>St. Clair Shores, MI</u> <u>48080</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>11-1-09</u> 6. Original Amount of Debt: <u>\$ 500</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>500</u> <input type="checkbox"/> FORGIVEN
---	--	----------------------------	-------------	--

If bank loan, name of endorser or guarantor: \_\_\_\_\_ Amount Endorsed: \$ \_\_\_\_\_

Debt #2 Owed to or by: _____ Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
---	---	----------------------------	----------	---

If bank loan, name of endorser or guarantor: \_\_\_\_\_ Amount Endorsed: \$ \_\_\_\_\_

Debt #3 Owed to or by: _____ Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
---	---	----------------------------	----------	---

If bank loan, name of endorser or guarantor: \_\_\_\_\_ Amount Endorsed: \$ \_\_\_\_\_

Page Subtotal (Outstanding debt) 500  
Grand Total of all Schedules 1E 500  
(Complete on last page of Schedule showing amounts owed by or to the committee)

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

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



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

February 8, 2023

Matthew Ross Schonert  
22050 Boulder Ave  
Eastpointe, MI 48021

*Via email*

Re: *Schonert v. Walby*  
Campaign Finance Complaint No. 2022-12-225-226

Dear Mr. Schonert:

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

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

Sincerely,

Regulatory Section  
Bureau of Elections  
Michigan Department of State

c: Kip C. Walby

## MDOS-BOERegulatory

---

**From:** Matt Schonert <mrschonert@gmail.com>  
**Sent:** Wednesday, February 8, 2023 12:06 PM  
**To:** MDOS-BOERegulatory  
**Subject:** Re: Schonert v. Walby campaign finance complaint

**CAUTION: This is an External email. Please send suspicious emails to [abuse@michigan.gov](mailto:abuse@michigan.gov)**

To Whom It May Concern:

I hereby submit my rebuttal in *Schonert v. Walby* (Campaign Finance Complaint No. 2022-12-225-226).

To date, the Macomb County Clerk's campaign finance website shows no record of having received an amended October 2021 Campaign Statement for CTE KIP C WALBY.

<https://macomb.mi.campaignfinance.us/iDocuments.php?iCommitteeID=3669>

I respectfully ask that the Bureau of Elections deny the respondent's request to dismiss the complaint for the following reasons:

1. The committee's answer admits that the expenditure was not disclosed, which supports the conclusion that a violation occurred.
2. The committee has apparently not yet filed a corrected statement with the filing official (the county clerk).

Sincerely,  
Matthew R. Schonert

On Wed, Feb 8, 2023 at 10:56 AM MDOS-BOERegulatory <[MDOS-BOERegulatory@michigan.gov](mailto:MDOS-BOERegulatory@michigan.gov)> wrote:

Please see the attached.

### Regulatory Section

[Bureau of Elections](#)

Michigan Department of State

**Main:** 517-335-3234

[BOERegulatory@Michigan.gov](mailto:BOERegulatory@Michigan.gov)



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

March 23, 2023

Kip C. Walby  
21611 Edgewood St  
St Clair Shores, MI 48080

Re: *Schonert v. Walby*  
Campaign Finance Complaint No. 2022 – 12 – 225 – 226

Dear Mr. Walby:

The Department of State (Department) has finished investigating the campaign finance complaint filed against you by Matthew Schonert alleging that you violated the Michigan Campaign Finance Act (MCFA or Act). This letter concerns the disposition of that complaint.

The complaint alleged that you failed to report a contribution by your committee, "CTE Kip C. Walby," to Monique Owens' campaign for Eastpoint mayor. Such a contribution was reported by Ms. Owens on August 24, 2022, with a contribution date of August 15, 2021, but was not included in the "CTE Kip C. Walby" October 2021 Quarterly Campaign Statement.

Michele Walby, treasurer for your committee, responded to the complaint with a letter received by the Department on February 7, 2023. In that response, Ms. Walby stated that the \$100 expenditure was inadvertent and unintentional. Ms. Walby included an amended October 2021 Quarterly Campaign Statement in the letter to our office that noted the expenditure.

Mr. Schonert provided a rebuttal to your response in an email dated February 8, 2023. In that statement, he noted that as of February 8, 2023, the Macomb County Clerk's campaign finance website had not received an amended October 2021 Quarterly Campaign Statement for the "CTE Kip C. Walby" committee.

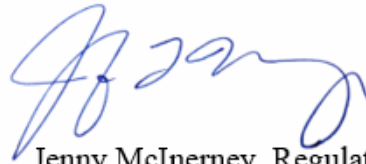
The MCFA requires a committee reporting expenditures for a candidate within only one county to file a statement with the clerk of that county. MCL 169.236(6). The campaign statement of a committee must itemize all expenditures made to other committees or candidates with the full name and street address of the candidate or committee, the amount disbursed, and the purpose of the expenditure. MCL 169.226(1)(j). A person who knowingly omits or underreports expenditures required to be disclosed by the Act is subject to a civil fine of not more than \$1,000 or the amount of the expenditures omitted or underreported, whichever is greater. MCL 169.233(11).

The Department has independently reviewed your filings with the Macomb County Clerk as of March 19, 2023, and it does not appear that an amended campaign statement for October 2021 has been submitted. While you have submitted the amended report to the Department, it must also be amended with your filing official in order to address the violation.

Upon review of the evidence submitted, the Department finds that sufficient evidence has been presented to support a finding of a potential violation of the MCFA. After reaching this conclusion, the Act requires the Department to “endeavor to correct the violation or prevent a further violation by using informal methods” if it finds that “there may be reason to believe that a violation ... has occurred [.]” MCL 169.215(10). The objective of an informal resolution is “to correct the violation or prevent a further violation.” *Id.*

Given the steps that you have taken to address the violation, once you send evidence that the report has been amended with the Macomb County Clerk to [BOERegulatory@Michigan.gov](mailto:BOERegulatory@Michigan.gov), the Department has determined that a formal warning is a sufficient resolution to the complaint and will consider this matter concluded. Please submit this evidence within one month of receipt of this letter.

Sincerely,



Jenny McInerney, Regulatory Attorney  
Bureau of Elections  
Michigan Department of State

c: Matthew Schonert  
Michele Walby

**From:** [Kip Walby](#)  
**To:** [Elections Clerk](#)  
**Cc:** [MDOS-BOERegulatory](#)  
**Subject:** Re: Campaign Finance Complaint No. 2022-12-225-226  
**Date:** Monday, April 3, 2023 9:27:01 AM

---

**CAUTION: This is an External email. Please send suspicious emails to [abuse@michigan.gov](mailto:abuse@michigan.gov)**

Thank you for the clarification.

I will update all the statements.

Thank you

Kip Walby

On Mon, Apr 3, 2023 at 9:21 AM Elections Clerk <[elections@macombgov.org](mailto:elections@macombgov.org)> wrote:

Mr. Walby,

An amended 2021 October Quarterly 4 page statement has been received. Based on this newly reported information, it appears your committee will also owe amendments to all statements from the 2021 Annual through the 2022 Annual.

Debra Williams

Macomb County Election Department  
32 Market St, Mount Clemens  
586-469-5209

On Mon, Apr 3, 2023 at 9:12 AM Kip Walby <[kip.walby@gmail.com](mailto:kip.walby@gmail.com)> wrote:

Attached is my amended report for the time period (7-21-2021 - 10-20-2021) as well as the most recent letter from the Secretary of State.

Thank you

Kip Walby





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

August 8, 2023

Kip Walby  
21611 Edgewood  
St. Clair Shores, MI 48021

Re: *Schonert v. Walby*  
Campaign Finance Complaint No. 2022-12-225-226

Dear Mr. Walby:

The Department of State (Department) has reviewed your amended 2021 October quarterly statement, as well as the other amended reports requested by the county, submitted in response to the Department's March 23, 2023 determination that there may be reason to believe that you violated the Michigan Campaign Finance Act (MCFA or Act), as well as the instructions from the Macomb County Election Department.

In your April 3, 2023 email exchanges, in which you cc'd the Department, you indicated to Macomb County that you had submitted your amended 2021 October quarterly statement. The county Election Department indicated that you needed to amend your 2021 annual statement, 2022 July quarterly statement, 2022 October quarterly statement, and 2022 annual statement as well. You did so on April 10, 2023.

Given this, the Department concludes that a formal warning is a sufficient resolution to the complaint and considers the matter concluded. Thank you for your prompt resolution of this matter.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jenny McInerney".

Jenny McInerney, Regulatory Attorney  
Bureau of Elections  
Michigan Department of State

c: Matthew Schonert