



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

18 JAN 31 PM 2:00

**INDEPENDENT/POLITICAL
COMMITTEE COVER PAGE**

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

MACOMB COUNTY CLERK
STATE OF MICHIGAN

FOR OFFICIAL USE ONLY

3. This Statement covers From: 8/23/16 To 12/31/17

<p>1. Committee I.D. Number 139111</p>	<p>4. Committee's Mailing Address 13883 Timberline Dr. Shelby Twp. MI 48315 Area Code and Phone 586-232-4550 <small>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.</small></p>
<p>2. Committee Name Macomb Families + Business Coalition</p>	
<p>5. Treasurer's Name and Residential Address Vincent Viviano 6705 Saint Andrews Dr. Shelby Twp. MI 48315 Area Code and Phone 586-598-4754</p>	
<p>6. Treasurer's Business Address N/A Area Code and Phone</p>	<p>7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) N/A Area Code and Phone</p>
<p>8. TYPE OF STATEMENT:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>STATE LEVEL</u></p> <p>8a. <u>QUARTERLY STATEMENTS</u></p> <p><input type="checkbox"/> January 31</p> <p><input type="checkbox"/> April 25</p> <p><input type="checkbox"/> July 25</p> <p><input type="checkbox"/> October 25</p> <p>8b. <input type="checkbox"/> SPECIAL ELECTION INDEPENDENT EXPENDITURE REPORT</p> </div> <div style="width: 35%;"> <p>APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>COUNTY LEVEL</u></p> <p>8c. <input checked="" type="checkbox"/> ANNUAL STATEMENT (<u>2017</u> Coverage Year) Local Candidates Exempted</p> <p>8d. <input type="checkbox"/> PRE-ELECTION OR</p> <p>8e. <input type="checkbox"/> POST-ELECTION</p> <p>Pre-Election or Post-Election Statement relates to:</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONVENTION <input type="checkbox"/> SPECIAL </div> <div> <input type="checkbox"/> GENERAL <input type="checkbox"/> SCHOOL <input type="checkbox"/> CAUCUS </div> </div> <p>Date of Election, Convention or Caucus:</p> <p><input type="checkbox"/> July 25 Quarterly</p> <p><input type="checkbox"/> October 25 Quarterly</p> </div> <div style="width: 30%;"> <p>APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>STATE AND COUNTY LEVEL</u></p> <p>8f. <input type="checkbox"/> AMENDMENT TO CAMPAIGN STATEMENT (Complete item 8a, 8b, 8c 8d, 8e, 8f or 8h to indicate which Statement is being amended)</p> <p>8g. <input type="checkbox"/> DISSOLUTION OF COMMITTEE</p> <p>Effective Date of Dissolution</p> <p>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.</p> <p>Note: The disposition of residual funds must be reported on Schedule 2B and the Summary Page.</p> </div> </div>	
<p>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.</p>	
<p>Current Treasurer or Designated Record Keeper <u>VINCE VIVIANO</u> Type or Print Name <u>Vince Viviano</u> Signature Date <u>1-31-18</u></p>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139111

2. Committee Name Macomb Families + Business Coalition

SUMMARY PAGE
INDEPENDENT OR POLITICAL COMMITTEE

RECEIPTS	Column I This Period	Column II Cumulative for Calendar Year
3. Contributions		
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)	(3a.) \$ <u>29,838.14</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>29,838.14</u>	(18.) \$ <u>29,838.14</u>
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ <u>0</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)	(5.) \$ <u>29,838.14</u>	(20.) \$ <u>29,838.14</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized (Schedule 2-IK, Column 7)	(6a.) \$ <u>0</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ <u>0</u>	(21.) \$ <u>0</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct (Schedule 2B, Column 7)	(8a.) \$ <u>28,583.64</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.) \$ <u>137.59</u>	
e. Subtotal of Expenditures	(8e.) \$ <u>28,721.23</u>	(22.) \$ <u>28,721.23</u>
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$ <u>650.00</u>	(23.) \$ <u>650</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>29,371.23</u>	(24.) \$ <u>29,371.23</u>
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.) \$ <u>11,200</u>	
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>1759.52</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) + <u>29,838.14</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>31,597.66</u>	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) - <u>29,371.23</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2,226.43</u>	

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 139111

2. Committee Name Macomb Families + Business Coalition

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

6. Amount

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

3. Contribution #1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 8/26/16

Name & Address:

Michele LoChirco
2001 Crystal Lake Dr.
Shelby Twp. MI 48316

\$ 800

\$ 800

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

Occupation owner

Employer LoChirco Maintenance

Business Address

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 8/26/16

Name & Address:

Anthony Lombardo
47200 Van Dyke
Shelby Twp. MI 48316

\$ 500

\$ 500

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

Occupation owner

Employer Lombardo Enterprises

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

4. Date of Receipt 10/7/16

Name & Address:

Richard Stallhake
13883 Timberwood Dr.
Shelby Twp. MI 48315

\$ 300.00

\$ 8,150

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

Occupation Supervisor

Employer Shelby Twp.

Business Address 52700 Van Dyke, Shelby Twp. MI 48316

Type of Contribution: ☒ Direct

☒ Loan from a person

☐ Fund Raiser

Click Here for Memo Itemization Type

3. Contribution #4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 10/17/16

Name & Address:

" "

\$ 600.00

\$ 8,750

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

2,200

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

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 139111

2. Committee Name Macomb Families + Business Coalition

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

6. Amount

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

3. Contribution #1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 9/6/14

Name & Address:

Paul Borg
4211 Briar Dr.
Shelby Twp. MI 48316

\$ 300

\$ 300

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

Click Here for Memo Itemization Type

Occupation owner Employer B+B Maintenance

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 9/9/16

Name & Address:

Mohammed Qazi
6405 Middlebelt Rd.
W. Bloomfield, MI 48322

\$ 2000

\$ 2000

Click Here for Memo Itemization Type

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

Occupation Agent Employer Ciena Healthcare

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 9/9/16

Name & Address:

Angelo Lanni
7040 Valley Green
Washington Twp. MI 48094

\$ 250

\$ 250

Click Here for Memo Itemization Type

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

Occupation owner Employer Florence Cement Co.

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 11/18/16

Name & Address:

Richard Stathakis
13883 Timberview Dr.
Shelby Twp. MI 48316

\$ 350.00

\$ 9100

Click Here for Memo Itemization Type

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

Occupation Supervisor Employer Shelby Twp.

Business Address 52700 Van Dyke, Shelby Twp. MI 48316

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

Page Subtotal

2900

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

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 139111

2. Committee Name Macomb Families + Business Coalition

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).		6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution #1 Is this contribution from a PAC? <input type="checkbox"/> YES Name & Address: <u>Richard Stathakis</u> <u>13883 Timberline Dr.</u> <u>Shelby Twp. MI 48316</u> 4. Date of Receipt <u>10/31/16</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Supervisor</u> Employer <u>Shelby Twp.</u> Business Address <u>52700 Van Dyke, Shelby Twp. MI 48316</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>100</u>	\$ <u>9200</u>
3. Contribution #2 Is this contribution from a PAC? <input type="checkbox"/> YES Name & Address: <u>CTE Richard Stathakis</u> <u>13883 Timberline</u> <u>Shelby Twp. MI 48316</u> 4. Date of Receipt <u>1/4/17</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>600</u>	\$ <u>600</u>
3. Contribution #3 Is this contribution from a PAC? <input type="checkbox"/> YES Name & Address: <u>Richard Stathakis</u> <u>13883 Timberline</u> <u>Shelby Twp. MI 48316</u> 4. Date of Receipt <u>3/28/17</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Supervisor</u> Employer <u>Shelby Twp.</u> Business Address <u>52700 Van Dyke, Shelby Twp. MI 48316</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>2500</u>	\$ <u>2500</u>
3. Contribution #4 Is this contribution from a PAC? <input type="checkbox"/> YES Name & Address: <u>" "</u> 4. Date of Receipt <u>5/18/17</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>" "</u> Employer <u>" "</u> Business Address <u>" "</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>500</u>	\$ <u>3000</u>

Page Subtotal 3,700
 Grand Total of All Schedules 2A
 (Complete on last page of Schedule)
 Enter this total on line 3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 139111

2. Committee Name Malone Families + Business Coalition

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

6. Amount

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

3. Contribution #1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 6/1/17

Name & Address:

Richard Stuthakis

13883 Timberline Dr.

Shelby Twp. MI 48316

\$ 200.00

\$ 3200

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

Click Here for Memo Itemization Type

Occupation Supervisor Employer Shelby Twp.

Business Address 52700 Van Dyke, Shelby Twp. MI 48316

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

3. Contribution #2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 10/19/17

Name & Address:

"

"

\$ 600

\$ 3800

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 10/27/17

Name & Address:

"

"

\$ 1000

\$ 4800

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 11/9/17

Name & Address:

"

"

\$ 500

\$ 5,300

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

2300

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

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 139111

2. Committee Name Macomb Families + Business Coalition

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

6. Amount

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

3. Contribution #1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 11/22/17

Name & Address:

Phil Ruggesi
55764 Saint Regis Dr.
Shelby Twp. MI 48315

\$ 500

\$ 500

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

Occupation Attorney Employer Self

Business Address " "

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 11/29/17

Name & Address:

Michael Beck
3165 Alca Dr.
Watford, MI 48329

\$ 500

\$ 500

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

Occupation VP Employer Fori Automation Inc

Business Address 13231 23 Mile Rd Shelby Twp. MI 48315

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 11/29/17

Name & Address:

William Fox
96 Lothrop
Grosse Pointe Farms, MI 48236

\$ 500

\$ 500

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

Occupation owner Employer Fox Motors

Business Address 540 Auburn Dr Auburn MI 48603

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 11/29/17

Name & Address:

Louis Stramaglia
3202 Auburn Rd.
Shelby Twp. MI 48317

\$ 500

\$ 500

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

Occupation Contracting Employer Self

Business Address " "

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

Click Here for Memo Itemization Type

Page Subtotal

2000

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

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 139111

2. Committee Name Macomb Families + Business Coalition

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

6. Amount

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

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 11/30/17

Name & Address:

Gregory Iacobelli
53659 Christy Dr.
Chesterfield, MI 48051

\$ 500.00

\$ 500.00

Click Here for Memo Itemization Type

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

Occupation owner Employer ACADIA Home Builders

Business Address 35110 Wolvane Dr. 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 11/30/17

Name & Address:

Francisco Lalama
56841 Copperfield Dr.
Shelby Twp. MI 48316

\$ 500

\$ 500

Click Here for Memo Itemization Type

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

Occupation Principal Employer Vanguard Building Group

Business Address 101 S. Main St. Rochester MI 48307

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

3. Contribution # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 11/30/17

Name & Address:

JAMES QUASARANO
51412 Sharnoud Ln.
Shelby Twp. MI 48315

\$ 500

\$ 500

Click Here for Memo Itemization Type

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

Occupation Director Employer Walbridge

Business Address 777 Woodward Ave. Detroit, MI 48226

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

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 11/30/17

Name & Address:

Joe Oran
29501 Greenfield
Southfield, MI 48098

\$ 500

\$ 500

Click Here for Memo Itemization Type

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

Occupation Manager Employer Outdoor Media

Business Address 885 Custer, Detroit, MI 48202

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

Page Subtotal

2000

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(Complete on last page of Schedule)

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

1. Committee I.D. Number 139111

2. Committee Name Macomb Families + Business Coalition

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

6. Amount

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

3. Contribution #1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 11/30/17

Name & Address:

SARA D'AGOSTINI
39700 VAN DYKE
Stearling Heights, MI 48312

\$ 500

\$ 500

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

Click Here for Memo Itemization Type

Occupation Attorney Employer Self

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 11/30/17

Name & Address:

Michael Dinello
12970 Honey Locust Dr.
Shelby Twp. MI 48315

\$ 500

\$ 500

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

Click Here for Memo Itemization Type

Occupation Partner Employer Vanguard Real Estate

Business Address 101 South Main St. Rochester, MI 48307

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

3. Contribution #3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 11/30/17

Name & Address:

JAMES CHO
3759 Red Maple Ct.
Oakland, MI 48363

\$ 500

\$ 500

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

Click Here for Memo Itemization Type

Occupation Doctor Employer Comenstone Health

Business Address 13350 24 Mile Rd. Shelby Twp 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 11/30/17

Name & Address:

Michael Torres
49398 East Woods
Shelby Twp. MI 48317

\$ 500

\$ 500

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

Click Here for Memo Itemization Type

Occupation Partner Employer Sal-Mar Homes

Business Address 50259 VAN DYKE, Shelby MI 48317

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

Page Subtotal

2000

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 139111

2. Committee Name Maconb Families + Business Coalition

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

6. Amount

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

3. Contribution # 1

Is this contribution from a PAC? ☐ YES 4. Date of Receipt 11/30/17

Name & Address:

John Bologna Jr.

19135 Samos Dr.

Beverly Hills, MI 48025

\$ 500

\$ 500

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

Click Here for Memo Itemization Type

Occupation owner Employer Bologna Properties LTD

Business Address 26640 Van Dyke, Centerline, MI 48015

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

3. Contribution # 2

Is this contribution from a PAC? ☐ YES 4. Date of Receipt 11/30/17

Name & Address:

Emily Kowath

775 Kingston Ct.

Bloomfield Hills, MI 48304

\$ 500

\$ 500

Click Here for Memo Itemization Type

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

Occupation Atty. Employer Payette + Kowath

Business Address 2352 Stonehenge, Flint, MI 48532

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

3. Contribution # 3

Is this contribution from a PAC? ☐ YES 4. Date of Receipt 11/30/17

Name & Address:

Vincenzo Ciraulo

7670 19 Mile Rd.

Stealing Heights, MI 48314

\$ 500

\$ 500

Click Here for Memo Itemization Type

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

Occupation owner Employer Square Deal Building

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 11/30/17

Name & Address:

Eugene Dagoitini

38700 Van Dyke

Stealing Heights, MI 48312

\$ 500

\$ 500

Click Here for Memo Itemization Type

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

Occupation owner Employer Titau Group

Business Address " "

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

Page Subtotal

2000

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

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 139111

2. Committee Name Macomb Families + Business Coalition

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

6. Amount

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

3. Contribution # 1
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 11/30/17
Name & Address:
Joseph McClusky Jr
38123 Seaway
Harrison, MI 48045

\$ 500

\$ 500

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

Click Here for Memo Itemization Type

Occupation GM Employer Magna International
Business Address 2050 Auburn Rd, Auburn Hills, MI 48326
Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 2
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 11/30/17
Name & Address:

\$ 350

\$ 350

Click Here for Memo Itemization Type

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

Occupation Atty Employer Kirk + Huth
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 11/30/17
Name & Address:
Bob Kirk
19500 Hall Rd
Clinton Twp. MI 48038

\$ 350

\$ 350

Click Here for Memo Itemization Type

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

Occupation Atty Employer Kirk + Huth
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 11/30/17
Name & Address:
Scott Bala
19500 Hall Rd.
Clinton Twp. MI 48038

\$ 300

\$ 300

Click Here for Memo Itemization Type

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

Occupation Atty Employer Kirk + Huth
Business Address " "
Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal 1500

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 139111
2. Committee Name Macomb Families + Business Coalition

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

6. Amount

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

3. Contribution # 1

Is this contribution from a PAC? ☐ YES 4. Date of Receipt 12/4/17

Name & Address:

Beth Case
264 Ridgmont Rd.
Grosse Pointe, MI 48236

\$ 1000

\$ 1000

Click Here for Memo Itemization Type

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

Occupation Partner Employer BPI Info. System

Business Address 6055 W. Samuels Rd, Brecksville, OH 44141

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

3. Contribution # 2

Is this contribution from a PAC? ☐ YES 4. Date of Receipt 12/4/17

Name & Address:

Stephen Saph, Jr.
44 Macomb St.
Mt. Clemens, MI 48046

\$ 500

\$ 500

Click Here for Memo Itemization Type

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

Occupation owner Employer Nickel + Saph Ins.

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 12/12/17

Name & Address:

Jeff Campbell
4607 Shoreview Ln
Whitmore Lake, MI 48189

\$ 100

\$ 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 12/12/17

Name & Address:

Kevin Flattery
7665 Queen Anne's Ct.
Dexter, MI 48130

\$ 100

\$ 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

1700

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

139111

2. Committee Name

Macomb Families + Business Coalition

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

6. Amount

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

3. Contribution # 1

Is this contribution from a PAC?

☐ YES

4. Date of Receipt

12/12/17

Name & Address:

Scot Moxal
49876 Baker Ct.
Macomb, MI 48044

\$ 500

\$ 500

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

Click Here for Memo Itemization Type

Occupation

Birken

Employer

MTR Homes

Business Address

46600 Romeo Plank Rd, 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

12/12/17

Name & Address:

Michael Chirco
46600 Romeo Plank Rd.
Macomb, MI 48044

\$ 500

\$ 500

Click Here for Memo Itemization Type

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

Occupation

owner

Employer

MJC Companies

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

12/15/17

Name & Address:

Viktor Gjonaj
14523 Bournemuth Dr.
Shelby Twp. MI 48315

\$ 500

\$ 500

Click Here for Memo Itemization Type

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

Occupation

Real Estate

Employer

Signature Assoc.

Business Address

1 Town Square, Southfield, MI 48076

Type of Contribution:

☒ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC?

☐ YES

4. Date of Receipt

12/15/17

Name & Address:

Joseph Creadon
2145 Crooks Rd.
Troy, MI 48064

\$ 500

\$ 500

Click Here for Memo Itemization Type

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

Occupation

Partner

Employer

CRS Companies

Business Address

"

"

Type of Contribution:

☒ Direct

☐ Loan from a person

☒ Fund Raiser

Page Subtotal

2000

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

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 139111

2. Committee Name Macomb Families + Business Coalition

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

6. Amount

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

3. Contribution # 1
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 12/15/17
Name & Address:

Bill Scalabrino
2145 Crooks Rd.

Troy, MI 48064

\$ 500

\$ 500

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

Click Here for Memo Itemization Type

Occupation Partner Employer CBS Companies

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 12/20/17
Name & Address:

Anthony Lombardo
13001 23 Mile Rd.

Shelby Twp. MI 48315

\$ 500

\$ 500

Click Here for Memo Itemization Type

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

Occupation Owner Employer Lombardo Homes

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 12/20/17
Name & Address:

Roy Rose
55620 Wouda Ridge Dr.
Shelby Twp. MI 48316

\$ 100

\$ 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 12/20/17
Name & Address:

Gordon Wilson
49572 Compass Point Dr.
Chestonfield, MI 48047

\$ 100

\$ 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 1200

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 139111

2. Committee Name Macomb Families + Business Coalition

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

6. Amount

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

3. Contribution #1
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 12/20/17

Name & Address:

Scott Lockwood
950 Southdown Rd.
Bloomfield, MI 48304

\$ 100

\$ 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 12/20/17

Name & Address:

Vanessa Hayes
47092 Brennan Dr.
Macomb, MI 48044

\$ 100

\$ 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 12/20/17

Name & Address:

Stephen Pangori
8106 Rosebud Ln.
Clarkston, MI 48348

\$ 100

\$ 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 12/21/17

Name & Address:

Thomas Fischer
2930 Hessel Ave.
Rochester, MI 48307

\$ 250

\$ 250

Click Here for Memo Itemization Type

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

Occupation Pastor Employer Goodlife Community Partnership

Business Address 1892 E. Auburn Rd. Rochester Hills, MI 48307

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

Page Subtotal 550

Grand Total of All Schedules 2A
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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 139111

2. Committee Name Macomb Family + Business Coalition

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

6. Amount

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

3. Contribution #1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 9/2/17

Name & Address:

Steve Messina

6386 Auburn Rd.

Shelby Twp. MI 48317

\$ 3788.14

\$ 3788.14

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

Click Here for Memo Itemization Type

Occupation owner Employer Messina Trucking

Business Address " "

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

3. Contribution #2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt _____

Name & Address:

\$ _____

\$ _____

Click Here for Memo Itemization Type

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

Occupation _____ Employer _____

Business Address _____

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

3. Contribution #3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt _____

Name & Address:

\$ _____

\$ _____

Click Here for Memo Itemization Type

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

Occupation _____ Employer _____

Business Address _____

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

3. Contribution #4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt _____

Name & Address:

\$ _____

\$ _____

Click Here for Memo Itemization Type

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

Occupation _____ Employer _____

Business Address _____

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

Page Subtotal

3788.14

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

29838.14

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 139111

2. Committee Name Macomb Families + Business Coalition

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: <u>John Johnson</u> <u>49149 Bayshore</u> <u>Chestnutfield, MI 48047</u> 4. Purpose: <u>PAC Consulting - no other vendor</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>8/25/16</u> Date	<u>\$ 2,000</u>	<u>\$ 4,500</u>
Click Here for Memo Itemization Type				
Expenditure #2 Name & Address: <u>PAW Graphics Group</u> <u>214 Crocker Blvd.</u> <u>Mt. Clemens, MI 48043</u> 4. Purpose: <u>PAC Newsletter Design</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>9/2/16</u> Date	<u>\$ 1,260</u>	<u>\$ 1260</u>
Click Here for Memo Itemization Type				
Expenditure #3 Name & Address: <u>GoodLife</u> <u>1892 E. Auburn Rd.</u> <u>Rochester Hills, MI 48307</u> 4. Purpose: <u>Charity</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>9/16/16</u> Date	<u>\$ 200</u>	<u>\$ 200</u>
Click Here for Memo Itemization Type				
Expenditure #4 Name & Address: <u>Shelby Rotary</u> <u>P.O. Box 4382</u> <u>Troy, MI 48098</u> 4. Purpose: <u>Charity</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>9/20/16</u> Date	<u>\$ 70</u>	<u>\$ 70</u>
Click Here for Memo Itemization Type				

Subtotal this page

3530

Grand Total of all Schedules 2B
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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 139111

2. Committee Name Macomb Families + Business Coalition

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: <u>Richard Stathakis</u> <u>13883 Timberline Dr.</u> <u>Shelby Twp. MI 48315</u> 4. Purpose: <u>Loan Payment</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County <input checked="" type="checkbox"/> Ballot Proposal <input checked="" type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>9/6/16</u> Date	<u>\$ 1000</u>	<u>\$ 1000</u>
Click Here for Memo Itemization Type				
Expenditure #2 Name & Address: <u>" "</u> 4. Purpose: <u>Loan Payment</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County <input checked="" type="checkbox"/> Ballot Proposal <input checked="" type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>9/13/16</u> Date	<u>\$ 2000</u>	<u>\$ 3000</u>
Click Here for Memo Itemization Type				
Expenditure #3 Name & Address: <u>" "</u> 4. Purpose: <u>Loan Payment</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County <input checked="" type="checkbox"/> Ballot Proposal <input checked="" type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>10/27/16</u> Date	<u>\$ 300</u>	<u>\$ 3300</u>
Click Here for Memo Itemization Type				
Expenditure #4 Name & Address: <u>Shelby Community Foundation</u> <u>52700 Van Dyke</u> <u>Shelby Twp. MI 48316</u> 4. Purpose: <u>Charity</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>1/4/17</u> Date	<u>\$ 100.00</u>	<u>\$ 100.00</u>
Click Here for Memo Itemization Type				

Subtotal this page

3,400

Grand Total of all Schedules 2B
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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 139111

2. Committee Name Macomb Families + Business Coalition

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: <u>Joe Rosell</u> <u>10785 Kingston Ave.</u> <u>Huntington Woods, MI 48070</u> <u>PAC</u> 4. Purpose: <u>Consulting - no other</u> <u>Vendor</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>11/22/16</u> Date	<u>\$ 315.00</u>	<u>\$ 395.00</u>
Expenditure #2 Name & Address: <u>11</u> <u>11</u> 4. Purpose: <u>11</u> <u>11</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>10/24/16</u> Date	<u>\$ 80.00</u>	<u>\$ 80.00</u>
Expenditure #3 Name & Address: <u>Salvation Army</u> <u>51200 Van Dyke</u> <u>Shelby Twp. MI 48316</u> 4. Purpose: <u>Charity</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>10/4/16</u> Date	<u>\$ 500.00</u>	<u>\$ 500.00</u>
Expenditure #4 Name & Address: <u>Trinity Community Care</u> <u>47511 Van Dyke</u> <u>Shelby Twp. MI 48317</u> 4. Purpose: <u>Charity</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>2/24/17</u> Date	<u>\$ 100.00</u>	<u>\$ 100.00</u>

Subtotal this page

995

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

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 139111

2. Committee Name Macomb Families + Business Coalition

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: <u>Charter Twp. of Shelby</u> <u>52700 VAN DYKE</u> <u>Shelby Twp. MI 48316</u> <u>Reimbursement for Employee</u> 4. Purpose: <u>Appreciation / Recognition Events</u> <input type="checkbox"/> Fund Raiser	5. <u>Name of Candidate</u> <u>Office Sought & District # or Jurisdiction</u> <u>County</u> <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>3/27/17</u> Date	<u>\$ 1825.49</u>	<u>\$ 1825.49</u>
Expenditure #2 Name & Address: <u>Charter Twp. of Shelby</u> <u>52700 VAN DYKE</u> <u>Shelby Twp. MI 48316</u> 4. Purpose: <u>Donations - Office Monitor</u> <input type="checkbox"/> Fund Raiser	5. <u>Name of Candidate</u> <u>Office Sought & District # or Jurisdiction</u> <u>County</u> <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>4/4/17</u> Date	<u>\$ 459.98</u>	<u>\$ 2285.47</u>
Expenditure #3 Name & Address: <u>Goodlife</u> <u>1892 E. Auburn Rd.</u> <u>Rochester Hills, MI 48307</u> 4. Purpose: <u>Charity</u> <input type="checkbox"/> Fund Raiser	5. <u>Name of Candidate</u> <u>Office Sought & District # or Jurisdiction</u> <u>County</u> <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>5/18/17</u> Date	<u>\$ 350</u>	<u>\$ 350</u>
Expenditure #4 Name & Address: <u>S. GINARANA</u> <u>51094 Filomena Dr.</u> <u>Shelby Twp. MI 48315</u> 4. Purpose: <u>PAC SIGN</u> <input type="checkbox"/> Fund Raiser	5. <u>Name of Candidate</u> <u>Office Sought & District # or Jurisdiction</u> <u>County</u> <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>5/20/17</u> Date	<u>\$ 132.50</u>	<u>\$ 132.50</u>

Subtotal this page

2767.97

Grand Total of all Schedules 2B
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

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

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: <u>Run the Creek</u> <u>52000 Cherry Creek Dr.</u> <u>Shelby Twp. MI 48316</u> 4. Purpose: <u>Charity</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>4/21/17</u> Date	<u>\$ 100</u>	<u>\$ 100</u> Click Here for Memo Itemization Type
Expenditure #2 Name & Address: <u>Day Spring Ministries</u> <u>238 Lakeside Ave.</u> <u>Lake Hopatcong, NJ 07849</u> 4. Purpose: <u>Charity</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>5/8/17</u> Date	<u>\$ 100</u>	<u>\$ 100</u> Click Here for Memo Itemization Type
Expenditure #3 Name & Address: <u>McRest</u> <u>20415 Erin St.</u> <u>Roseville, MI 48066</u> 4. Purpose: <u>Charity</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>6/2/17</u> Date	<u>\$ 100</u>	<u>\$ 100</u> Click Here for Memo Itemization Type
Expenditure #4 Name & Address: <u>Lettuce Co.</u> <u>52957 Van Dyke</u> <u>Shelby Twp. MI 48316</u> 4. Purpose: <u>PAC Lunch meeting</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>9/25/17</u> Date	<u>\$ 74.78</u>	<u>\$ 74.78</u> Click Here for Memo Itemization Type

Subtotal this page

374.78

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

Enter this total
on line 8a of the
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 139111

2. Committee Name Macomb Families + Business Coalition

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: <u>Taunty Community Care</u> <u>47511 Van Dyke</u> <u>Shelby Twp. MI 48317</u> 4. Purpose: <u>Charity</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>9/25/17</u> Date	<u>\$200.00</u>	<u>\$200.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name & Address: <u>Meadowbrook Theatre Guild</u> <u>377 Meadowbrook Rd.</u> <u>Rochester, MI 48309</u> 4. Purpose: <u>Charity</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>10/18/17</u> Date	<u>\$600</u>	<u>\$600</u> Click Here for Memo Itemization Type
Expenditure #3 Name & Address: <u>Macomb County Republicans</u> <u>48711 Van Dyke</u> <u>Shelby Twp. MI 48317</u> 4. Purpose: <u>Donation</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>10/25/17</u> Date	<u>\$1000</u>	<u>\$1000</u> Click Here for Memo Itemization Type
Expenditure #4 Name & Address: <u>Meijer</u> <u>8401 26 Mile Rd.</u> <u>Washington, MI 48094</u> 4. Purpose: <u>Supplies for Vets Fun Run</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>11/7/17</u> Date	<u>\$63.14</u>	<u>\$63.14</u> Click Here for Memo Itemization Type

Subtotal this page

1863.14

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

Enter this total
on line 8a of the
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 139111

2. Committee Name Macomb Families + Business Coalition

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: <u>Macomb Symphony Orchestra</u> <u>44575 Garfield Rd.</u> <u>Clinton Twp. MI 48036</u> 4. Purpose: <u>Charity</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate Office Sought & District # or Jurisdiction County <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>10/26/17</u> Date	<u>\$ 100</u>	<u>\$ 100</u> Click Here for Memo Itemization Type
Expenditure #2 Name & Address: <u>American Speedy</u> <u>46723 Van Dyke</u> <u>Shelby Twp. MI 48317</u> 4. Purpose: <u>Fundraiser Printing</u> <input checked="" type="checkbox"/> Fund Raiser	5. _____ Name of Candidate Office Sought & District # or Jurisdiction County <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>11/10/17</u> Date	<u>\$ 239.48</u>	<u>\$ 239.48</u> Click Here for Memo Itemization Type
Expenditure #3 Name & Address: <u>Postmaster</u> <u>7755 22 Mile Rd.</u> <u>Shelby Twp. MI 48317</u> 4. Purpose: <u>Stamps</u> <input checked="" type="checkbox"/> Fund Raiser	5. _____ Name of Candidate Office Sought & District # or Jurisdiction County <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>11/13/17</u> Date	<u>\$ 98</u>	<u>\$ 98</u> Click Here for Memo Itemization Type
Expenditure #4 Name & Address: <u>Jingle Bell Run</u> <u>52700 Van Dyke</u> <u>Shelby Twp. MI 48316</u> 4. Purpose: <u>Charity</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate Office Sought & District # or Jurisdiction County <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>11/20/17</u> Date	<u>\$ 100</u>	<u>\$ 100</u> Click Here for Memo Itemization Type

Subtotal this page

537.48

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

Enter this total
on line 8a of the
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 139111

2. Committee Name Macomb Families + Business Coalition

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: <u>Jingle Bell Run</u> <u>52700 Van Dyke</u> <u>Shelby Twp. MI 48316</u> 4. Purpose: <u>Charity</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>11/28/17</u> Date	<u>\$ 100</u>	<u>\$ 100</u>
Click Here for Memo Itemization Type				
Expenditure #2 Name & Address: <u>American Speedy</u> <u>46723 Van Dyke</u> <u>Shelby Twp. MI 48317</u> 4. Purpose: <u>PAC Fundraiser Printing</u> <input checked="" type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>11/30/17</u> Date	<u>\$ 79.80</u>	<u>\$ 319.28</u>
Click Here for Memo Itemization Type				
Expenditure #3 Name & Address: <u>DA FRANCESCO</u> <u>49521 VAN DYKE</u> <u>Shelby Twp. MI 48317</u> 4. Purpose: <u>PAC Fundraiser</u> <input checked="" type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>11/30/17</u> Date	<u>\$ 192.5</u>	<u>\$ 192.5</u>
Click Here for Memo Itemization Type				
Expenditure #4 Name & Address: <u>TAP + BAREE!</u> <u>50055 VAN DYKE</u> <u>Shelby Twp. MI 48317</u> 4. Purpose: <u>PAC LUNCH</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>12/11/17</u> Date	<u>\$ 125</u>	<u>\$ 125</u>
Click Here for Memo Itemization Type				

Subtotal this page

2229.80

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

Enter this total
on line 8a of the
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 139111

2. Committee Name Macomb Families & Business Coalition

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: <u>Steeling Heights Chamber of Commerce</u> <u>12900 Hall Rd.</u> <u>Steeling Heights, MI 48313</u> 4. Purpose: <u>Luncheon Admissions</u> <input type="checkbox"/> Fund Raiser	5. Name of Candidate Office Sought & District # or Jurisdiction County <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>12/12/17</u> Date	<u>\$600</u>	<u>\$600</u>
Expenditure #2 Name & Address: <u>Charter Twp. of Shelby</u> <u>52700 Van Dyke</u> <u>Shelby Twp. MI 48316</u> 4. Purpose: <u>Veterans Committee Donation</u> <input type="checkbox"/> Fund Raiser	5. Name of Candidate Office Sought & District # or Jurisdiction County <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>12/20/17</u> Date	<u>\$10,000</u>	<u>\$12,285.47</u>
Expenditure #3 Name & Address: 4. Purpose: <input type="checkbox"/> Fund Raiser	5. Name of Candidate Office Sought & District # or Jurisdiction County <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	Date	\$	\$
Expenditure #4 Name & Address: 4. Purpose: <input type="checkbox"/> Fund Raiser	5. Name of Candidate Office Sought & District # or Jurisdiction County <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	Date	\$	\$

Subtotal this page 12,285.47

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

Enter this total
on line 8a of the
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

1. Committee I.D. Number 139111

2. Committee Name Macomb's Families & Business Cash Line

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

3. Name and address of person or vendor paid	5. Candidate or Ballot Proposal Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: <u>Macomb County Rep. Party</u> <u>48711 Van Dyke</u> <u>Shelby Twp. MI 48317</u>	5. <u>Richard Stathakis</u> Name of Candidate <u>Supervisor, Shelby Twp.</u> Office Sought & District # or Jurisdiction Ballot Proposal <u>Macomb</u> County <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>10/11/16</u> Date	<u>\$ 650</u>	<u>\$ 650</u>
4. Purpose: <u>Lincoln Dinner Ad</u> Support: <input checked="" type="checkbox"/> Oppose <input type="checkbox"/>	Click Here for Memo Itemization Type			
Expenditure #2 Name & Address:	5. _____ Name of Candidate Office Sought & District # or Jurisdiction Ballot Proposal County <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	_____ \$ _____ Date		
4. Purpose: _____ Support: <input type="checkbox"/> Oppose <input type="checkbox"/>	Click Here for Memo Itemization Type			
Expenditure #3 Name & Address:	5. _____ Name of Candidate Office Sought & District # or Jurisdiction Ballot Proposal County <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	_____ \$ _____ Date		
4. Purpose: _____ Support: <input type="checkbox"/> Oppose <input type="checkbox"/>	Click Here for Memo Itemization Type			

Subtotal this page

650

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

650

Enter this total
on line 9 of the
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 2E
POLITICAL OR INDEPENDENT COMMITTEE

1. Committee I.D. Number 139111

2. Committee Name Macdon's Families and Business Coalition

This Schedule itemizes:									
a. <input checked="" type="checkbox"/> Debts and obligations owed by or forgiven the committee OR b. <input type="checkbox"/> Debts and obligations owed to or forgiven by the committee.									
(Check either a or b. Use only for the purpose checked.)									
3. Name and mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 5 minus Item 8)					
Debt #1 Owed to or by: <u>Rick Stathakis</u> <u>13883 Timberline</u> <u>Shelby Twp. MI 48315</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>7/27/16</u> 6. Original Amount of Debt: <u>\$ 3000</u>	<table border="1"><tr><td>\$</td></tr><tr><td>\$</td></tr><tr><td>\$</td></tr><tr><td>\$</td></tr><tr><td>\$</td></tr></table>	\$	\$	\$	\$	\$	\$ <u>0</u>	\$ <u>3000</u> <input type="checkbox"/> FORGIVEN
\$									
\$									
\$									
\$									
\$									
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____							
Debt #2 Owed to or by: <u>"</u> <u>"</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>7/17/16</u> 6. Original Amount of Debt: <u>\$ 1,000</u>	<table border="1"><tr><td>9/13/16 \$ 1,000</td></tr><tr><td>\$</td></tr><tr><td>\$</td></tr><tr><td>\$</td></tr><tr><td>\$</td></tr></table>	9/13/16 \$ 1,000	\$	\$	\$	\$	\$ <u>1,000</u>	\$ <u>0</u> <input type="checkbox"/> FORGIVEN
9/13/16 \$ 1,000									
\$									
\$									
\$									
\$									
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____							
Debt #3 Owed to or by: <u>"</u> <u>"</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>7/1/16</u> 6. Original Amount of Debt: <u>\$ 400</u>	<table border="1"><tr><td>9/4/16 \$ 400</td></tr><tr><td>\$</td></tr><tr><td>\$</td></tr><tr><td>\$</td></tr><tr><td>\$</td></tr></table>	9/4/16 \$ 400	\$	\$	\$	\$	\$ <u>400</u>	\$ <u>0</u> <input type="checkbox"/> FORGIVEN
9/4/16 \$ 400									
\$									
\$									
\$									
\$									
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____							
Page Subtotal (Outstanding debt)				<u>3,000</u>					
Grand Total of all Schedules 2E (Complete on last page of Schedule showing amounts owed by or to the committee.)									

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

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 2E

POLITICAL OR INDEPENDENT COMMITTEE

1. Committee I.D. Number 139111

2. Committee Name Malcolm's Families & Business Coalition

This Schedule itemizes:

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

3. Name and mailing Address of person, vendor or financial institution to whom debt is owed. <small>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.</small>	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 5 minus Item 8)
Debt #1 Owed to or by: <u>Rock Stathakis</u> <u>13943 Timberline</u> <u>Sleeth, Tap. Me 48385</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>5/24/16</u> 6. Original Amount of Debt: <u>\$ 600</u>	9/6/16 \$ 600 \$ \$ \$ \$	\$ 600	\$ 0 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: <u>ll</u> <u>ll</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>5/10/16</u> 6. Original Amount of Debt: <u>\$ 350</u>	10/27/16 \$ 300 \$ \$ \$ \$	\$ 300	\$ 50 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: <u>ll</u> <u>ll</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>4/14/16</u> 6. Original Amount of Debt: <u>\$ 200</u>	9/13/16 \$ 200 \$ \$ \$ \$	\$ 200	\$ 0 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Page Subtotal (Outstanding debt)				<u>50</u>
Grand Total of all Schedules 2E (Complete on last page of Schedule showing amounts owed by or to the committee.)				

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

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 2E

POLITICAL OR INDEPENDENT COMMITTEE

1. Committee I.D. Number 139111

2. Committee Name Melons Family & Business Center

This Schedule itemizes:				
a. <input checked="" type="checkbox"/> Debts and obligations owed by or forgiven the committee		OR b. <input type="checkbox"/> Debts and obligations owed to or forgiven by the committee.		
(Check either a or b. Use only for the purpose checked.)				
3. Name and mailing Address of person, vendor or financial institution to whom debt is owed. <small>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.</small>	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus item 8)
Debt #1 Owed to or by: <u>Rick Stathakis</u> <u>13483 Timberline</u> <u>Shelby Twp. MI 48715</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>4/1/16</u> 6. Original Amount of Debt: <u>\$ 800</u>	9/15/16 \$ 800 \$ \$ \$ \$	\$ 800	\$ 0 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: <u>" "</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>1/25/16</u> 6. Original Amount of Debt: <u>\$ 1500</u>	\$ \$ \$ \$ \$	\$ 0	\$ 1500 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: <u>" "</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>10/7/16</u> 6. Original Amount of Debt: <u>\$ 300</u>	\$ \$ \$ \$ \$	\$ 0	\$ 300 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Page Subtotal (Outstanding debt)				<u>1800</u>
Grand Total of all Schedules 2E (Complete on last page of Schedule showing amounts owed by or to the committee.)				

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

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS

SCHEDULE 2E

POLITICAL OR INDEPENDENT COMMITTEE

1. Committee I.D. Number

139111

2. Committee Name

Maconb Families + Business Coalition

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee

OR

b. ☐ Debts and obligations owed to or forgiven by the committee.

(Check either a or b. Use only for the purpose checked.)

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

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

4. Type of Obligation (Description)

5. Indicate date debt was incurred

6. Indicate original amount of debt

7. Date and amount of each payment

8. Cumulative payment to date on debt

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

Debt #1

Corp? ☐ Yes

Owed to or by:

Richard Stahakij
13883 Timberline
Shelby Twp. MI 48315

4. Type:

LOAN

5. Date Debt Was Incurred:

10/17/16

6. Original Amount of Debt

\$ 600

\$

\$

\$

\$

\$

\$ 0

\$ 600

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #2

Corp? ☐ Yes

Owed to or by:

" "

4. Type:

LOAN

5. Date Debt Was Incurred:

11/18/16

6. Original Amount of Debt

\$ 350

\$

\$

\$

\$

\$

\$ 0

\$ 350

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #3

Corp? ☐ Yes

Owed to or by:

" "

4. Type:

LOAN

5. Date Debt Was Incurred:

10/31/16

6. Original Amount of Debt:

\$ 100

\$

\$

\$

\$

\$

\$ 0

\$ 100

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Page Subtotal (Outstanding debt)

1,050

Grand Total of all Schedules 2E

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

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

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS

SCHEDULE 2E

POLITICAL OR INDEPENDENT COMMITTEE

1. Committee I.D. Number 139111

2. Committee Name Macomb Families & Business Coalition

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee

OR

b. ☐ Debts and obligations owed to or forgiven by the committee.

(Check either a or b. Use only for the purpose checked.)

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

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

4. Type of Obligation (Description)

5. Indicate date debt was incurred

6. Indicate original amount of debt

7. Date and amount of each payment

8. Cumulative payment to date on debt

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

Debt #1

Corp? ☐ Yes

Owed to or by:

Rickie Stallat

13953 Timberline

Shelby Twp. MI 48115

4. Type: LOAN

5. Date Debt Was Incurred:

3/28/17

6. Original Amount of Debt

\$ 2,500

\$

\$

\$

\$

\$

\$ 0

\$ 2,500

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #2

Corp? ☐ Yes

Owed to or by:

" "

4. Type: LOAN

5. Date Debt Was Incurred:

5/18/17

6. Original Amount of Debt

\$ 500

\$

\$

\$

\$

\$

\$ 0

\$ 500

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #3

Corp? ☐ Yes

Owed to or by:

" "

4. Type: LOAN

5. Date Debt Was Incurred:

6/1/17

6. Original Amount of Debt:

\$ 200

\$

\$

\$

\$

\$

\$ 0

\$ 200

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Page Subtotal (Outstanding debt)

3,200

Grand Total of all Schedules 2E

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

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

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS
SCHEDULE 2E**

POLITICAL OR INDEPENDENT COMMITTEE

1. Committee I.D. Number 139111

2. Committee Name Maconb Families + Business Coalition

This Schedule itemizes:

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

3. Name and mailing Address of person, vendor or financial institution to whom debt is owed. <small>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.</small>	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: <u>Richard Stallakis</u> <u>13533 Timberline</u> <u>Shelby Twp. MI 48315</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/19/17</u> 6. <u>Original Amount of Debt</u> \$ <u>600</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>600</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: <u>//</u> <u>//</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/27/17</u> 6. <u>Original Amount of Debt</u> \$ <u>1000</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>1000</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: <u>//</u> <u>//</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>11/9/17</u> 6. <u>Original Amount of Debt</u> \$ <u>500</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>500</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

2,100

Grand Total of all Schedules 2E

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

11,200

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

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 2F
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 139111

2. Committee Name Macomb Families & Business Coalition

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>11/30/17</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>25</u>	5. Type of Fund Raising Activity <u>Luncheon</u>	6. Address and Name (if any) of the place where the activity was held <u>Da Francesco's Banquet</u> <u>49521 VAN DYKE AVE.</u> <u>Shelby Twp MI 48317</u> <input type="checkbox"/> Private Residence
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7. Total Contributions 14,950

8. Other Receipts 0

9. Gross Receipts (Add lines 7 and 8) 14,950

10. Total Cost of Event 2,342.28

*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.