

INDEPENDENT/POLITICAL 18 JAN 31 PM 2: 00 **COMMITTEE COVER PAGE**

	TOROTTON	- VOL VIILI
Report must be legible, typed or printed in ink and signo by the treasurer or designated record keeper		6 To 12/31/17
1. Committee I.D. Number	4. Committee's Malling Address	
139111	13883 Timbernew DR.	
2. Committee Name	Shelby Tup MI 48315	,
Macons Families + Business	Area Code and Phone 584-232-4550	
Coalition	If the address in this box is different from the co Organization, mail may be sent to this address!	
5. Treasurer's Name and Residential Address	Difference in the state of the	y are ming offices.
Vincent Vivieno		
6705 SAINH Andrews DR.		
Stielly Tup. MI 48315	Area Code and Phone 586-	
6, Treasurer's Business Address	Designated Record Keeper's Name and Mailin Record Keeper)	ng Address (If the committee has a Designated
NIA		
[N/A	-
	•	
Area Code and Phone		Area Code and Phone
8. TYPE OF STATEMENT:		APPLICABLE TO INDEPENDENT AND
APPLICABLE TO INDEPENDENT AND POLITICAL	APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED	POLITICAL COMMITTEES REGISTERED
COMMITTEES REGISTERED ON STATE LEVEL	ON COUNTY LEVEL	STATE AND COUNTY LEVEL
8a. QUARTERLY STATEMENTS		STATE AND COUNTY LEVEL
	8c. X ANNUAL STATEMENT	81. AMENDMENT TO CAMPAIGN
	(2017 Coverage Year) Local	(Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h
January 31	Candidates Exempted	to indicate which Statement is being
	8d. PRE-ELECTION OR	amended)
April 25	8e. POST-ELECTION	
3 700	Pre-Election or Post-Election	
July 25	Statement relates to:	
	PRIMARY GENERAL	8g. DISSOLUTION OF COMMITTEE
October 25	CONVENTION SCHOOL	og biasoculion of committee
	SPECIAL CAUCUS	Effective Date of Dissolution
8b. SPECIAL ELECTION INDEPENDENT	Date of Election, Convention or Caucus:	By checking this item, NW6 certify that
EXPENDITURE REPORT	!	the committee has no asset or outstanding debts, including late filing fees. Further, I
1000000		request that if the dissolution cannot be
	July 25 Quarterty	granted, that this be considered a request for the Reporting Walver.
1		Note: The disposition of residual funds must
	October 25 Quarterly	be reported on Schedule 2B and the Summary Page.
O Vedlender Lands A. A. C.	s used in the preparation of this statement and attached	enhadulae (If any) and to the heat of my
s. Verification: I certify that all reasonable diligence was knowledge and belief the contents are true, accurate ar	s used in the propagation of this statement and attraction is complete.	annualisa (ii mih) mut at ain noet ru iiih
Current Tressurer or VINCE VIV		Date 1-31-18
Designated Record Keeper Type or Print Name	Signature	



1. Committee I.D. Number 139[[[

2. Committee Name Macomb Families + Bushus Coalthon **SUMMARY PAGE** INDEPENDENT OR POLITICAL COMMITTEE RECEIPTS Column I Column II This Period Cumulative for Calendar Year 3. Contributions a. Itemized Contributions (3a.) s 29 838.14 (Schedule 2A, Column 6 + Schedule 2A-2, Column 8 (3b.) \$ NOT APPLICABLE b. Uniternized (less than \$20.01 each - no Schedule) (3c.) s 29,838,14 (18)\$ 29 838.H c. Subtotal of "Contributions" 4. Other Receipts (Schedule 2A-1, Column 6) 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (20.)\$ 29,838.14 (5) \$ 29.838.14 (Add line 3c + Line 4) IN-KIND CONTRIBUTIONS 6. In-Kind Contributions a. Itemized (Schedule 2-IK, Column 7) NOT APPLICABLE b. Uniternized (less than \$20.01 each - no Schedule) 7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b) (7.) \$ **6** (21.)\$ ___ **EXPENDITURES** 8. Expenditures (8a) 5 28,583.64 a. Itemized Direct (Schedule 2B, Column 7) (8b.) \$ _____ b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6) c. In-Kind Expenditures- Purchase of Goods or Services (8c.) \$____ (Schedule 2B-2, Column 7) (8d.) s 137.59 d. Unitemized (less than \$50.01 each - no Schedule) (8c) s 28,721.23 (22)\$ 28 721.23 e, Subtotal of Expenditures (23)\$ 650 (9) \$ 650.00 9. Independent Expenditures (Schedule 2B-1, Column 7) (24) \$ 29.371.23 (10.) \$ 29,371.23 10. TOTAL EXPENDITURES (Add Line 8e + Line 9) IN-KIND EXPENDITURES 11.In-Kind Expenditures- Endorsements, Donations or Loans of (25.)\$ (11.)\$_____ Goods or Services (Schedule 2B-2, Column 8) **DEBTS AND OBLIGATIONS** 12. Debts and Obligations (129)\$ 11,200 a. Owed by the Committee (Schedule 2E) (12b.)\$_ b. Owed to the Committee (Schedule 2E) **BALANCE STATEMENT** 13. Ending Balance of last report filed (13.)\$ 1759.52 (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (14.)+ 29,838.14 (Line 5, Total Contributions & Other Receipts - Column I) 15. SUBTOTAL Add lines 13 and 14 (15.)= 31,597.66 16. Amount expended during reporting period (16.) - 29,371.23 (Line 10, Total Expenditures - Column I)

(17.)\$ 2,226.43

17. ENDING BALANCE

(Subtract line 16 from line 15)

[&]quot;If your ending balance is negative, please recheck your math.



ITEMIZED CONTRIBUTIONS

SCHEDULE 2A	1. Committee I.D. Number 137 III
INDEPENDENT OR POLITICAL COMMITTEE	2. Committee Name Macomb Families + Business Coalition
Please enter contributor's name and address. If contribution is from an indi and middle initial. Check box to indicate if contribution is from a Political Co Committee (Both are commonly called PACs).	
3. Contribution # 1 Is this contribution from a PAC? YES 4. Date of Receipt 8	6 16
Michele LoChirco	s_800s_800
2001 Crystal Lake DR.	
Shelby Tup. MI 48816 5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization Type
Occupation owner Employer Lo Chircis Man	feature.
Business Address Type of Contribution: Direct Loan from a person	Fund Raiser
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Name & Address: Anthony Lombando	s 500 s 500
47200 VAN DYKE	
Shelly Tup. MI 48316	Click Here for Memo Itemization Type
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Business Address // //	
Type of Contribution: X Direct Loan from a person	Fund Raiser
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le this contribution from a PAC? YES 4. Date of Receipt 10	-116
Name & Address: Richard Stathak's	\$ 300,00 \$8,150
13883 Timbernad De.	-
Shulby Tup. MI 48315	Click Here for Memo Itemization Type
5. If over \$100.00 cumulative, please provide:	
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Business Address 52700 VAN Dyke, Shelby Tup. MI	8316
Type of Contribution: Direct Loan from a person	Fund Raiser
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Is this contribution from a PAC? ————————————————————————————————————	8 750
u e	\$ 600.06_
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Page of 14	



ITEMIZED CONTRIBUTIONS

SCHEDULE 2A	1. Committee I.D. Number
INDEPENDENT OR POLITICAL COMMITTEE	2. Committee Name Macons Families + Business Coalition
Please enter contributor's name and address. If contribution is from an indiand middle initial. Check box to indicate if contribution is from a Political C Committee (Both are commonly called PACs).	ividual, enter last name, first name, ommittee or an independent 6. Amount Calendar Year for Each Contributor (Through date of receipt)
3. Contribution #1 is this contribution from a PAC? YES 4. Date of Receipt 9	
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Shelby Top. MI 48316	
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization Type
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Bueinese Address 4/	
Type of Contribution: Direct Loan from a person	Fund Raiser
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Mohammed Razi	\$ 2000
6405 Middlebell Rd.	
W. Bloomfield, M. 48322.	Click Here for Memo Itemization Type
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Business Address	
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Angelo Lanvi 7040 Valley Green	\$ <u>250</u> \$ 250
	Click Here for Memo Iternization Type
washington tup- nei 48094	
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Business Address	
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Richard Stathakis	•
13983 Tubacum Da.	Click Here for Memo Itemization Type
Shelby Top. MI 48316	
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Page 2 of 14	



ITEMIZED CONTRIBUTIONS

SCHEDULE 2A

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Committee	I.D.	Number		

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3. Contribution #1		1					date of receipt)
is this contribution from Name & Address:			Date of Receipt 10 31 116	<u> </u>	and the same of th		
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5	Shelby Tup	· mi 483	15			Click Here for I	Memo Itemization Type
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ITEMIZED CONTRIBUTIONS

SCHEDULE 2A

1. Committee I.D. Number 139111

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Cocupation Supervisor Employer Stelly Tup. MI 1/1316 Suinness Address Strate Vas Outpet	5. If over \$100.00 cus	mulative, please provide	· !			Click Here for I	Memo Itemization Type
Type of Contribution from a PAC? If over \$190.00 cumulative, please provide: Contribution from a PAC? YES 1.0 and from a person Fund Raiser 1.0 and Receipt 1.0	Occupation Super	KSOK Emp	loyer Shelly Two.		······································		
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ITEMIZED CONTRIBUTIONS

SCHEDULE 24

1. Committee I.D. Number 139111

SOMEDULE EA			1	i	
INDEPENDENT OR POLITICAL COMMITTEE	2. Committee Name Mace	imb Families -	Business	Coalit	FION
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and middle initial. Che Committee (Both are o		ontribution is from an individual, enter last name, first n ution is from a Political Committee or an independent	ame, 6. Amount	7 Cumulative for Calendar Year for Each Contributor (Through date of receipt)
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MICHIGAN DEPARTMENT OF STATE

BUREAU OF ELECTIONS ITEMIZED CONTRIBUTIONS

SC	HEDULE 2A		1. Committee I.D. Number	1 7 11.6 1	
INDEPENDENT	OR POLITICAL	COMMITTEE	2. Committee Name Macon	b families + f	Business Coalition
Please enter contributor's name and middle initial. Check box Committee (Both are common	to indicate if contrib		vidual, enter læst name, first name, mmittee or an Independent	6. Amount	7. Curnulative for Calendar Year for Each Contributor (Through date of receipt)
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Page 4 of 14



Page 7 of 14

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 2A

1. Committee I.D. Number 139111

INDEPENDENT OR POLITICAL COMMITTEE 2. Committee Name Ma	comb Families + Business	Coalchin
Please enter contributor's name and address. If contribution is from an individual, enter last name, first na and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).	Calendar	Year for Each or (Through
3. Contribution # 1 Is this contribution from a PAC? YES 4. Date of Receipt 1136 17		
Name & Address: SARA DAGOSHINI	s 50°s s 5	7 00
39700 VAN OYKE		
Steeling Heights, MI 48312		
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Michael Dinello	\$ 500	700
12970 Horny Locust De.		
Shelby Tup. MI 48315	Click Here for Memo Itemiz	ation Type
5. If over \$100.00 cumulative, please provide:		
Occupation Pacifice Employer Vanguard Red Estate		
Business Address 101 South Man St. Roclanta, MI 48307	_	
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 In this contribution from a PAC2 YES 4. Date of Receipt 11/36/17		
is this contribution item a PAC!		_
Muses C to	500 55	50
3757 Red Myle Ct.		
oakland, MI 48363	Click Here for Memo Itemiza	ation Type
5. If over \$100.00 cumulative, please provide:		
Occupation Doctor Employer Conversions bleath	•	
Business Address 133 50 24 Mile Rd. Shelly Tup Me 49315	•	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 Is this contribution from a PAC? Name & Address:		
Michael Junes	<u>5500</u>	80
49378 East Woods	Click Here for Memo itemiz	ation Type
Sheby Tuy. MI 48317		
5. If over \$100.00 cumulative, please provide:		
Occupation Pashes Employer Sal-Mas Homes		
Business Address 50 259 van arke, Shelly M 48317		
Type of Contribution: Direct Loan from a person Fund Raiser		
	Subtotal 2006	
Grand Total of All Sched (Complete on last page of Sc		
(Compare on size page of Sc	Enter this total	
	on line 3a of Summary Page	



ITEMIZED CONTRIBUTIONS SCHEDULE 2A

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. Committee I	.D.	Number	 1	٠.	٠,

SCHEDULE 2A 2. Committee Name Macous Panulis + Busines Coalet INDEPENDENT OR POLITICAL COMMITTEE 7. Cumulative for Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount Calendar Year for Each and middle initial. Check box to indicate if contribution is from a Political Committee or an independent Contributor (Through Committee (Both are commonly called PACs). date of receipt) 3. Contribution # 1 4. Date of Receipt [1] 30 17 Is this contribution from a PAC? Name & Address: John Bologna Ja. 500 19135 Samu OR. Boverly idels, me 49025 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Type Employer Bologara Properties LTO Occupation own Business Address 26640 Van Oyla, Centraline, MI 43015 Fund Raiser Type of Contribution: Direct Loan from a person 3. Contribution # 2 4. Date of Receipt _ 11/3 0/ 17 YES Is this contribution from a PAC? Name & Address: Emily Knowth 775 Kingston Gt. Bloomfield Hills, M. 48204 \$ 500 500 Click Here for Memo Itemization Type 5. If over \$100.00 cumulative, please provide: Employer Payette + kurath Occupation Atty. Business Address 2352 Stanbary Flint, MI 49532 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #3 4. Date of Receipt 11/36/17 Is this contribution from a PAC? Name & Address: VINCENZA Ciraulo 5000 7670 19 MILO RA. Steeling Heylots, Mr 48314 Click Here for Memo Itemization Type 5. If over \$100.00 cumulative, please provide: Employer Squar Deal Bulding Occupation ow when Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 Is this contribution from a PAC? 4. Date of Receipt 1//36/17 Name & Address: 500 Eugene Dagostinii 38700 Van Dyke Click Here for Memo Itemization Type Steeling Heights, MI 48312 5. If over \$100.00 cumulative, please provide: Employer Titau Grove Occupation Ounce ,, " **Business Address** Loan from a person **Fund Raiser** Direct Type of Contribution:

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

Page Subtotal

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Enter this total on line 3a of Summary Page

Page 8 of 14

MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

ITEMIZED CONTRIBUTIONS

MICHIGAN DEPARTMENT OF STATE			
BUREAU OF ELECTIONS			
ITEMIZED CONTRIBUTIONS	1. Committee I.D. Number	9111	
SCHEDULE 2A INDEPENDENT OR POLITICAL COMMITTEE	2. Committee Name Macous		Coalition
Please enter contributor's name and address. If contribution is from an individual middle initial. Check box to indicate if contribution is from a Political Com Committee (Both are commonly called PACs).	lual, enter last name, first name,	6. Amount 7. Cal	umulative for endar Year for Each stributor (Through e of receipt)
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Name & Address:	•	-1 am	(71)
Joseph McClusky X	\$.	500	<u>500</u>
39127 Seaway			
HAMESON, MI 48045			
5. If over \$100.00 cumulative, please provide:	•	Click Here for Memo	temization Type
Occupation Employer Magua luler	national		
Business Address 2050 Auman Rd, Autom Hills MI 4837			
Type of Contribution; Direct Loan from a person	Fund Raiser		
3. Contribution #2 Is this contribution from a PAC? YES 4. Date of Receipt ///3	17		
Name & Address: RG LW44		. 70%	\$ 350
19500 Hall Fd.		s <u>356</u>	<u> </u>
Clinton Tup MI 48038		Click Here for Memo	emization Type
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Business Address 4			
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Name & Address: Bib Kirk 17500 HULKA	\$	350	\$
Clinton Tup. MI 48538		Click Here for Memo II	emization Type
5. If over \$100.00 cumulative, please provide:			
Occupation Atty Employer Clark + Hut	4		
Business Address // //			
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Is this contribution from a PAC?	1		.
Scott DAIL	· s	300	s 300
19500 Hall R.L.		Click Here for Memo I	emization Type
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Page 9 of 14



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS ITEMIZED CONTRIBUTIONS

SCHEDULE 2A	1. Committee I.D. Ni	umber 1		
INDEPENDENT OR POLITICAL COMMITTEE	2. Committee Name	MACONS	Families + Bu	rmis Coalston
Please enter contributor's name and address. If contribution is from are and middle initial. Check box to indicate if contribution is from a Politic Committee (Both are commonly called PACs).			6. Amount	Cumulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution # 1	12/4/19			uate of receipt)
	14(1)11			***************************************
Deun Casc		\$	1000	\$ 1000
264 Ridgemont Rd.				-
Grasse Pointe, MI 49836				***************************************
5. If over \$100.00 cumulative, please provide:			Click Here for	Memo Itemization Type
Occupation Parket Employer Bel Info	o. System			
Business Address 6,55 & Sawalle ed Brechoule, of	44141			
Type of Contribution: Direct Loan from a pers	son Fund Raise	өг		
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Stephen Saph, JR.			s 500	\$ 500
44 Macons M.				-
Mt. Clevers. MI 48646			Click Here for I	Memo Itemization Type
5. If over \$100.00 cumulative, please provide:				***************************************
Occupation Owner Employer Nickel+	Saph lus.			***************************************
Business Address 11 11	·			
Type of Contribution: Direct Loan from a per	son Pund R	aiser		***************************************
3. Contribution #3 s this contribution from a PAC? YES 4. Date of Receipt	12/12/17			
Name & Address: Jeff Campbell		\$	100	\$ 100
4607 Shorevica LN				
Whitmore Lake, MI 48189			Click Here for N	flemo Itemization Type
. If over \$100.00 cumulative, please provide:				
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Business Address				
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Name & Address: Keumi Flattery 7665 Queen Annes Ct.		•		Memo Itemization Type
Dexter, M1 48130				***
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Page 10 of 14

ITEMIZED CONTRIBUTIONS

Committee		Mumbar	1	39	11
Committee	I.U.	Number		1	1

SCHEDULE 2A	1. Committee I.D. Number	27111	
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Please enter contributor's name and address. If contribution is from an indivand middle initial. Check box to indicate if contribution is from a Political Contribution (Both are commonly called PACs).	vidual, enter last name, first name,	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 13 Scot Mock! 49876 Paker Ct.		500	500
Ma conh, MI 47044 5. If over \$100.00 cumulative, please provide: Occupation Business Address 46600 Ronco Plank Ad, Marant. Type of Contribution: Direct Loan from a person		Click Here for I	Memo (temization Type
3. Contribution #2 Is this contribution from a PAC? Name & Address: Michael Chinso 46600 Rome Plante A	/12/17	\$ 500 Click Here for N	\$ 500
Macons, MI 48044 5. If over \$100.00 cumulative, please provide: Occupation under Employer MTC Com, Business Address Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution # 3 Is this contribution from a PAC? Name & Address: Viktor Gjonaj 14523 Baurnemuth De.		50°	\$ 500
Shelby Twp. MI 48315 5. If over \$100.00 cumulative, please provide: Occupation Real Estate Employer Signature' A Business Address / Town Square, Southfield, MI 9 Type of Contribution: Direct Loan from a person		Click Here for N	lemo liemization Type
3. Contribution # 4 Is this contribution from a PAC? Name & Address: Toseph Checkers RA.	15/17	Sigh Hora for A	\$ 500
Troy, MI 48084 5. If over \$100.00 cumulative, please provide:	·	Check Here for h	iono nemización Type
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Page // of 14



MICHIGAN DEPARTMENT OF STATE

BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 2A

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2/75 Crow Cs R d. Tay, M. / 1986/4 5. If over \$100.00 cumulative, please provides: Cocupation Southern S	ls this contribution fro		_	_
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Shelby Tup. MI 48315 Tit over \$100.00 cumulative, please provide: Contribution Contributio	46.00	MAHAM COMPARIED	\$ 520	\$ 500
Signature \$100.00 cumulative, please provide: Cocupation Gume Employer Loan from a person Fund Raiser		13001 23 MILE R.J.	Click Here for Memo	Hemizetion Type
Employer Loan from a person Fund Raiser	. 14 \$450.00	Shelby Tup. MI 48315	ORSK FIOTO TO MOTH	, domination 1 ypo
Business Address "" Type of Contribution: Direct				***************************************
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Schlist contribution # 3 stills contribution # 3 stills contribution from a PAC? Name & Address: Roy Rose State Loudrage Dr. Shellen Try. Mi 19810 Click Here for Memo Hemization Type Locupation Employer Business Address Type of Contribution # 4 stills contribution from a PAC? Name & Address: Contribution # 4 stills contribution from a PAC? YES 4. Date of Receipt 12/20(17) Name & Address: Contribution # 4 stills contribution from a PAC? Name & Address: Contribution # 4 stills contribution from a PAC? Name & Address: Contribution # 4 stills contribution from a PAC? Name & Address: Contribution # 4 stills contribution from a PAC? Name & Address: Contribution # 4 stills with the w		Direct Loan from a person		
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5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution:	TO THE PARTY OF TH		Click Here for Memo	Itemization Type
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Page 13 of 14

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS ITEMIZED CONTRIBUTIONS SCHEDULE 2A

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INDEPEN	DENT OR POLITICAL COMMITTEE 2. Committee	Name Macons Families + Busins	i Coalchin
and middle initial. Ch	or's name and address. If contribution is from an individual, enter las eck box to indicate if contribution is from a Political Committee or an in commonly called PACs).	t name, first name, 6. Amount 7 ndependent 6. C	Cumulative for alendar Year for Each ontributor (Through ate of receipt)
Contribution # 1 Is this contribution fro Name & Address:			•
	Scott Lockwood	\$ 106	s <u>106</u>
	950 Southdown Rd.	ų.	
	Bloomfield, MI 48304		
5. If over \$100.00 c	umulative, please provide:	Click Here for Mem	temization Type
Occupation	Employer		
Business Address	(Disease)		
Type of Contribution:	Direct Loan from a person Fu	nd Raiser	<u> </u>
3. Contribution #2 Is this contribution fro Name & Address:	• -	į.	_
	Vanessa Hoyes	s 100	\$ 100
Boomerman	47012 BRENNEN DR.	Click Horo for Morn	Hombretton Tuno
CO THE CONTRACTOR	Macons, MI 48044	Click Here for Memo	i itanikason Type
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Business Address			
Type of Contribution:	Direct Loan from a person	Fund Raiser	
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Name & Address:	Stephen Pangori 8100 Rosebud Lu.	<u>\$ 100</u>	\$ 100
A 494 A-07 Y00000000	Clarkston, Mi 48348	Click Here for Memo	Itemization Type
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Occupation	Employer		
Business Address		-	
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Name & Address:	Thomas Fischer	\$ 250	\$ 250
	2930 Hessel Ave.	Click Here for Memo	Hemication Type
	Rochestee, MI 48307	Office Flore for Metric	inclination Type
5. If over \$100.00	cumulative, please provide:		
Occupation Pa	stee Employer Goodlife Country	Paetmack;	
Business Address	1892 C. Album Rd. Rocheston Hills, Mr 48	307	
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ITEMIZED CONTRIBUTIONS SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number	39111	
2 Committee Name Macare		weter Production

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Business Address		u	1/	yer Messina Trucking)				
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is this contribution from	a PAC	;? LJYE	:5	4. Date of Receipt		mina			
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Page 14 of 14									



ITEMIZED DIRECT EXPENDITURES SCHEDULE 2B INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 139111

2. Committee Name Macon's Families + Business Coalifics

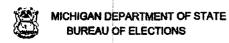
MADEL PUDEUM OUL COUNTY	CHIMITIES 2. COMMINGE HEADS 1 1-1-1			
Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7 Amount	B. Cumulative for Election or Election Cycle
Expenditure #1				***************************************
Name & Address:	5.		***************************************	
John Johnson 49149 Bayshore Chestuatield, M. 48047	Name of Candidate	8 25/16		\$ 4,500
OBYN DAYNAGE	, , , , , , , , , , , , , , , , , , ,	91 42 110	\$ 3,000	3_7,3-0
49149 Bayshare		Date		
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4. Purpose: Consulting - No other			1	
Wend of	Ballot Proposal			
[T	Check box if expenditure is payment of Debt		*	
Fund Raiser	or Obligation reported on previous statement			
Expenditure #2	or obligated) reported on provided department			
Name & Address:	5 .			
	Name of Candidate	9/2/16	\$1,260	1260
PAW Graphies Group	THE PARTY OF THE P	Date	A.11-24	
214 Crockee Blud.		Date		
LIT COURSE Blue.	Office Sought & District # or Jurisdiction			
Mt. Clement, MI 48043		Click Here fo	or Memo Itemizatio	on Type
1,000	0		***************************************	
	County			
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4. Purposo: Newsteller Design	Ballot Proposal		****	
	Check box if expenditure is payment of Debt		•	
Fund Raiser	or Obligation reported on previous statement			
Expenditure #3				
Name & Address:	5.			
	Name of Candidate	9/16/16	s 200	\$ 200
Goodlefe'	, <u> </u>	1110110	\$ 200	\$ 200
1872 E. Aubum Rd.		Date		
	Office Sought & District # or Jurisdiction	Click Hara	for Memo Itemiza	Hom Tune
Rochesta Hils, MI 48307		CHCK FIELD	IOI MONIO ILONIAZA	BOIT Type
	County			
	332.4			
4. Purpose: Charity				
4. Purpose: CARLIAN	Ballot Proposal			
Fund Reiser	Check box if expenditure is payment of Debt or Obligation reported on previous statement		• *	
	O OTHERS I DESIGN OF PRANCES STREETHER			
Expenditure #4	5.		u-damento vo	
Name & Address:	Name of Candidate		*******	
Chil P.L.	A district new ring process area properties.	9/20/16	. 70	
Shelby Rotary		***************************************	\$70	\$ 70
P. O. BOX 4382	Office Sought & District # or Jurisdiction	Date	***************************************	
Troy, M1 48098	County	Click Her	e for Memo Itemiz	ation Type
			Personal	
Troy, M1 48098 4. Purpose: Charity	Baliot Proposal			
4. Purpose: CARPATA	Check box if expenditure is payment of Debt		***	
Fund Raiser	or Obligation reported on previous statement		I	
		btotal this page	1264	
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ITEMIZED DIRECT EXPENDITURES SCHEDULE 2B

1. Committee I.D. Number 139 II I

INDEPENDENT OR POLITICAL CO	OMMITTEE 2. Committee Name Ma	comb Families + Bismiss Coalition
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: Richard Stathake;	5Name of Candidate	9/6/16 \$1000 \$1000
13883 Timbozulezh Oz. Shilby Turp- Mil 48315	Office Sought & District # or Jurisdiction	Date
	County	Click Here for Memo Itemization Type
4. Purpose: LOGH Payment Fund Raiser	Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement	
Expenditure #2 Name & Address:	5.	
(1)	Name of Candidate	9/13/16 \$ 2000 \$ 3006
	Office Sought & District # or Jurisdiction	Click Here for Memo Itemization Type
	County	The same same same same same same same sam
4. Purpose: Lear Payment	Ballot Proposal Y Check box if expenditure is payment of Debt	
Fund Raiser	or Obligation reported on previous statement	
Expenditure #3 Name & Address:	5.	
u "	Name of Candidate	10/27/16 \$ 300 \$ 3306
	Office Sought & District # or Jurisdiction	Click Here for Memo Itemization Type
	County	
4. Purpose: Lo as Preparet Fund Raiser	Ballot Proposal X Check box if expenditure is payment of Debt or Obligation reported on previous statement	
Expenditure #4 Name & Address:	5.	
Shelby Community Foundation	Name of Candidate	1417 \$100.00 \$106.00
52700 VAN OYKE	Office Sought & District # or Jurisdiction	Date
Shelby Twp. on 148316	County	Click Here for Memo Itemization Type
4. Purpose: Charity Fund Raiser	Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement	
	Sul	ototal this page 3,400
	Grand Total of a (Complete on last pa	
Pege 2 of 9	*	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 Mecon's Families + Busines Coalifica

***************************************	DETT, DITT OF HOME OF				
3. Name and address the expenditure was r	s of person or vendor to whom nade	5. Candidate or Ballot Question Information	6. Date	7 Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address:		5.			
Jac Rose	-	Name of Candidate	11 22 16	\$ 315 00	s 375. **
10735 Kin	solow Ave.	Office Sought & District # or Jurisdiction	rato		
Hundingto	" moral Wi Adado	• • • • • • • • • • • • • • • • • • •			
PAL		County	Click Here	for Memo Item	ization Type
4. Purpose: Compu	Iting - mo other				
Fund Reiser	vendor	Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement		***************************************	
Expenditure #2	,	5.	1 .		
Name & Address:		Name of Candidate	10/24/16	\$ 80.00	\$ 80.00
) (11		Date		-
		Office Sought & District # or Jurisdiction	Click Here fo	r Memo (temi:	zation Type
		County			
t i					
. 4. Purpose:		Ballot Proposal Check box if expenditure is payment of Debt			
Fund Raiser		or Obligation reported on previous statement			
Expenditure #3 Name & Address:		5.			
Salvation	ARMY	Name of Candidate	10 4 16	\$ 500. **	\$ 500,00
51200 VA.	-	Office Sought & District # or Jurisdiction			
Shelby Tw	p. mi 48314		Click Here 1	for Memo Item	ization type
•		County			
4. Purpose: Chan	ułý	Bailot Proposal			
Fund Raiser		Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #4		5.			
Name & Address:		Name of Candidate			
Trimin	ly Community Care		2/24/17	\$ 100,00	\$ 100.00
	I VAN Dyke	Office Sought & District # or Jurisdiction	Date		
Shelb	y Tup. MI 48317 Areuby	County	Click Here	for Memo Ite	mization Type
10-06	Marche.	Ballot Proposal			
Fund Raiser		Check box if expenditure is payment of Debt			
UL		or Obligation reported on previous statement Su	btotal this page	995	
		Council Total all	all Schedules 2B	113	
		(Complete on last p			
\$				Enter this tol	
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Page 3 of _	<u> </u>				



ITEMIZED DIRECT EXPENDITURES SCHEDULE 2B INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 139111

SCHEDULE 2B INDEPENDENT OR POLITICAL CO	MMITTEE 2. Committee Name_Ma	comb Famile	in + Bushe	is Coalition
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 cycle
Expenditure #1 Name & Address: Charlee Tap. of Shelby	5Name of Candidate	3/27/17	1825.49	\$ 1825.49
52700 VANDYKI Shelby Tup. MI 48316	Office Sought & District # or Jurisdiction	Date		
Reinstreen for Employee 4. Purposo: Appreciation / Recognition Extrats	County	Click Here fo	or Memo Itemiz	ation Type
Fund Raiser	Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #2 Name & Address: Chaetee Tup of Shelby	5. Name of Candidate	4/4/17 s	459.98	\$ <i>2285.4</i> 7
52700 VAN PALL	Office Sought & District # or Jurisdiction	Click Here for	Memo Itemiza	don Type
Shelly Tup me 48316	County			
4. Purpose: Dunation - Office Montfor: Fund Raiser	Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #3 Name & Address:	5.			
Goodifi	Name of Candidate	5 18 17	\$ 350	\$ 350
1892 E. Auburn Rd. Rochester Hills, Mi 98307	Office Sought & District # or Jurisdiction County	Click Here to	or Memo itemiz	ation Type
4. Purpose: Charaty Fund Raiser	Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #4 Name & Address:	5.			************
Signarama	Name of Candidate	5/00/17	s 132.50	\$ 132.50
51084 Filomena' Or. Shilby Tup: MI 48315	Office Sought & District # or Jurisdiction	Date		
2 wright cohe the 48812	County	Click Here	for Memo Itemi	zation Type
4. Purpose: PAC \$16N	Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement			
	Su	btotal this page	2767.97	
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Page 4 of 9				



ITEMIZED DIRECT EXPENDITURES SCHEDULE 2B

1. Committee I.D. Number

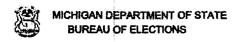
139111

2. Committee Name Macont Families + Butice Coalition INDEPENDENT OR POLITICAL COMMITTEE 3. Name and address of person or vendor to whom 8. Cumulative 6. Date 7 Amount 5. Candidate or Ballot Question Information for Election or the expenditure was made **Election Cycle** Expenditure #1 Name & Address: Run the Creek 4 lailer Name of Candidate 100 \$ 100 52000 Cherry Creak DR. Office Sought & District # or Jurisdiction Shelby Twp. MI 48316 Click Here for Memo Itemization Type County 4. Purpose: Charity Ballot Proposal

Check box if expenditure is payment of Debt **Fund Raiser** or Obligation reported on previous statement Expenditure #2 Name & Address: 7/8/17 \$ 180 \$ 100 Name of Candidate Day spring Ministries 238 Lakeside Ave. Office Sought & District # or Jurisdiction Click Here for Memo Itemization Type Lake Hopatcons, NJ 07849 County 4. Purpose: Charity **Ballot Proposal** Check box if expenditure is payment of Debt **Fund Reiser** or Obligation reported on previous statement Expenditure #3 Name & Address: Name of Candidate \$ 100 McRest \$ 100 20415 ERIN St. Office Sought & District # or Jurisdiction Click Here for Memo Itemization Type Rosewille, MI 48066 County 4. Purpose: Charty Ballot Proposal Check box if expenditure is payment of Debt Fund Raiser or Obligation reported on previous statement Expenditure #4 Name & Address: Name of Candidate Lettuce Co. . 74.78 52957 VAN DYKE Office Sought & District # or Jurisdiction Shelby Tup. MI 48316 Click Here for Memo Itemization Type County 4. Purpose: Lunch Mechag **Ballot Proposal** Check box if expenditure is payment of Debt Fund Raiser or Obligation reported on previous statement Subtotal this page 374.78 Grand Total of all Schedules 2B (Complete on last page of Schedule)

Page 5 of 9

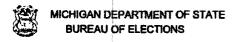
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I EMIZED DIRECT EXPERDITURES	1. Committee	
SCHEDULE 2B	the state of the s	
SOLIEDOLL 2D		
INDEPENDENT OR POLITICAL COMMITTEE	2. Committee Name Maconb Family Bush	ass Chalelion
		6

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:	5.	
Tainsty Community Care	Name of Candidate	9/25/17 \$ 200 00 \$ 260.00
47511 VAN Oyke	Office Sought & District # or Jurisdiction	
Shelby Tup- MI 48317	County	Click Here for Memo Itemization Type
4. Purpose: Charty		
Fund Raiser	Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement	
Expenditure #2 Name & Address:	5	() ()
Meadow brook Theatre Guld	Name of Candidate	10/18/17 \$ 600 \$ 600
377 Meadowbrook Ed.	Office Sought & District # or Jurisdiction	Click Here for Memo Itemization Type
Rochester, MI 48309	County	CHOK I TOTO TO METHO ROPHEZUULL TYPO
4. Purpose: Charty	Ballot Proposal	
Fund Reiser	Check box if expenditure is payment of Debt or Obligation reported on previous statement	
Expenditure #3		
Name & Address:	5.	
Macomb County Republicans	Name of Candidate	10/25/17 \$1000 \$1000
48711 VAN OYKE	Office Sought & District # or Jurisdiction	Click Here for Manual Itemization Type
Shelby time - MI 48317		Click Here for Memo Itemization Type
• • • · · · · · · · · · · · · · · · · ·	County	acceptance of the second of th
4. Purpose: Donation		
4. Purpose: 12 075 11 01	Ballot Proposal Check box if expenditure is payment of Debt	
Fund Raiser	or Obligation reported on previous statement	
Expenditure #4	5.	
Name & Address:	Name of Candidate	
Ahaliac	LACTION CALLINGIA	11/7/17 \$ 63.14 \$ 63.14
Meizer 8401 26 mile Rd.	Office County's District A on Indeed Asse	11/7/17 \$ 63.14 \$ 63.14
8401 20	Office Sought & District # or Jurisdiction	Ud®:
Washington, MI 48094	County	Click Here for Memo Itemization Type
4. Purposa: Supplies for Vets For Run	Ballot Proposal	
4. Purpose: Jopatics Tell Relies	Check box if expenditure is payment of Debt or Obligation reported on previous statement	
L. C.		btotal this page 1863_14
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vision and the second s	Grand Total of a	
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Page 6 of 9



ITEMIZED DIRECT EXPENDITURES SCHEDULE 2B INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 134111

2. Committee Name Macomb Families + Bysiais Coali fice

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 Cycle
Expenditure #1				
Name & Address:	5.			
Macon's Symphony Orchestra	Name of Candidate	10 26 17	\$ 100	\$ 100
44575 GARFIELD Rd.		Date		
at the second	Office Sought & District # or Jurisdiction			
Clinton Tap. MI 48036		Click Here	for Memo Item	Ization Tyne
4. Purpose: Charly	County	2.1.2.1.1.1.1		,,,po
4. Purpose: UNE COM				
Fund Raiser	Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #2	5.			
Name & Address:	Name of Candidate	11/10/17	\$ 239.48	\$ 239.48
American Speedy		Date	******	* 27 P. 13
46723 VAN DYKE	Office Sought & District # or Jurisdiction			
Shelbytup- MI 48317		Click Here fo	r Memo Remiz	ation Type
24clad (mb - 12, 1831)	County		***************************************	

4. Purpose: Fundraiser Printing	Ballot Proposal			
➤ Fund Raiser	Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #3				
Name & Address:	5.			
Postmaster	Name of Candidate	11/13/17	s 98	<u>\$ 98</u>
7755 22 Mile Rd.		Date	ļ.	
Shelly Tup. MI 48317	Office Sought & District # or Jurisdiction	Click Here f	or Memo Itemi	zation Type
Sieley 15%. W. 48317	County			
4. Purpose: Stamps	Bailot Proposal			
X Fund Raiser	Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #4	5.			
Name & Address:	Name of Candidate		-	
Jingle Bell Run 52700 van Oyke	italijo vi Varrinaa	11/20/17	2 100	2 100
52700 van Oyke	Office Sought & District # or Jurisdiction	Date	*	•
Shelby Tup. M. 48316				
,	County	Click Here	for Memo Iten	nization Type
4. Purpose: Charty.			***************************************	
	Ballot Proposal Check box if expenditure is payment of Debt			
Fund Raiser	or Obligation reported on previous statement			
	Sut	egeq eldt istoto	537. 48	7
	Grand Total of a	Il Schedules 2B		1
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7.00			Enter this total	
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Page 7 of 9				, -

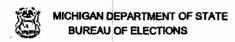


ITEMIZED DIRECT EXPENDITURES

1. Committee I.D. Number 139111

SCHEDULE 2B				c 1.0%
INDEPENDENT OR POLITICAL CO	MMITTEE 2. Committee Name Ma	COMS FAMILI	es + Business	Coalition
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: Jingle Bell Run 52700 VAN DYKE	5Name of Candidate	11/28/17	5_(00	\$ 100
52700 van Dyke		Date		
Shelby Tup. M 48316	Office Sought & District # or Jurisdiction			
4. Purpose: Charety	County	Click Here	for Memo Itemiz	zation Type
Fund Raiser	Baliot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement		***************************************	
Expenditure #2	2			
Name & Address:	5		-000	210 2 8
American speedy	Name of Candidate	11/30 17 Date	\$ 79.80	\$ 3/9.28
46723 VAN OYKE	Office Sought & District # or Jurisdiction			
Shelly Tup. MI 48317		Click Here fo	r Memo Itemiza	tion Type
	County			
PAC			-	
4. Purpose: Fundament Printing Fund Reiser	Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #3 Name & Address:	5.			
	Name of Candidate	ulada	102	s 1925
DA Francesco		11 30 (17 Date	\$ 1925	\$ 1123
49521 VAN DYKE	Office Sought & District # or Jurisdiction		***************************************	-
Stelly Tup. M. 48317	•	Click Here t	for Mema Itemiz	ation Type
32.29 rap. r.	County		**************************************	
4. Purpose: PAC Fundraiser	Ballot Proposal		***************************************	
l '	Check box if expenditure is payment of Debt			
Fund Raiser	or Obligation reported on previous statement			
Expenditure #4 Name & Address:	5.			
TAP+ BARREL	Name of Candidate	12/11/17	- 12-	. 12-
Shelly Tup. M. 48317	Office Sought & District # or Jurisdiction	Date	\$ 1043	\$ 125
C) 11 T M1 48317				
Sherry Tup.	County	Click Here	for Memo Item	ization Type
4. Purpose: PAC Lunch	Ballot Proposal		ŀ	
	Check box if expenditure is payment of Debt			
Fund Reiser	or Obligation reported on previous statement		1	F
	Sul	egeq eint latotd	2229.80	
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Page 8 of 9



ITEMIZED DIRECT EXPENDITURES SCHEDULE 2B

1. Committee I.D. Number 139// / 2. Committee Name Macomb Families & Broinis Coalitin INDEPENDENT OR POLITICAL COMMITTEE 3. Name and address of person or vendor to whom 6. Date 7 Amount the expenditure was made 5. Candidate or Ballot Question Information for Election or **Election Cycle** Expenditure #1 Name & Address: Steeling Height's Charles of Cornei 13/12/17 :60 12900 Hall Rd. Office Sought & District # or Jurisdiction Steeling Houghts, M. 48313 Click Here for Memo Itemization Type County 4. Purpose: Lumehren Admission **Bailot Proposal** Check box if expenditure is payment of Debt **Fund Raiser** or Obligation reported on previous statement Expenditure #2 Name & Address: Charter Try. of Shelbuy \$10,000 Name of Candidate sJ2 285.47 52700 van Ryke Office Sought & District # or Jurisdiction Click Here for Memo Itemization Type Shelly Tup. MI 48316 County 4. Purpose: Veter rears Computer Donation **Ballot Proposal** Check box if expenditure is payment of Debt **Fund Raiser** or Obligation reported on previous statement Expenditure #3 Name & Address: Name of Candidate Office Sought & District # or Jurisdiction Click Here for Memo Itemization Type County 4. Purpose: **Ballot Proposal** Check box if expenditure is payment of Debt **Fund Raiser** or Obligation reported on previous statement Expenditure #4 Name & Address: Name of Candidate Office Sought & District # or Jurisdiction Click Here for Memo Itemization Type County **Ballot Proposal** 4. Purpose: Check box if expenditure is payment of Debt

or Obligation reported on previous statement

Grand Total of all Schedules 2B 28,583.64 (Complete on last page of Schedule)

Subtotal this page

Enter this total on line as of the Summary Page

14,885.47

Page 9 of 9

Fund Raiser



Page _/ of /

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

1. Committee I.D. Number 139/11

2. Committee Name Macon's Families + Business Cosh Lin

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 5. Ruleared Statholis Name & Address: Macons County Rep. Party Super Soc. Shelk Tup.
Office Sought & District # or Jurisdiction 10/11/16 \$ 650 s 650 48711 VAN DYKE Shelly Tup. MI 48317 **Ballot Proposal** Click Here for Memo Itemization Type 4. Purpose: Cincola Dinner Ad County Check box if expenditure is payment of Debt or Support: X Obligation reported on previous statement Oppose Expenditure #2 5, Name & Address: Name of Candidate Office Sought & District # or Jurisdiction Date **Ballot Proposal** Click Here for Merrio Itemization Type County 4. Purpose: Check box if expenditure is payment of Debt. or Obligation reported on previous statement Support: Oppose Expenditure #3 Name & Address: Name of Candidate Date Office Sought & District # or Jurisdiction Click Here for Memo Itemization Type **Ballot Proposal** County 4. Purpose: Check box if expenditure is payment of Debt or Oppose Obligation reported on previous statement Support: Subtotal this page 650 Grand Total of all Schedules 2B-1 (Complete on last page of Schedule) Enter this total on line 9 of the Summary Page



DEBTS AND OBLIGATIONS

139/11

POLITICAL OR INDEPENDENT COMMITTE This Schedule Itemizes:		Jacons Families ,		
a. Debts and obligations owed by or forgiven the			awed <u>to</u> or forgiv	en by the committee.
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 toan, please provide information regarding the endorsers or guerantors, if any.	either a or b. Use only for the purpor 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. Cutebinding Balance at close of this period (Ram 6 minus Rem 8
Need to propy: Rick Statlet is 13883 Timberher	4. Type: LOAN 5. Beto Debt Was Incurred: 7/12/16	\$: Ø	3000
Shelly Top. MI 48315	6. Original Amount of Dubt	\$		FORGIVEN
f bank loan, name of endorser or guarantor.	,	Am	xunt Endorsed: \$	
ebt #2 Corp? Yes	4. Type: Lo an 5. Date Debt Was Increred;	9/15/16: 1,000	\$ 1,000	. Ø
	6. Original Amount of Debt 1 , のセンコ		_	FORGIVEN
If benk loan, name of endorser or guarantor:		Am	ount Endorsed: \$	
Debt #3 Dwed to or by:	5. Date Debt Was Incurred: 7/1/6 6. Orioinal Amount of Debt 8 400	9/4/16 5 400	\$ 400	s_Ø_
f benk teen, name of endorser or guarentor;		An	ount Endormed:	
	Complete on last page of Schedula s	Page Subtotal	(Outstanding deb f all Schedules 2	3,000
A debt or obligation must be shown on this Schedu his Campaign Statement or it was forgiven during (iling data of	Enter this total on line 12a "owed by", or line 12b "owed to" of the



DEBTS AND OBLIGATIONS

1. Committee I.D. Number 139/11

POLITICAL OR INDEPENDENT COMMITTE	EE 2 Committee Name	Yacon's Femilies	4 BUSINES	Coeletien
This Schedule terrizes:				
a. Printer and obligations owed by or largiven the			owed <u>to</u> artargive	on by the committee.
(Check a 3, Name and mailing Address of person, vendor or	Ather a or b. Use only for the purpor			
financial institution to whom debt is owed.	4. Type of Obligation (Description)	7. Date and amount of each payment	8. Cumulative payesent to	9. Outstanding Salance at close of
Check box to indicate whether debt is owed to an	6. Indicate date debt was		date on debt	this period (Nam 5 minus Mem 8)
incorporated business. If debt is a bank loen, please provide information regarding the endorsers or	incurred 6, Indicate original amount			from a column min of
guarantors, if any.	of debt			
Debt #1 Corp? Yes	4. Type: Laaw	9/1/4 ()		
Owed to orby:		9/6/16 \$ 600	600	w
Ruk Stallatis	5. Data Dobt Was Incurred:	\$	1.500	3
13943 Trabersen	5/24/16	\$		
C) 4 7	B. Original Amount of Debt		7	
Stelly Tap. M. 48315	\$ 600		1	
	, , , , , , , , , , , , , , , , , , , ,	<u> </u>	J	FORGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	
Debt #2 Corp? Yes	ATTIME COM		,	
Country E of Sy.		10/27/0 \$ 300		
11 //	5. Date Debt Wes Incurred:		300	, 50
· ·	5/10/16			-
	8. Original Amount of Debt		-	
. 3	1 350	<u> </u>	4	
			J	FORGIVEN
If bank loan, name of endorser or guarantor:		Ani	ount Endorsed: \$	
Debt #3 Corp? Yes	4. Types Cooks	9/15/143 200		
Owed to or by:	4. Typex	7/15//63 8.00		
10 11	5. Data Debt Was Incorred:		200	\$25
*	4/4/16		_	
epopulari de la compania del compania del compania de la compania del la compania de la compania dela compania del la compania	6. Original Amount of Debt	\$		
	. 200		7	FORGIVEN
	1 5 0 0	A		1
If bank loan, name of endorser or guarantor:		Ar	nount Endonwed: \$	
4.		Page Subtotel	(Outstanding debt	50
		Count Total	of all Schedules 25	
(0	complete on test page of Schedule :			
				Enter this total on
	t. 47 th			ine 12a "owed

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

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

Page 2 of 6



DEBTS AND OBLIGATIONS SCHEDULE 2E	1. Committee I.D. Numb			
POLITICAL OR INDEPENDENT COMMITTE	E 2. Committee Name	decous families .	+ Business	Codifien
This Schedule itemizes: a. Debts and obligations owed by or forgiven the		Debts and obligations		
Name and mailing Address of person, vendor or financial institution to whom debt is owned.	4. Type of Obligation (Description)	7. Dele and amount of each payment	8. Cumulative payment to	9. Outstanding Belance of close of
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.	5. Indicate date debt was incurred 6. Indicate original arrount of debt		dale on debt	thie period (Kem 6 rhinus item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: Loow	9/15/16 \$ 800	700	Ø
Rick Statholis 1943 Timbercian	5. Date Debt Was Incorred: 4/1/16	5	\$ 800	\$
Shelly Tup. MI 48345	6. Original Amount of Debt	***************************************	-	
• •	\$ 800	\$.	J	FORGIVEN
If bank loan, name of endorser or guarantor:		Am Am	ount Endorsed: \$	
Owed to or by: Carp? Yes	4. Type: Co cos 5. Data Debt Was Incurred;		. 6	
	//Z5 [*] /(Gr 6. Original Amount of Debt			: 1500
The state of the s	\$ 1500		1	FORGIVEN
W bank kian, name of endorser or guarantor.	`	Am	ount Endorsed: \$	
Debt #3 Corp? Yes	4. Type LOON			
10 11	5. Date Debt Was Incurred:		5_0	300
	5. Original Amount of Debt	*	<u> </u>	
	\$ 300			LIFORGIVEN
If bank loon, name of endorser or guaranter.		A	nouni Endorsed:	\$
		Page Sublotal	(Outstandling del	1800
(C	omplete on last page of Schedule	Grand Total ahowing amounts owind by o	of all Schedules a ir to the committe	9.)
A debt or obligation must be shown on this Schedu this Campaign Striement or R was forgiven during	le if there was an outstanding or the pariod covered by this Camp	nount owed on it at the cic eign Statement.	neing data of	Enter this total on line 12s "owed by", or line 12b "owed to" of the

Page 3 d 6



DEBTS AND OBLIGATIONS SCHEDULE 2E

1. Committee I.D. Number	139111	

POLITICAL OR	INDEPENDENT COMMITTE	E 2. Committee Name	TACONS TAMPLES + 1	MINISTER COL	1444
This Schedule ite	mizes:				
a. Debts and	obligations owed by or forgiven the o	committee OR b.	Debts and obligations	owed to or forgive	en by the committee.
	(Check ei	ther a or b. Use only for the purpos		-	-
Name and mailing financial institution	g Address of person, vendor or to whom debt is owed.	Type of Obligation (Description)	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period
	ate whether debt is owed to an	Indicate date debt was incurred		Gate on Gent	(item 6 minus item 8)
	ess. If debt is a bank loan, please regarding the endorsers or	6. Indicate original amount			
guarantors, if any.		of debt			
Debt #1	Corp? Yes	4. Type:			
Owed to or by:		4. Type: LOAN	\$	1 , 1	
Richard		5. Date Debt Was Incurred:	\$	\$_Ø	s 600
13883 7		10/11/16	s	1	
Shelby To	p. MI 48315	6. Original Amount of Debt	\$		
		\$ 600		1	
		***************************************	\$]	FORGIVEN
If bank loan, name	of endorser or guarantor:		Amo	ount Endorsed: \$	
Debt #2	Corp? Yes	4. Type: LOAN		T T	
Owed to or by:		LOAN			
		5. Date Debt Was Incurred;	3		2
	//		\$	s_ <i>B</i>	ş <u>350</u>
"		11/18/16			
		6. Original Amount of Debt		-	
		\$ 350	<u> </u>	-	[] rogon en
			\$	J	FORGIVEN
If bank loan, name	of endorser or guarantor:		· Amo	unt Endorsed: \$	
Debt #3	Corp? Yes				
Owed to or by:		4. Type: LOAN	<u> </u>	-	
11	***	5. Date Debt Was Incurred:	\$	s K	\$ 100
,,	5		\$	\$	\$ 700
	100	10/31/16			
	976M/01	6. Original Amount of Debt:	3	-	FORGIVEN
	ILZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	s /00	<u> </u>		LIFORGIVEN
If bank loan, name	of endorser or guarantor:		Am	ount Endorsed: \$	-
				Outstanding debt	1
	The state of the s		, ago outlour (Catolanamy acc	1,050
•	(Co	mplete on last page of Schedule si		all Schedules 25 to the committee	
	(OU	inhiara on mor hallo of contogue at	g willoutto offee of the	are committee.	L
					Enter this total on line 12a "owed
	n must be shown on this Schedule			ing date of	by", or line 12b
this Campaign Sta	tement or it was forgiven during the	e period covered by this Campai	gn Statement.		"owed to" of the Summary Page
					Julimaly Fage
Page 4 of	4				



Page 5 of 6

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS SCHEDULE 2E

1. Committee I.D. Number 139111

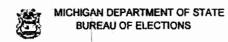
POLITICAL OR	INDEPENDENT COMMITTE	E 2. Committee Name 🗡	lacoms tamilies + i	Business Con	litimi
This Schedule iter					
a. Debts and	obligations owed by or forgiven the o		Debts and obligations of	owed <u>to</u> or forgive	en by the committee.
		ther a or b. Use only for the purpos	se checked.)		
	g Address of person, vendor or to whom debt is owed.	4. Type of Obligation (Description)	7. Date and amount of each payment	8. Cumulative payment to	9. Outstanding Balance at close of this period
	ite whether debt is owed to an ess. If debt is a bank loan, please	5. indicate date debt was incurred		date on debt	(Item 6 minus Item 8)
	regarding the endorsers or	6. Indicate original amount			
guarantors, if any.		of debt		Ll	
Debt #1	Corp? Yes	4. Type: ∠₀ ▲ ~	_		
Owed to or by:			<u> </u>	. 0	\$ 2, 500
Kichnil) *** (4 ¢)	5. Date Debt Was Incurred:	\$	\$	\$ 2, 300
13883 Tr	Loculen	3/28/17	\$		
56.16.7	Statlats Lacusiu G. M. 41315	6. Original Amount of Debt	\$		
3,000	r	\$ 2,500	\$	1	
			3	J	FORGIVEN
If bank loan, name	of endorser or guarantor:		Amo	unt Endorsed: \$	
Debt #2 Owed to or by:	Corp? Yes	4. Type: Coou			
-	"	The second secon	l s		
"	**	5. Date Debt Was Incurred:		s 50'	\$500
		5/18/17		1	
		6. Original Amount of Debt	S		
		· · · · · · · · · · · · · · · · · · ·	\$	_	
		\$ 500	\$		FORGIVEN
If hank laan sawa	of andomor or augmentar	'	Amo	unt Endorsed: \$	•
Debt #3	of endorser or guarantor:			UIR ENGUSEU. \$	
Owed to or by:	Corp? Yes	4. Type:	\$	4	
		C Date Date Was Incomed	S .	ا مت	2
1	/ //	5. Date Debt Was Incurred:		5_0	\$ 200
		6/1/17	3	- 1	
	V-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2	6. Original Amount of Debt:	5	-	
		\$ 200	, \$		FORGIVEN
	The state of the s	was and the second seco	_		
If bank loan, name	of endorser or guarantor:			ount Endorsed: \$	
			Page Subtotal (Outstanding debt	3,200
	100			all Schedules 2E	
	(Co	mplete on last page of Schedule s	nowing amounts owed by of t	o de committee	<u> </u>
	5000,019 gp. 2000				Enter this total on line 12a "owed
A debt or obligation	n must be shown on this Schedule	If there was an outstanding am	ount owed on it at the closi	ing date of	by*, or line 12b
this Campaign Sta	tement or it was forgiven during th	e period covered by this Campa	ign Statement.		"owed to" of the Summary Page



DEBTS AND OBLIGATIONS SCHEDULE 2E

1. Committee I.D. Number 139111

POLITICAL OF	RINDEPENDENT COMMITTE	E 2. Committee Name M	lacomb Families + 1	RISINUSS COAL	4in
This Schedule ite		Fine 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	F		
a. Debts and	obligations owed by or forgiven the		Debts and obligations	owed to or forgiv	en by the committee.
3. Name and maili	g Address of person, vendor or	ither a or b. Use only for the purpor 4. Type of Obligation	7. Date and amount of	8. Cumulative	9. Outstanding
financial institution	to whom debt is owed.	(Description)	each payment	payment to	Balance at close of
	ate whether debt is owed to an ess. If debt is a bank loan, please	Indicate date debt was incurred		date on debt	(Item 6 minus Item 8)
provide information	regarding the endorsers or	6. Indicate original amount			######################################
guarantors, if any.		of debt			
Debt #1	Corp? Yes	4. Type: Loan	s		i i
Owed to or by:	Stallakis			\$ 6	\$ 600
1	•	5. Date Debt Was Incurred:	\$	*	*
13153 7	Imbornai	10/19/17	\$	4	
Shellow"	Tup. N 48315	6. Original Amount of Debt	\$	1	
		\$ 600	s		FORGIVEN
	v-seego-intrins			_J	FORGIVEN
	of endorser or guarantor:	- Indiagnation - Indi	Ame	ount Endorsed: \$	
Debt #2 Owed to or by:	Corp? Yes	4. Type: LOAN			
ļ	Opposition of the second	(D. A. D. LAW (7)	\$		
11	11	5. Date Debt Was Incurred;	\$	\$_Ø	\$/000
• "	- Opposite the same	10/27/17			
		6. Original Amount of Debt			
		\$ 1000	<u> </u>	-	FORGIVEN
			<u> </u>	ا	
If bank loan, name	of endorser or guarantor:		Amo	ount Endorsed: \$	
Debt #3 Owed to or by:	Corp? Yes	4. Type: Co AN	\$		
Circuito di Dy.		ч. 13ро.			
11	1,	5. Date Debt Was Incurred:	<u> </u>	5_8	\$ <u>500</u>
	•	11/9/17	<u> </u>	-	
	Q-1	6. Original Amount of Debt:	\$	_	
		, 500	s		FORGIVEN
		1 3 3			1
If bank loan, name	of endorser or guarantor:		Am	ount Endorsed: \$	
	***************************************		Page Subtotal (Outstanding deb	2,100
			Grand Total of	f all Schedules 2i	
	(Co	emplete on last page of Schedule s			
					Enter this total on
A debt or obligation	on must be shown on this Scheduk	e if there was an outstanding am	ount owed on it at the clos	ing date of	line 12a "owed by", or line 12b
	tement or it was forgiven during th				"owed to" of the Summary Page
,					Julianai y Fago
Page 6 of	0				



FUND RAISER SCHEDULE 2F 1. Committee I.D. Number 139111

INDEPENDENT OR POLIT	2. Com	mittee Name <u>Macous</u>	Families + Bismis Coulitie
- USE A SEPARATE SHEET FOR EACH EVENT -			
3. Date Event Was Held	4. Number of Individuals Attending or Participating (whichever is greater) 25	5. Type of Fund Raising A	6. Address and Name (if any) of the place where the activity was held Da Francesco's Banquet 49521 Van Dyke Ave. Shuby Tay M1 48317 Private Residence
7. Total Contributions 8. Other Receipts	14,950 Ø		
9. Gross Receipts (Add lines 7 and 8) 14,950			
10. Total Cost of Event	Total Cost of Event 2,342.28		*Includes In-Kind Contributions and All Expenditures Made Fpr the Event
11. Check if event was a joint for	und raiser and complete the followi	ng:	
Co-Sponsor(s)	Contribution (%)	Split	Expenditure Split (%)
	4 100		
		SHIPUNIA -	
	Western Company of the Company of th	-	
The same than to see that	An file at apparate Friend Points Only		an arout hold during the artist annual to the
Campaign Statement.	· .		ng event held during the period covered by the the ltemized Direct Contributions Schedule
(2A), Itemized In-Kind Con	tributions Schedule (2-IK), Itemized	Expenditures Schedule	(2B) and the Summary Page.