



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INDEPENDENT/POLITICAL
COMMITTEE COVER PAGE**

FILED
16 JUL 22 PM 1:38
CARMELLA SABAUGH
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

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

This Statement covers From: 10/21/15 To 7/20/16

1. Committee I.D. Number <u>139111</u>		4. Committee's Mailing Address <u>13883 Timberline</u> <u>Shelby Twp. MI 48315</u> Area Code and Phone <u>586-232-4550</u> 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.	
2. Committee Name <u>Macomb Families & Business Coalition</u>			
5. Treasurer's Name and Residential Address <u>Vincent Viviano</u> <u>6205 Saint Andrews Dr.</u> <u>Shelby Twp. MI 48315</u> Area Code and Phone <u>586-598-4754</u>			
6. Treasurer's Business Address <u>N/A</u> Area Code and Phone		7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) <u>N/A</u> Area Code and Phone	
8. TYPE OF STATEMENT: APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>STATE LEVEL</u> 8a. <u>QUARTERLY STATEMENTS</u> <input type="checkbox"/> January 31 <input type="checkbox"/> July 25 <input type="checkbox"/> April 25 <input type="checkbox"/> October 25 8b. <input type="checkbox"/> SPECIAL ELECTION INDEPENDENT EXPENDITURE REPORT		APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>COUNTY LEVEL</u> 8c. <input type="checkbox"/> ANNUAL STATEMENT (<u> </u> Coverage Year) Local Candidates Exempted 8d. <input type="checkbox"/> PRE-ELECTION OR 8e. <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"/> SCHOOL <input type="checkbox"/> SPECIAL <input type="checkbox"/> CAUCUS Date of Election, Convention or Caucus: <u> </u> <input checked="" type="checkbox"/> July 25 Quarterly <input type="checkbox"/> October 25 Quarterly	
		APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>STATE AND COUNTY LEVEL</u> 8f. <input type="checkbox"/> AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h to indicate which Statement is being amended) 8g. <input type="checkbox"/> DISSOLUTION OF COMMITTEE <u> </u> Effective Date of Dissolution By checking this item, I/We certify that the committee has no asset or outstanding debts, including late filing fees. Further, I 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 2B and the Summary Page.	
9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete. Current Treasurer or Designated Record Keeper <u>Vincent Viviano</u> Type or Print Name <u>Vincent Viviano</u> Signature Date <u>7-22-16</u>			



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139111

2. Committee Name Macomb Families + Business Coalition

SUMMARY PAGE
INDEPENDENT OR POLITICAL COMMITTEE

RECEIPTS	Column I This Period	Column II Cumulative for Calendar Year
3. Contributions		
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)	(3a.) \$ <u>30,600</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>30,600</u>	(18.) \$ <u>30,600</u>
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$ <u>Ø</u>	(19.) \$ <u>Ø</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)	(5.) \$ <u>30,600</u>	(20.) \$ <u>30,600</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized (Schedule 2-IK, Column 7)	(6a.) \$ <u>Ø</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ <u>Ø</u>	(21.) \$ <u>Ø</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct (Schedule 2B, Column 7)	(8a.) \$ <u>20,453.22</u>	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(8b.) \$ <u>Ø</u>	
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(8c.) \$ <u>Ø</u>	
d. Unitemized (less than \$50.01 each - no Schedule)	(8d.) \$ <u>65.95</u>	
e. Subtotal of Expenditures	(8e.) \$ <u>20,519.17</u>	(22.) \$ <u>20,519.17</u>
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$ <u>11,244.94</u>	(23.) \$ <u>11,244.94</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>31,764.11</u>	(24.) \$ <u>31,764.11</u>
IN-KIND EXPENDITURES		
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)	(11.) \$ <u>Ø</u>	(25.) \$ <u>Ø</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 2E)	(12a.) \$ <u>7850</u>	
b. Owed to the Committee (Schedule 2E)	(12b.) \$ <u>Ø</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>4,458.47</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) + <u>30,600</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>35,058.47</u>	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) - <u>31,764.11</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>3,294.36</u>	

*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 139111
2. Committee Name Malone Families & Business Coalition

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution #1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 7/17/16

Name & Address:

Beth Case
525 Sheldon Rd.
Grosse Pointe, MI 48236

\$ 2,200

\$ 2,200

5. If over \$100.00 cumulative, please provide:

Click Here for Memo Itemization Type

Occupation owner Employer BPI Info Systems

Business Address 23875 Northwestern Highway, Southfield, MI 48075

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 7/17/16

Name & Address:

Rick Stathakis
13883 Timberline Dr.
Shelby Twp. MI 48315

\$ 3,000

\$ 3,000

Click Here for Memo Itemization Type

5. If over \$100.00 cumulative, please provide:

Occupation Supervisor Employer Shelby Twp.

Business Address 52700 Van Dyke, Shelby Twp. MI 48316

Type of Contribution: ☒ Direct ☒ Loan from a person ☐ Fund Raiser

3. Contribution #3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 7/17/16

Name & Address:

Rick Stathakis
13883 Timberline Dr.
Shelby Twp. MI 48315

\$ 1,000

\$ 4,000

Click Here for Memo Itemization Type

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

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 7/1/16

Name & Address:

" "

\$ 400

\$ 4,400

Click Here for Memo Itemization Type

5. If over \$100.00 cumulative, please provide:

Occupation " Employer "

Business Address "

Type of Contribution: ☒ Direct ☒ Loan from a person ☐ Fund Raiser

Page Subtotal

6,600

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 139111
2. Committee Name Malcom Families & Business Coalition

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 6/30/16

Name & Address:

Shant Shirinian
23760 Ryan Rd.
Warren, MI 48091

\$ 2,500

\$ 2,500

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization Type](#)

Occupation owner Employer W-8 Collins

Business Address " "

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 5/31/16

Name & Address:

Mark Kassab
31550 Northwestern Hwy
Farmington, MI 48334

\$ 5,000

\$ 5,000

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation Agent Employer M Shapiro Real Estate Group

Business Address " "

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 5/24/16

Name & Address:

Rick Stathakis
13833 Timberline Dr.
Shelby Twp. MI 48315

\$ 600

\$ 5,000

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation Supervisor Employer Shelby Twp.

Business Address 52700 Van Dyke, Shelby Twp. MI 48316

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 5/10/16

Name & Address:

" "

\$ 350

\$ 5,350

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation " " Employer " "

Business Address " "

Type of Contribution: ☒ Direct ☒ Loan from a person ☐ Fund Raiser

Page Subtotal

8,450

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 139111
2. Committee Name Macomb Families & Business Coalition

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 4/11/16

Name & Address:

Rick Stathakis
13883 Timberline Dr.
Shelby Twp. MI 48315

\$ 200

\$ 5550

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization Type](#)

Occupation Supervisor

Employer Shelby Twp.

Business Address 52700 Van Dyke, Shelby Twp. MI 48316

Type of Contribution: ☒ Direct

☒ Loan from a person

☐ Fund Raiser

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 4/11/16

Name & Address:

" "

\$ 800

\$ 6,350

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation " "

Employer " "

Business Address " "

Type of Contribution: ☒ Direct

☒ Loan from a person

☐ Fund Raiser

3. Contribution # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 1/25/16

Name & Address:

" "

\$ 1500

\$ 7,850

[Click Here for Memo Itemization Type](#)

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

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 12/21/15

Name & Address:

James Hering
13861 Timberline Dr.
Shelby Twp. MI 48315

\$ 1,200

\$ 1,200

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation Retired

Employer " "

Business Address " "

Type of Contribution: ☒ Direct

☐ Loan from a person

☐ Fund Raiser

Page Subtotal

3,700

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 139111
2. Committee Name Maconb Families & Business Coalition

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)

3. Contribution # 1
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 10/23/15
Name & Address:

Gene D'Agostini
38700 Van Dyke
Steering Heights, MI 48312

\$ 4,200

\$ 4,200

5. If over \$100.00 cumulative, please provide:

Click Here for Memo Itemization Type

Occupation Owner Employer Admiral Homes

Business Address 38700 Van Dyke

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 2
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 10/23/15
Name & Address:

Ken Stopczynski
49548 Prankside Ct.
Maconb Twp. MI 48044

\$ 150

\$ 150

Click Here for Memo Itemization Type

5. If over \$100.00 cumulative, please provide:

Occupation CFO Employer Crown of Michigan

Business Address 2111 Walter Reuther, Warren, MI 48091

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 7/17/16
Name & Address:

Edmond Mamola
772 Kingston Ct.
Bloomfield Twp. MI 48304

\$ 2,500

\$ 2,500

Click Here for Memo Itemization Type

5. If over \$100.00 cumulative, please provide:

Occupation Owner Employer Royal Oak Recycling

Business Address 6200 Elmridge, Steering Heights, MI 48313

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4
Is this contribution from a PAC? ☒ YES 4. Date of Receipt 7/17/16
Name & Address:

Rizzo Environmental Services PAC
6200 Elmridge
Steering Heights, MI 48313

\$ 2,500

\$ 2,500

Click Here for Memo Itemization Type

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

9,350

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 139111

2. Committee Name Malcom's Families + business Coalition

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution #1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 7/17/16

Name & Address:

Derrick Hicks
18530 Mack Ave #585
Grosse Pointe, MI 48236

\$ 2,500

\$ 2,500

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization Type](#)

Occupation owner Employer ASAP Delivery

Business Address " " " "

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt _____

Name & Address:

\$ _____

\$ _____

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt _____

Name & Address:

\$ _____

\$ _____

[Click Here for Memo Itemization Type](#)

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

Is this contribution from a PAC? ☐ YES

4. Date of Receipt _____

Name & Address:

\$ _____

\$ _____

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

2,500

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

30,600

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number

139111

2. Committee Name

Families +
Macomb Business Coalition

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: Rick Stathakis 13883 Timberline Dr. Shelby Twp. MI 48315 4. Purpose: <u>Loan Repayment</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>7/13/16</u> Date	<u>\$ 300.00</u>	<u>\$ 300.00</u>
Click Here for Memo Itemization Type				
Expenditure #2 Name & Address: Brad Bates 231 Gonsendale Farmdale, MI 48320 4. Purpose: <u>Consulting</u> <input type="checkbox"/> Fund Raiser <u>no other vendor</u>	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>7/12/16</u> Date	<u>\$ 1000</u>	<u>\$ 1000</u>
Click Here for Memo Itemization Type				
Expenditure #3 Name & Address: Oasis Promotions 35360 Forton Ct Clinton Twp. MI 48035 4. Purpose: <u>Flogs</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>7/6/16</u> Date	<u>\$ 270.20</u>	<u>\$ 270.20</u>
Click Here for Memo Itemization Type				
Expenditure #4 Name & Address: John Johnson 49149 Bayshore Chesterfield, MI 48047 4. Purpose: <u>Consulting</u> <input type="checkbox"/> Fund Raiser <u>no other vendor</u>	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>7/1/16</u> Date	<u>\$ 2,500</u>	<u>\$ 2,500</u>
Click Here for Memo Itemization Type				

Subtotal this page

4,070.20

Grand Total of all Schedules 2B
(Complete on last page of Schedule)

Enter this total
on line 8a of the
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 139111

2. Committee Name Macon's Families & Business Coalition

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: <u>SANS LLC</u> <u>2642 Deper Dr.</u> <u>West Bloomfield, MI 48324</u> 4. Purpose: <u>Consulting</u> <input type="checkbox"/> Fund Raiser <u>no other vendor</u>	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>7/1/16</u> Date	<u>\$ 299</u>	<u>\$ 299</u>
Click Here for Memo Itemization Type				
Expenditure #2 Name & Address: <u>Macon's Special Olympics</u> <u>4084 John R</u> <u>Troy, MI 48065</u> 4. Purpose: <u>Donation</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>6/14/16</u> Date	<u>\$ 150</u>	<u>\$ 150</u>
Click Here for Memo Itemization Type				
Expenditure #3 Name & Address: <u>NWCF Blessing in Backpack</u> <u>1120 E. Long Lake Rd.</u> <u>Troy, MI 48065</u> 4. Purpose: <u>Donation</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>6/2/16</u> Date	<u>\$ 100</u>	<u>\$ 100</u>
Click Here for Memo Itemization Type				
Expenditure #4 Name & Address: <u>American Speedy Printing</u> <u>46723 Van Dyke Ave.</u> <u>Shelby Twp. MI 48317</u> 4. Purpose: <u>Letterhead</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>4/1/16</u> Date	<u>\$ 266</u>	<u>\$ 266</u>
Click Here for Memo Itemization Type				

Subtotal this page

815

Grand Total of all Schedules 2B
(Complete on last page of Schedule)

Enter this total
on line 8a of the
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 139111

2. Committee Name Macon's Families & Business Coalition

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: <u>SONS LLC</u> <u>2642 Depew Dr.</u> <u>W. Bloomfield, MI 48324</u> 4. Purpose: <u>Consulting</u> <input type="checkbox"/> Fund Raiser <u>no other vendor</u>	5. _____ Name of Candidate Office Sought & District # or Jurisdiction County <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>6/1/16</u> Date	<u>\$500</u>	<u>\$799</u>
Click Here for Memo Itemization Type				
Expenditure #2 Name & Address: <u>Shelby Twp.</u> <u>52700 VAN DYKE</u> <u>Shelby Twp. MI 48316</u> 4. Purpose: <u>Twp. Coffee / Lunches</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate Office Sought & District # or Jurisdiction County <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>5/31/16</u> Date	<u>\$1185.42</u>	<u>\$1185.42</u>
Click Here for Memo Itemization Type				
Expenditure #3 Name & Address: <u>Trinity Community Care</u> <u>47511 VAN DYKE</u> <u>Shelby Twp MI 48317</u> 4. Purpose: <u>Donation</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate Office Sought & District # or Jurisdiction County <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>5/21/16</u> Date	<u>\$500</u>	<u>\$500</u>
Click Here for Memo Itemization Type				
Expenditure #4 Name & Address: <u>The Popped Kernel</u> <u>48901 Hayes Rd.</u> <u>Shelby Twp. MI 48315</u> 4. Purpose: <u>Food</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate Office Sought & District # or Jurisdiction County <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>5/20/16</u> Date	<u>\$100</u>	<u>\$100</u>
Click Here for Memo Itemization Type				

Subtotal this page

2,285.42

Grand Total of all Schedules 2B
(Complete on last page of Schedule)

Enter this total
on line 8a of the
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 139111
2. Committee Name Macomb Families + Business Coalition

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: <u>Macomb Special Olympics</u> <u>4084 John R</u> <u>Troy, MI 48065</u> 4. Purpose: <u>Donation</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County	<u>5/9/16</u> Date	<u>\$150</u>	<u>\$300</u>
<input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement				
Click Here for Memo Itemization Type				
Expenditure #2 Name & Address: <u>Shelby TV</u> <u>52700 Van Dyke</u> <u>Shelby Twp. MI 48316</u> 4. Purpose: <u>5 prayer videos</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County	<u>4/19/16</u> Date	<u>\$125</u>	<u>\$125</u>
<input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement				
Click Here for Memo Itemization Type				
Expenditure #3 Name & Address: <u>Shelby Lions Club</u> <u>P.O. Box 182075</u> <u>Shelby Twp. MI 48318</u> 4. Purpose: <u>Donation</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County	<u>4/6/16</u> Date	<u>\$200</u>	<u>\$200</u>
<input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement				
Click Here for Memo Itemization Type				
Expenditure #4 Name & Address: <u>US Postmaster</u> <u>755 22 miles Rd.</u> <u>Shelby Twp. MI 48317</u> 4. Purpose: <u>Stamps</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County	<u>1/30/16</u> Date	<u>\$113.19</u>	<u>\$113.19</u>
<input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement				
Click Here for Memo Itemization Type				

Subtotal this page

588.19

Grand Total of all Schedules 2B
(Complete on last page of Schedule)

Enter this total
on line 8a of the
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 139111

2. Committee Name Macomb Families & Business Coalition

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: <u>Shelby Community Foundation</u> <u>52700 Van Dyke</u> <u>Shelby Twp. MI 48316</u> 4. Purpose: <u>Donation</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>1/6/16</u> Date	<u>\$ 100</u>	<u>\$ 100</u>
Expenditure #2 Name & Address: <u>Jingie Bell Run</u> <u>52700 Van Dyke</u> <u>Shelby Twp. MI 48316</u> 4. Purpose: <u>Donation</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>12/15/15</u> Date	<u>\$ 100</u>	<u>\$ 100</u>
Expenditure #3 Name & Address: <u>Hessell's Greenhouse</u> <u>14497 23 Mile Rd.</u> <u>Shelby Twp. MI 48315</u> 4. Purpose: <u>Plants</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>12/7/15</u> Date	<u>\$ 200</u>	<u>\$ 200</u>
Expenditure #4 Name & Address: <u>Lutheran's for Life</u> <u>1101 5th Street</u> <u>Nevada, IA 50201</u> 4. Purpose: <u>Donation</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>11/27/15</u> Date	<u>\$ 300</u>	<u>\$ 300</u>

Subtotal this page

700

Grand Total of all Schedules 2B
(Complete on last page of Schedule)

Enter this total
on line 8a of the
Summary Page

**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number 139111
2. Committee Name Macomb Families + Business Coalition

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: <u>Macomb County Chamber</u> <u>28 1st St, Ste B</u> <u>Mt. Clemens, MI 48043</u> 4. Purpose: <u>Donation</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>11/13/15</u> Date	<u>\$550</u>	<u>\$550</u>
Click Here for Memo Itemization Type				
Expenditure #2 Name & Address: <u>American Speedy</u> <u>46723 Van Dyle</u> <u>Shelby Twp. MI 48317</u> 4. Purpose: <u>Printing</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>10/27/15</u> Date	<u>\$289.41</u>	<u>\$555.41</u>
Click Here for Memo Itemization Type				
Expenditure #3 Name & Address: <u>C+G Newspaper</u> <u>13650 E 11 Miles Rd.</u> <u>Warren, MI 48089</u> 4. Purpose: <u>Ad for PAC</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>7/17/16</u> Date	<u>\$11,155</u>	<u>\$11,155</u>
Click Here for Memo Itemization Type				
Expenditure #4 Name & Address: 4. Purpose: _____ <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	Date	\$ _____	\$ _____
Click Here for Memo Itemization Type				

Subtotal this page 11,994.41

Grand Total of all Schedules 2B
(Complete on last page of Schedule) 20,453.22

Enter this total
on line 8a of the
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED INDEPENDENT EXPENDITURES
SCHEDULE 2B-1
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 139111
2. Committee Name Macomb Families & Business Coalition

Complete this form to report Independent Expenditures made for or against a candidate or a ballot issue. Do not use this schedule to report any direct expenditures to Candidate Committees or Ballot Question Committees, or the provision of in-kind goods or services to Candidate Committees or Ballot Question Committees.

3. Name and address of person or vendor paid	5. Candidate or Ballot Proposal Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: <u>Home Depot</u> <u>8760 26 Mile Rd.</u> <u>Shelby Twp MI 48316</u>	5. <u>Rick Stathakis</u> Name of Candidate <u>Township Supervisor, Shelby Twp.</u> Office Sought & District # or Jurisdiction Ballot Proposal <u>Macomb</u> County <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>6/13/16</u> Date	<u>\$1,694.94</u>	<u>\$1,694.94</u>
4. Purpose: <u>Metal Sign Stakes</u> Support: <input checked="" type="checkbox"/> Oppose <input type="checkbox"/>	Click Here for Memo Itemization Type			
Expenditure #2 Name & Address: <u>SAN'S LLC</u> <u>2642 Depue Dr.</u> <u>W. Bloomfield, MI 48324</u>	5. <u>" "</u> Name of Candidate <u>" "</u> Office Sought & District # or Jurisdiction Ballot Proposal <u>" "</u> County <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>4/4/16</u> Date	<u>\$700</u>	<u>\$1499</u>
4. Purpose: <u>Consulting no other</u> Support: <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> <u>vendor</u>	Click Here for Memo Itemization Type			
Expenditure #3 Name & Address: <u>" "</u>	5. <u>" "</u> Name of Candidate <u>" "</u> Office Sought & District # or Jurisdiction Ballot Proposal <u>" "</u> County <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>3/1/16</u> Date	<u>\$700</u>	<u>\$2199</u>
4. Purpose: <u>Consulting no other</u> Support: <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> <u>vendor</u>	Click Here for Memo Itemization Type			

Subtotal this page

3,094.94

Grand Total of all Schedules 2B-1
(Complete on last page of Schedule)

Enter this total
on line 9 of the
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED INDEPENDENT EXPENDITURES
SCHEDULE 2B-1
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 139111
2. Committee Name Macomb Families & Business Coalition

Complete this form to report Independent Expenditures made for or against a candidate or a ballot issue. Do not use this schedule to report any direct expenditures to Candidate Committees or Ballot Question Committees, or the provision of in-kind goods or services to Candidate Committees or Ballot Question Committees.

3. Name and address of person or vendor paid	5. Candidate or Ballot Proposal Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
<p>Expenditure #1</p> <p>Name & Address: SANS LLC 2642 Depew West Bloomfield, MI 48324</p>				
<p>5. <u>Rick Stafatakis</u> Name of Candidate <u>Township Supervisor, Shelby Twp.</u> Office Sought & District # or Jurisdiction</p>				
<p>6. <u>1/27/16</u> Date</p>				
<p>7. <u>\$4,350</u> Amount</p>				
<p>8. <u>\$3,549</u> Cumulative</p>				
<p>4. Purpose: <u>Consulting - no other vendor</u> Support: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement</p>				
<p>Expenditure #2</p> <p>Name & Address: ROI Business Solutions 31257 Wagner Warren, MI 48093</p>				
<p>5. <u>" "</u> Name of Candidate <u>" "</u> Office Sought & District # or Jurisdiction</p>				
<p>6. <u>1/13/16</u> Date</p>				
<p>7. <u>\$400</u> Amount</p>				
<p>8. <u>\$400</u> Cumulative</p>				
<p>4. Purpose: <u>Consulting - no other vendor</u> Support: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement</p>				
<p>Expenditure #3</p> <p>Name & Address: SANS LLC 2642 Depew W. Bloomfield, MI 48324</p>				
<p>5. <u>" "</u> Name of Candidate <u>" "</u> Office Sought & District # or Jurisdiction</p>				
<p>6. <u>12/27/15</u> Date</p>				
<p>7. <u>\$2,700</u> Amount</p>				
<p>8. <u>\$4,899</u> Cumulative</p>				
<p>4. Purpose: <u>Consulting - no other vendor</u> Support: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement</p>				

Subtotal this page

4,450

Grand Total of all Schedules 2B-1
(Complete on last page of Schedule)

Enter this total
on line 9 of the
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED INDEPENDENT EXPENDITURES
SCHEDULE 2B-1
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 139111
2. Committee Name Macomb Families & Business Coalition

Complete this form to report independent expenditures made for or against a candidate or a ballot issue. Do not use this schedule to report any direct expenditures to Candidate Committees or Ballot Question Committees, or the provision of in-kind goods or services to Candidate Committees or Ballot Question Committees.

3. Name and address of person or vendor paid	5. Candidate or Ballot Proposal Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: <u>Rot Business Solutions</u> <u>31257 Wagner</u> <u>Warren, MI 48093</u>	5. <u>Rick Stallekin</u> Name of Candidate <u>Township Supervisor 2, Shelby Twp.</u> Office Sought & District # or Jurisdiction Ballot Proposal <u>Macomb</u> County <input type="checkbox"/> Check box if expenditure is payment of Debt or <input type="checkbox"/> Obligation reported on previous statement	<u>11/18/15</u> Date	<u>\$1100</u> Amount	<u>\$1500</u> Cumulative
Expenditure #2 Name & Address: <u>Brad Bates</u> <u>231 Garden Dale</u> <u>Farmdale, MI 48220</u>	5. <u>" "</u> Name of Candidate <u>" "</u> Office Sought & District # or Jurisdiction Ballot Proposal <u>" "</u> County <input type="checkbox"/> Check box if expenditure is payment of Debt or <input type="checkbox"/> Obligation reported on previous statement	<u>12/15/15</u> Date	<u>\$2500</u> Amount	<u>\$3500</u> Cumulative
Expenditure #3 Name & Address: <u>Ron Robinson</u> <u>13842 Lakeside Circle</u> <u>Steering Heights, MI 48313</u>	5. <u>" "</u> Name of Candidate <u>" "</u> Office Sought & District # or Jurisdiction Ballot Proposal <u>" "</u> County <input type="checkbox"/> Check box if expenditure is payment of Debt or <input type="checkbox"/> Obligation reported on previous statement	<u>12/15/15</u> Date	<u>\$100</u> Amount	<u>\$100</u> Cumulative

Subtotal this page

3,700

Grand Total of all Schedules 2B-1
(Complete on last page of Schedule)

11,244.84

Enter this total
on line 9 of the
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS
SCHEDULE 2E
POLITICAL OR INDEPENDENT COMMITTEE**

1. Committee I.D. Number 139111
2. Committee Name Macon's Families and Business Coalition

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 Owed to or by: <u>Rick Statlakis</u> <u>13883 Timberview</u> <u>Shelby Twp. MI 48315</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>7/17/16</u> 6. Original Amount of Debt: <u>\$ 3000</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>3000</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: <u>" "</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>7/17/16</u> 6. Original Amount of Debt: <u>\$ 1,000</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>1000</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: <u>" "</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>7/1/16</u> 6. Original Amount of Debt: <u>\$ 400</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>400</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) 4,400

Grand Total of all Schedules 2E
(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

**DEBTS AND OBLIGATIONS
SCHEDULE 2E
POLITICAL OR INDEPENDENT COMMITTEE**

1. Committee I.D. Number 139111
2. Committee Name Malcom's Families & Business Coalition

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. <small>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.</small>	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>Ricki Stathakis</u> <u>13983 Timberline</u> <u>Shelly Tap. MI 48315</u>	4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>5/24/16</u> 6. Original Amount of Debt: <u>\$ 600</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	<u>\$ 600</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: <u>ll</u> <u>ll</u>	4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>5/10/16</u> 6. Original Amount of Debt: <u>\$ 350</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	<u>\$ 350</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>ll</u> <u>ll</u>	4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>4/10/16</u> 6. Original Amount of Debt: <u>\$ 200</u>	\$ \$ \$ \$ \$	\$ <u>15</u>	<u>\$ 200</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) 1150

Grand Total of all Schedules 2E
(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

**DEBTS AND OBLIGATIONS
SCHEDULE 2E
POLITICAL OR INDEPENDENT COMMITTEE**

1. Committee I.D. Number 139111

2. Committee Name Macomb Families + Business Coalition

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 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes <u>Rick Statibakis</u> <u>13883 Timberline</u> <u>Shelby Twp. MI 48315</u>	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>4/1/16</u> 6. <u>Original Amount of Debt</u> <u>\$ 800</u>	\$ \$ \$ \$ \$	\$ <u>4</u>	<u>\$ 800</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes <u>11 11</u>	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>1/25/16</u> 6. <u>Original Amount of Debt</u> <u>\$ 1500</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	<u>\$ 1500</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) 2300

Grand Total of all Schedules 2E
(Complete on last page of Schedule showing amounts owed by or to the committee.) 7850

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.