



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

16 OCT 26 AM 8:27

INDEPENDENT/POLITICAL
COMMITTEE COVER PAGE

CAMPBELL S. SADAUGH
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

3. This Statement covers From: 8-23-16 To 10-23-16

1. Committee I.D. Number

138970

4. Committee's Mailing Address

39223 CANTERBURY DR.
HARRISON TWP., MI. 48045

2. Committee Name

MACOMB TOWNSHIP
LEADERSHIP PAC

Area Code and Phone (586) 992-0710

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.

5. Treasurer's Name and Residential Address

CHARLES S. PIERCE
39223 CANTERBURY DR.
HARRISON TWP., MI. 48045

(586) 992-0710 EXT. 3

Area Code and Phone

6. Treasurer's Business Address

5411 BROUGHTON RD.
MACOMB, MI. 48042
(586) 992-0710 EXT 3

Area Code and Phone

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

EDWARD A. CAREY, JR.
51404 ROYAL LINKS CT.
MACOMB, MI. 48042

(586) 992-0710

Area Code and Phone

8. TYPE OF STATEMENT:

APPLICABLE TO INDEPENDENT AND POLITICAL
COMMITTEES REGISTERED ON STATE LEVEL

8a. TRIENNIAL STATEMENTS

Even Year

Odd Year

☐ April 25

☐ January 31

☐ July 25

☐ July 25

☐ October 25

☐ October 25

8b. QUARTERLY STATEMENTS

CAUCUS COMMITTEES (ONLY)

☐ January 31

☐ April 25

☐ July 25

☐ October 25

8c. ☐ SPECIAL ELECTION INDEPENDENT
EXPENDITURE REPORT

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ON COUNTY LEVEL

8d. ☐ ANNUAL STATEMENT
(_____ Coverage Year)

8e. ☒ PRE-ELECTION OR

8f. ☐ POST-ELECTION

Pre-Election or Post-Election
Statement relates to:

☐ PRIMARY

☒ GENERAL

☐ CONVENTION

☐ SCHOOL

☐ SPECIAL

☐ CAUCUS

Date of Election, Convention or Caucus:

11-8-16

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ON

STATE AND COUNTY LEVEL

8g. ☐ AMENDMENT TO CAMPAIGN
STATEMENT

(Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h
to indicate which Statement is being
amended)

8h. ☐ DISSOLUTION OF COMMITTEE

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.

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 or 7 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 can not be waived.

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

CHARLES S. PIERCE

Designated Record Keeper

Type or Print Name

Signature

Date

10/24/16



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 138970
2. Committee Name MACOMB TWP. LEADERSHIP PAC

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>12495</u>	
b. Unitemized (less than \$20.01 each - no Schedule)		(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"		(3c.) \$ <u>12495</u>	(18.) \$ _____
4. Other Receipts (Schedule 2A-1, Column 6)		(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)		(5.) \$ <u>12495</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS			
6. In-Kind Contributions			
a. Itemized (Schedule 2-IK, Column 7)		(6a.) \$ _____	
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.) \$ _____	(21.) \$ _____
EXPENDITURES			
8. Expenditures			
a. Itemized Direct (Schedule 2B, Column 7)		(8a.) \$ <u>4698.96</u>	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)		(8b.) \$ _____	
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)		(8c.) \$ _____	
d. Unitemized (less than \$50.01 each - no Schedule)		(8d.) \$ _____	
e. Subtotal of Expenditures		(8e.) \$ <u>4698.96</u>	(22.) \$ _____
9. Independent Expenditures (Schedule 2B-1, Column 7)		(9.) \$ _____	(23.) \$ _____
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)		(10.) \$ <u>4698.96</u>	(24.) \$ _____
IN-KIND EXPENDITURES			
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)		(11.) \$ _____	(25.) \$ _____
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 2E)		(12a.) \$ _____	
b. Owed to the Committee (Schedule 2E)		(12b.) \$ _____	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)		(13.) \$ <u>14,587.31</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)		(14.) + <u>12,495.00</u>	
15. SUBTOTAL Add lines 13 and 14		(15.) = <u>27,082.31</u>	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)		(16.) - <u>4698.96</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)		(17.) \$ <u>22,383.35</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 138970

2. Committee Name MACOMB TWP. LEADERSHIP PAC

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 9-15-16

Name & Address:

REBECCA LULA-SYKES
23225 24 MILE RD.
MACOMB, MI. 48042

\$ 100

\$ _____

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

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

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 9-17-16

Name & Address:

ALEC FELL
52572 FOX POINTE DR.
NEW BALTIMORE, MI 48047

\$ 400

\$ _____

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

[Click Here for Memo Itemization Type](#)

Occupation SUPERVISOR Employer MACOMB TWP. PARKS & REC

Business Address 54111 BROVINGTON RD., MACOMB MI 48042

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

3. Contribution #3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 9-17-16

Name & Address:

JOHN RAC
13122 BURNINGWOOD DR
WASHINGTON, MI 48094

\$ 100

\$ _____

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

[Click Here for Memo Itemization Type](#)

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 9-17-16

Name & Address:

CHRISTINA STRUWE
1748 BEECHMONT ST.
KEEO HARBOR, MI. 48320

\$ 20

\$ _____

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

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

Business Address _____

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

Page Subtotal

620

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 138970

2. Committee Name MACOMB TWP LEADERSHIP PAC

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 9-17-16

Name & Address:

MARY Di CARO
16766 MARKWOOD DR.
MACOMB, MI 48042

\$ 150

\$ _____

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

[Click Here for Memo Itemization Type](#)

Occupation DIRECTOR Employer RAH RAH

Business Address ROCHFESTER MI

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

3. Contribution #2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 9-17-16

Name & Address:

SAMMY Di CARO
16766 MARKWOOD DR
MACOMB, MI 48042

\$ 150

\$ _____

[Click Here for Memo Itemization Type](#)

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

Occupation INSPECTOR Employer MACOMB COUNTY DRAIN OFFICE

Business Address 2177 DUNHAM RD, MT. CLEMENS, MI

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

3. Contribution #3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 9-17-16

Name & Address:

MARCY McMANUS
21910 HARTFORD WAY
MACOMB, MI 48042

\$ 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

3. Contribution #4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 9-17-16

Name & Address:

JENNIFER PIERCE
39223 CANTERBURY DR
HARRISON TWP, 48045

\$ 300

\$ _____

[Click Here for Memo Itemization Type](#)

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

Occupation PROJECT MGR Employer EYE WIRE

Business Address MARKET ST., MT. CLEMENS, MI

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

Page Subtotal

800

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 138970

2. Committee Name MALOMB TWP. LEADERSHIP PAC

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).

3. Contribution # 1
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 9-17-16
Name & Address: CARA DI CARO
16766 MARKWOOD
MACOMB, MI 48042
6. Amount \$ 175 7. Cumulative for Calendar Year for Each Contributor (Through date of receipt) \$ _____

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

[Click Here for Memo Itemization Type](#)

Occupation TECHNICIAN Employer SEARCH OPTICS
Business Address 1938 BURDETTE, FERNDALE, MI 48220
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 2
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 9-17-16
Name & Address: DIANE MUSKAN
51404 ROYAL LINKS CT.
MACOMB, MI 48042
6. Amount \$ 150 7. Cumulative for Calendar Year for Each Contributor (Through date of receipt) \$ _____

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

[Click Here for Memo Itemization Type](#)

Occupation ADVERTISING Employer TEAM DETROIT
Business Address 550 TOWN CENTER, DEARBORN, MI 48126
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 3
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 9-17-16
Name & Address: EDWARD A. CAREY III
51404 ROYAL LINKS CT.
MACOMB, MI. 48042
6. Amount \$ 150 7. Cumulative for Calendar Year for Each Contributor (Through date of receipt) \$ _____

[Click Here for Memo Itemization Type](#)

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

Occupation TECHNICIAN Employer COMPUTER DESIGN SOLUTIONS
Business Address 45179 MARKET ST., SHALBY, MI 48315
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 4
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 9-17-16
Name & Address: MAUREEN FERGUSON
22313 BARTON ST
ST. CLAIR SHORES, MI. 48081
6. Amount \$ 100 7. Cumulative for Calendar Year for Each Contributor (Through date of receipt) \$ _____

[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

575

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 138970
2. Committee Name MACOMB TWP LEADERSHIP PAC

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 9-17-16

Name & Address:

ELIZABETH YAMBOR
173 TAYLOR DR.
ROCHESTER HILLS, MI 48309

\$ 100

\$ _____

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

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

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 9-17-16

Name & Address:

CHIP HENDRICK
2885 S. GRAHAM RD.
SAGINAW, MI. 48609

\$ 100

\$ _____

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

[Click Here for Memo Itemization Type](#)

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 9-17-16

Name & Address:

MARK PAPPARELLI
37192 BRETT DR.
NEW BALTIMORE, MI. 48047

\$ 700

\$ _____

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

[Click Here for Memo Itemization Type](#)

Occupation AGENT Employer METRO CONTROLS

Business Address 22660 15 MILE RD., CLINTON TWP. MI. 48095

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

3. Contribution #4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 9-17-16

Name & Address:

ROY C. ROSE
55620 WOODRIDGE DR.
SHELBY, MI. 48316

\$ 550

\$ _____

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

[Click Here for Memo Itemization Type](#)

Occupation ENGINEER Employer ANDERSON, ECKSTEIN

Business Address 51301 SCHOENHERR, SHELBY, MI. 48315

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

Page Subtotal

1450

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 138970
2. Committee Name MACOMB TWP. LEADERSHIP PAC

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 9-17-16

Name & Address:

JEFFREY PRETZER
21440 ROME DR.
MACOMB, MI. 48044

\$ 250 \$ _____

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

[Click Here for Memo Itemization Type](#)

Occupation SALES Employer PLATINUM DRY WALL
Business Address 51263 FISCHER PARK DR., SITELBY 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 9-17-16

Name & Address:

JAMES BIONDO
51401 ROYAL LINKS CT.
MACOMB, MI. 48042

\$ 150 \$ _____

[Click Here for Memo Itemization Type](#)

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

Occupation OWNER Employer PLATINUM DRYWALL
Business Address 31226 FRASER RD, FRASER, MI. 48026
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 9-17-16

Name & Address:

GEORGE RIDDERING
7426 HERRINGTON AVE NE
BELMONT, MI. 49306

\$ 100 \$ _____

[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 9-17-16

Name & Address:

JIM REINHART
484 LINDEN RD.
BIRMINGHAM, MI. 48009

\$ 100 \$ _____

[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

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

138970

2. Committee Name MACOMB TWP. LEADERSHIP PAC

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 9-17-16

Name & Address:

BOB PALMER
26375 GLENWOOD DR.
NOVI, MI 48374

\$ 100

\$ _____

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

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

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 9-17-16

Name & Address:

GREG RIEF
3910 N. HOYNE AVE.
CHICAGO, IL 60618

\$ 100

\$ _____

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

[Click Here for Memo Itemization Type](#)

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 9-17-16

Name & Address:

ADAM RUJAN
5689 EUCLID DR.
WEST BLOOMFIELD, MI 48323

\$ 100

\$ _____

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

[Click Here for Memo Itemization Type](#)

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 9-17-16

Name & Address:

MARTIN TERPSTRA
10628 LANI LN.
ORLAND PARK, IL 60462

\$ 50

\$ _____

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

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

Business Address _____

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

Page Subtotal

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

138970

2. Committee Name

MACOMB TWP. LEADERSHIP PAC

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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 9-17-16

Name & Address:

STEPHEN C. NICHOLS
233 TIA TRL
LOWELL, MI 49331

\$ 500 \$

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

[Click Here for Memo Itemization Type](#)

Occupation ENGINEER Employer FISHBECK THOMPSON

Business Address 46600 ROMEO PLANK, SUITE 3, MACOMB, MI 48044

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

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 8-25-16

Name & Address:

EDWIN STEVENS
100 RIVERWAY DR.
VERO BEACH, FL 32963

\$ 100 \$

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

[Click Here for Memo Itemization Type](#)

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 9-17-16

Name & Address:

EDWARD A. CAREY, JR.
51404 ROYAL LINKS CT.
MACOMB, MI 48042

\$ 100 \$

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

[Click Here for Memo Itemization Type](#)

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 9-1-16

Name & Address:

NANCY J. NEVERS
49699 LEHR DR.
MACOMB, MI 48044

\$ 150 \$

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

[Click Here for Memo Itemization Type](#)

Occupation RETIRED-TRUSTEE Employer MACOMB TWP.

Business Address 5411 BRIGHTON RD., MACOMB, MI 48042

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

Page Subtotal

850

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 138970

2. Committee Name MACOMB TWP. LEADERSHIP PAC

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 8-24-16

Name & Address:

ROGER M. KRZEMINSKI
47535 CHRYSLER RD.
MACOMB, MI 48044

\$ 150

\$ _____

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

Click Here for Memo Itemization Type

Occupation TRUSTEE Employer MACOMB TWP
Business Address 5411 BROUGHTON RD., MACOMB, MI 48042
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 8-30-16

Name & Address:

BETH M. CASE
525 SHELTON RD.
GROSSE POINTE, MI 48236

\$ 300

\$ _____

Click Here for Memo Itemization Type

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

Occupation OWNER Employer BPI INFORMATION SYSTEMS
Business Address 23875 NORTH WESTERN HWY., SOUTHFIELD, MI 48075
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 9-2-16

Name & Address:

JAMES R. GELIOS
16822 WHITE PLAINS DR.
MACOMB, MI 48044

\$ 100

\$ _____

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 9-5-16

Name & Address:

PERMELIA G. GROSS
52090 HEATHERSTONE AVE.
MACOMB, MI 48042

\$ 100

\$ _____

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

650

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

138970

2. Committee Name

MACOMB TWP. LEADERSHIP PAC

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 9-7-16

Name & Address:

KAREN M. GOODHUE
55960 LUHTMAN
MACOMB, MI 48042

\$ 100 \$

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

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

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 9-8-16

Name & Address:

STACY J. VAN REYENDAM
26623 PATTYN DR.
CHESTERFIELD, MI. 48051

\$ 100 \$

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

[Click Here for Memo Itemization Type](#)

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 9-6-16

Name & Address:

SARA J. BUSCAINO
49377 BULLDOG DR.
MACOMB, MI. 48044

\$ 100 \$

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

[Click Here for Memo Itemization Type](#)

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 9-8-16

Name & Address:

JANET DUNN
22615 PIGEON RIVER DR.
MACOMB, MI. 48042

\$ 150 \$

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

[Click Here for Memo Itemization Type](#)

Occupation SUPERVISOR Employer MACOMB TWP.

Business Address 5411 BROUGHTON RD., MACOMB, MI. 48042

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

Page Subtotal

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

138970

2. Committee Name

MACOMB TWP. LEADERSHIP PAC

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

9-7-16

Name & Address:

BILL BABCOCK
3155 RIDGEWAY CT.
COMMENCE TWP, MI 48390

\$ 150

\$

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

Click Here for Memo Itemization Type

Occupation

SALES

Employer

AQUATIC SOURCE, LLC

Business Address

3155 RIDGEWAY CT. COMMENCE TWP, MI. 48390

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt

9-8-16

Name & Address:

JASON GELLE
50517 MURRAY DR.
MACOMB, MI. 48044

\$ 500

\$

Click Here for Memo Itemization Type

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

Occupation

FAC. MGR

Employer

MACOMB TWP.

Business Address

54111 BROUGHTON RD., MACOMB, MI. 48042

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt

9-12-16

Name & Address:

JAMES GILLIS
22420 RAMBLING DR.
MACOMB, MI. 48044

\$ 400

\$

Click Here for Memo Itemization Type

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

Occupation

MGR
BROADCAST MEDIA

Employer

MACOMB TWP.

Business Address

54111 BROUGHTON RD., MACOMB, MI. 48042

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt

9-14-16

Name & Address:

KRISTI POZZI
47394 ROCKWOOD DR.
MACOMB, MI. 48044

\$ 150

\$

Click Here for Memo Itemization Type

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

Occupation

SUPERVISOR

Employer

MACOMB COUNTY GOVT.

Business Address

40 N. MAIN ST., MT. CLEMENS, MI. 48051

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

Page Subtotal

1200

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 138970
2. Committee Name MACOMB TWP. LEADERSHIP PAC

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)
<p>3. Contribution # 1 Is this contribution from a PAC? <input type="checkbox"/> YES Name & Address: <u>SHARALYN ARFT</u> <u>52595 SAWMILL CREEK DR.</u> <u>MACOMB, MI. 48042</u></p> <p>4. Date of Receipt <u>9-14-16</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100</u>	\$ _____
<p>3. Contribution # 2 Is this contribution from a PAC? <input type="checkbox"/> YES Name & Address: <u>PETER C. BARBIERI</u> <u>5232 MATTERHORN DR.</u> <u>MACOMB, MI. 48042</u></p> <p>4. Date of Receipt <u>9-15-16</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100</u>	\$ _____
<p>3. Contribution # 3 Is this contribution from a PAC? <input type="checkbox"/> YES Name & Address: <u>FRANK ALSPECTOR</u> <u>28960 E. KING WILLIAMS DR.</u> <u>FARMINGTON HILLS, MI. 48331</u></p> <p>4. Date of Receipt <u>9-13-16</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100</u>	\$ _____
<p>3. Contribution # 4 Is this contribution from a PAC? <input type="checkbox"/> YES Name & Address: <u>PATRICK MEAGHER</u> <u>51273 CAROLINE DR.</u> <u>CHESTERFIELD, MI. 48047</u></p> <p>4. Date of Receipt <u>9-17-16</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>PLANNER</u> Employer <u>MACOMB TWP.</u> Business Address <u>5411 BROUGHTON RD, MACOMB, MI. 48042</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>550</u>	\$ _____

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

850

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 138970
2. Committee Name MACOMB TWP. LEADERSHIP PAC

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).

3. Contribution # 1
Is this contribution from a PAC? ☐ YES
Name & Address: MARIA J. MARINO
54533 FLAMINGO DR.
SHELBY, MI. 48315
4. Date of Receipt 9-5-16
6. Amount \$ 150
7. Cumulative for Calendar Year for Each Contributor (Through date of receipt) \$ _____

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

Occupation OWNER Employer MARINO FITNESS PROS
Business Address 5411 BROUGHTON RD., MACOMB, MI 48042
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Click Here for Memo Itemization Type

3. Contribution # 2
Is this contribution from a PAC? ☐ YES
Name & Address: SALVATORE A. DI CARO, JR.
16766 MARKWOOD DR
MACOMB, MI. 48042
4. Date of Receipt 9-16-16
6. Amount \$ 100
7. Cumulative for Calendar Year for Each Contributor (Through date of receipt) \$ _____

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

Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Click Here for Memo Itemization Type

3. Contribution # 3
Is this contribution from a PAC? ☐ YES
Name & Address: DOUGLAS E. FOWLER
22548 AMHERST
ST. CLAIR SHORES, MI. 48081
4. Date of Receipt 9-17-16
6. Amount \$ 100
7. Cumulative for Calendar Year for Each Contributor (Through date of receipt) \$ _____

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

Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Click Here for Memo Itemization Type

3. Contribution # 4
Is this contribution from a PAC? ☐ YES
Name & Address: ROBERT W. PALMER
1488 ROSLYN
GROSSE POINTE WOODS, MI. 48236
4. Date of Receipt 9-17-16
6. Amount \$ 100
7. Cumulative for Calendar Year for Each Contributor (Through date of receipt) \$ _____

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

Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Click Here for Memo Itemization Type

Page Subtotal

450

Grand Total of All Schedules 2A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS
ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 138970
2. Committee Name MACOMB TWP. LEADERSHIP PAC

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 9-15-16

Name & Address:

CHARLES PIERCE
39223 CANTERBURY DR.
HARRISON TWP., MI. 48045

\$ 100 \$ _____

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

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

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 9-17-16

Name & Address:

THOMAS MC MANAMAN
46173 PLUM GROVE DR.
MACOMB, MI. 48042

\$ 400 \$ _____

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

[Click Here for Memo Itemization Type](#)

Occupation RETIRED Employer DETROIT - FIRE FIGHTER

Business Address DETROIT, MI

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

3. Contribution # 3
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 9-17-16

Name & Address:

GINA MUSZYNSKI
42012 LITTLE RD.
CLINTON TWP., MI. 48036

\$ 400 \$ _____

[Click Here for Memo Itemization Type](#)

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

Occupation PAC MGR PIR Employer MACOMB TOWNSHIP PARKS

Business Address 54111 BROUGHTON RD., MACOMB MI. 48042

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

3. Contribution # 4
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 9-17-16

Name & Address:

JOE PANTALEO
25196 HAYES RD.
ROSEVILLE, MI. 48066

\$ 400 \$ _____

[Click Here for Memo Itemization Type](#)

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

Occupation SALES Employer _____

Business Address _____

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

Page Subtotal

1300

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

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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 138970
2. Committee Name MACOMB TWP., LEADERSHIP PAC

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 9-16-16

Name & Address:

CARL D'ANDREA
11877 TAHITI DR.
STERLING HTS., MI 48312

\$ 400 \$ _____

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

[Click Here for Memo Itemization Type](#)

Occupation DEPUTY TREAS Employer MACOMB TOWNSHIP
Business Address 5411 BROUGHTON RD., MACOMB, MI. 48042
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 9-20-16

Name & Address:

BENNY ADELIA
18524 SABINE
MACOMB, MI 48042

\$ 100 \$ _____

[Click Here for Memo Itemization Type](#)

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

Occupation OWNER Employer COUNTRY INN RESTAURANT
Business Address ROMEO PLANK RD., MACOMB, MI. 48042
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 9-20-16

Name & Address:

KENNETH DALRA
3606 WINTERFIELD
WARREN, MI 48092

\$ 100 \$ _____

[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 9-20-16

Name & Address:

BILL CARUSO
50882 ROMEO PLANK RD.
MACOMB, MI 48042

\$ 150 \$ _____

[Click Here for Memo Itemization Type](#)

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

Occupation OWNER Employer CONEY GRILL
Business Address 50882 ROMEO PLANK RD., MACOMB, MI 48042
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal

750

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

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Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS
ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 138970
2. Committee Name MACOMB TWP. LEADERSHIP PAC

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 9-20-16
Name & Address:

BRIGETTE BIBASHANI
52844 KARON
MACOMB, MI 48042

\$ 150 \$ _____

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

Occupation OWNER Employer AMERICAN CLEANING
Business Address 52844 KARON DR. MACOMB, MI 48042
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization Type](#)

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

BENNY ADELIA
18254 SABINE
MACOMB, MI 48042

\$ 150 \$ _____

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

Occupation PARTNER Employer DETROIT CHEMICAL
Business Address 5601 ENTERPRISE CT. WARREN, MI 48092
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization Type](#)

3. Contribution #3
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 9-19-16
Name & Address:

ANDREW M. CANU
8772 TOURNAMENT DR.
WASHINGTON, MI 48094

\$ 150 \$ _____

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

Occupation ATTORNEY Employer CANU, TORRICE LAW FIRM
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization Type](#)

3. Contribution #4
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 9-18-16
Name & Address:

KAREN A. TOOLEY
3397 POND RIDGE DR.
HOLLY, MI. 48442

\$ 250 \$ _____

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

Occupation SALES REP Employer MIRACLE MIDWEST
Business Address P.O. BOX 829, OKEMOS, MI 48805
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization Type](#)

Page Subtotal 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 138970
2. Committee Name MACOMB TWP. LEADERSHIP PAC

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 10-3-16

Name & Address:

MARK KWIATKOWSKI
19607 NEPTUNE CT.
NORTHVILLE, MI 48167

\$ 250

\$ _____

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

[Click Here for Memo Itemization Type](#)

Occupation OWNER Employer DIRECT FITNESS

Business Address 1629 LAKE DILSE, GRAND RAPIDS, MI 49506

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

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 9-28-16

Name & Address:

NIKKI GIAONA
6520 CRABAPPLE
TROY, MI. 48098

\$ 100

\$ _____

[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 10-12-16

Name & Address:

DINO BUCCI
49280 WILLOWOOD
MACOMB, MI. 48042

\$ 150

\$ _____

[Click Here for Memo Itemization Type](#)

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

Occupation TRUSTEE Employer MACOMB TWP.

Business Address 54111 BROUGHTON RD., MACOMB, MI 48042

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

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 10-10-16

Name & Address:

ZINOVITNY B. NOVOSKY
3920 LANCASTER DR.
STERLING HTS., MI. 48310-4409

\$ 250

\$ _____

[Click Here for Memo Itemization Type](#)

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

Occupation SALES Employer JANI-KING

Business Address 3920 LANCASTER DR., STERLING HTS., MI 48310

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

Page Subtotal

750

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

138970

2. Committee Name MACOMB TWP. LEADERSHIP PAC

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 10-6-16

Name & Address:

\$ 150 \$

DONALD R. KING
30224 FREDA DR.
WARREN, MI. 48093-2281

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

Occupation SALES REP Employer ALL PRO EXERCISE EQUIP.

Business Address 45255 FIVE MILE RD., PLYMOUTH, MI. 48170

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

Click Here for Memo Itemization Type

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

150

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

12,495

Enter this total
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Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 138970
2. Committee Name MACOMB TWP LEADERSHIP PAC

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>FERN HILL GOLF CLUB</u> <u>17600 CLINTON RIVER RD.</u> <u>CLINTON TWP, MI 48038</u>	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County	<u>9-17-16</u> Date	<u>\$2897⁰⁰</u> 	<u>\$2897⁰⁰</u>
4. Purpose: <u>GOLF, DINNER</u> <input checked="" type="checkbox"/> Fund Raiser	<input type="checkbox"/> Ballot Proposal <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>BEST GOLF DEAL, LLC</u> <u>4027 PARKVIEW DR</u> <u>ROYAL OAK, MI. 48073</u>	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County	<u>9-16-16</u> Date	<u>\$281.96</u> 	<u>\$281.96</u>
4. Purpose: <u>GOLF BALLS</u> <input checked="" type="checkbox"/> Fund Raiser	<input type="checkbox"/> Ballot Proposal <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>C & G NEWSPAPER</u> <u>13650 11 MILE RD.</u> <u>WARREN, MI. 48089</u>	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County	<u>10-11-16</u> Date	<u>\$1,520⁰⁰</u> 	<u>\$</u>
4. Purpose: _____ <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Ballot Proposal <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: 	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County	_____ Date	\$ _____ 	\$ _____
4. Purpose: _____ <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Ballot Proposal <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

4698.96

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

4698.96

Enter this total
on line 8a of the
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 2F
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 138970
2. Committee Name MACOMB TWP. LEADERSHIP PAC

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>9-17-16</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>72</u>	5. Type of Fund Raising Activity <u>GOLF OUTING</u>	6. Address and Name (if any) of the place where the activity was held <u>FERN HILL GOLF COURSE</u> <u>17600 CLINTON RIVER</u> <u>CLINTON TWP. MI. 48038</u> <input type="checkbox"/> Private Residence
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7. Total Contributions 12495

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) 12495

10. Total Cost of Event 2897

*Includes In-Kind Contributions and All Expenditures Made For the Event

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Direct Contributions Schedule (2A), Itemized In-Kind Contributions Schedule (2-IK), Itemized Expenditures Schedule (2B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.