



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
20 FEB 23 PM 3:59

**BALLOT QUESTION COMMITTEE
COVER PAGE**

NOT TO BE REPRODUCED WITHOUT THE WRITTEN PERMISSION OF THE MICHIGAN DEPARTMENT OF STATE

FOR OFFICIAL USE ONLY

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

3. This Statement covers From: 01/01/20 To 02/23/20

1. Committee I.D. Number **139802**

4. Committee's Mailing Address **PO Box 7274
Sterling Heights, MI 48311**

2. Committee Name
Macomb for Kids

Area Code and Phone: (586) 825-0429
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address
**Robert Ross
2769 Arrowwood Ct
Sterling Heights, MI 48314**
Area Code and Phone **(586) 825-0429**

6. Treasurer's Business Address
**2769 Arrowwood Ct
Sterling Heights, MI 48314**
Area Code and Phone **(586) 825-0429**

7. Designated Record Keeper's Name and Mailing Address
(If the committee has a Designated Record Keeper)
**Robert Callender
29120 W Nottingham Cir
Warren, MI 48092**
Area Code and Phone **(586) 825-0429**

8. TYPE OF STATEMENT:

8a. PRE-ELECTION
OR
 POST-ELECTION

Pre-Election or Post-Election
Statement relates to:

PRIMARY
 GENERAL
 SCHOOL
 SPECIAL
 OTHER: _____

Date of Election:
03/10/20

8b. FEBRUARY STATEMENT
 APRIL STATEMENT
 JULY STATEMENT
 OCTOBER STATEMENT

8c. ANNUAL STATEMENT
(___ Coverage Year)

8d. Post Petition Sample Filing
under MCL 168.483a

(Required of Statewide Ballot
Question Committees only after
the submission of a sample petition
prior to circulating the petition)

8e. AMENDMENT TO
CAMPAIGN STATEMENT

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

8f. DISSOLUTION OF
COMMITTEE REQUEST

Effective Date of Dissolution

By checking this item, I certify that
the committee has no assets or
outstanding debts, including late
filing fees. Note: The disposition of
residual funds must be reported on
Schedule 4B and the Summary
Page.

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

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

Current Treasurer or
Designated Record Keeper

Robert Callender
Type or Print Name

Robert Callender
Signature



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>187,554.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>187,554.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>187,554.00</u>	(20.) \$ <u>256,567.00</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ _____	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ _____	(21.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>167,098.91</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$ <u>10,951.30</u>	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$ _____	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ _____	
e. Subtotal of Expenditures	(8e.) \$ _____	(22.) \$ _____
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ _____	(23.) \$ _____
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>178,050.21</u>	(24.) \$ <u>178,397.69</u>
IN-KIND EXPENDITURES		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ _____	(25.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>68,668.32</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>187,554.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>256,222.32</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>178,050.21</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>78,172.11</u>	*

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	8. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: _____ Tumara Johnston 2065 Hampton Rd Grosse Pointe Woods, MI 48236</p> <p>4. Date of Receipt <u>2/15/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$150.00 \$ _____</p>	<p>\$150.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: _____ Matthew Fecht 32732 Greenbriar Warren, MI 48092</p> <p>4. Date of Receipt <u>2/13/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: _____ Michele Bastian 51963 Kings Pointe Dr New Baltimore, MI 48047</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$15.00 \$ _____</p>	<p>\$15.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: _____ John Steinhel 41381 Mueller St Clinton Township, MI 48038</p> <p>4. Date of Receipt <u>2/7/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>

Page Subtotal

\$ 185

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

Enter this total
on line 3a of
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Roger Silagi 57758 Julie Ct Washington, MI 48094</p> <p>4. Date of Receipt <u>2/4/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Supervisor</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$125.00 \$ _____</p>	<p>\$125.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Law Offices of Ernest L. Robinette, Jr. 38600 Van Dyke Ave Sterling Heights, MI 48312</p> <p>4. Date of Receipt <u>2/10/2020</u></p> <p>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</p>	<p>\$300.00 \$ _____</p>	<p>\$300.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Committee to Elect John Chirkun State Representative 31229 Merrily Roseville, MI 48066</p> <p>4. Date of Receipt <u>1/27/2020</u></p> <p>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</p>	<p>\$200.00 \$ _____</p>	<p>\$200.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Committee to Elect John Chirkun State Representative 31229 Merrily St Roseville, MI 48066</p> <p>4. Date of Receipt <u>2/19/2020</u></p> <p>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 Raiaer</p>	<p>\$200.00 \$ _____</p>	<p>\$400.00 \$ _____ Click Here for Memo Itemization</p>

Page Subtotal

\$ 825

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Heather Gravlin 17041 Adolph Fraser, MI 48026</p> <p>4. Date of Receipt <u>2/13/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Holly Teetzel 34390 Ivy Court Chesterfield, MI 48047</p> <p>4. Date of Receipt <u>2/7/2020</u></p> <p>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</p>	<p>\$5.00 \$ _____</p>	<p>\$5.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Kim Charland 46007 Apple Lane Macomb, MI 48044</p> <p>4. Date of Receipt <u>2/7/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$125.00 \$ _____</p>	<p>\$125.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Robert Townsend 18089 Gaylord Clinton Twp, MI 48035</p> <p>4. Date of Receipt <u>1/27/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Clintondale Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$15.00 \$ _____</p>	<p>\$15.00 \$ _____ Click Here for Memo Itemization</p>

Page Subtotal \$ 155
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MICHIGAN DEPARTMENT OF STATE
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ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Annette Christiansen 2344 Anders Dr Waterford, MI 48329</p> <p>4. Date of Receipt <u>1/22/2020</u></p> <p>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</p>	<p>\$50.00 \$ _____</p>	<p>\$50.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Andrea Colaluca 52051 Pawnee Drive Macomb, MI 48042</p> <p>4. Date of Receipt <u>2/7/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Marchon Manzella 16326 Via Mera Macomb, MI 48044</p> <p>4. Date of Receipt <u>2/4/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$125.00 \$ _____</p>	<p>\$125.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Lisa McDill 15202 Yellowstone Macomb, MI 48042</p> <p>4. Date of Receipt <u>1/22/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$100.00 \$ _____</p>	<p>\$100.00 \$ _____ Click Here for Memo Itemization</p>

Page Subtotal

\$295

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: JoAnn Boida-Klein 51220 Shadywood Dr Macomb, MI 48042-4292 4. Date of Receipt <u>1/10/2020</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	\$20.00 \$ _____	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Karen McLaughlin 15750 Flanagan Roseville, MI 48066 4. Date of Receipt <u>1/23/2020</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	\$10.00 \$ _____	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Becky Husken 20864 Corey Drive Macomb, MI 48044 4. Date of Receipt <u>1/21/2020</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	\$25.00 \$ _____	\$25.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Ashley Zachwieja 13452 Perry Circle Warren, MI 48088 4. Date of Receipt <u>1/15/2020</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	\$15.00 \$ _____	\$15.00 \$ _____ Click Here for Memo Itemization

Page Subtotal

\$70

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Warren Education Association 13969 Plumbrook Sterling Heights, MI 48312 4. Date of Receipt <u>2/19/2020</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	\$10,000.00 \$ _____	\$20,000 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Kathy Hribar 24724 Star Valley St. Clair Shores, MI 48080 4. Date of Receipt <u>2/7/2020</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	\$10.00 \$ _____	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Jennifer Pretari 50122 Watling St Shelby Township, MI 48317 4. Date of Receipt <u>2/10/2020</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	\$25.00 \$ _____	\$25.00 \$ _____ Click Here for Memo itemization
3. Contribution # 4 Name & Address: Thomas Lietz 49571 Helmsley Dr Macomb, MI 48044 4. Date of Receipt <u>1/22/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$125.00 \$ _____	\$125.00 \$ _____ Click Here for Memo Itemization

Page Subtotal

\$10,160

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	B. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Dean Wilking 48672 Strawberry Knoll Ln Macomb, MI 48044-5634 4. Date of Receipt <u>1/23/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Jeanne Peabody 4807 Stilwell Warren, MI 48092 4. Date of Receipt <u>1/23/2020</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	\$25.00 \$ _____ Click Here for Memo Itemization	\$25.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Tim Joye 14211 Larkspur Dr Shelby Township, MI 48315 4. Date of Receipt <u>2/7/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Carolyn Kiertanis 12963 Masonic Warren, MI 48088 4. Date of Receipt <u>2/4/2020</u> 5. If over \$100.00 cumulative, please provide: Retired _____ Employer _____ Retired Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$100.00 \$ _____ Click Here for Memo Itemization	\$100.00 \$ _____ Click Here for Memo Itemization

Page Subtotal

\$145

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Jill Riley 6639 Wellsdale Ct Washington, MI 48094 4. Date of Receipt <u>1/27/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Human Resources</u> Employer <u>KuKa</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$125.00 \$ _____	\$125.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Lynn Pallach 30703 Bramble Ct Chesterfield, MI 48051 4. Date of Receipt <u>1/27/2020</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	\$20.00 \$ _____	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Sofia Papastamatis 55738 Glenbrooke Dr Shelby Township, MI 48316 4. Date of Receipt <u>2/4/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$125.00 \$ _____	\$125.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Anne Croster 12323 Kenilworth Sterling Heights, MI 48313 4. Date of Receipt <u>2/4/2020</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	\$20.00 \$ _____	\$20.00 \$ _____ Click Here for Memo Itemization

Page Subtotal **\$ 290**
Grand Total of All Schedules 4A
(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 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: John Graham 9301 Saint Clair Hwy Casco, MI 48064</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$50.00 \$ _____</p>	<p>\$50.00 \$ _____</p>
<p>Click Here for Memo Itemization</p>		
<p>3. Contribution # 2 Name & Address: Florence Hayman 53540 Grace Drive New Baltimore, MI 48047</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$50.00 \$ _____</p>	<p>\$50.00 \$ _____</p>
<p>Click Here for Memo Itemization</p>		
<p>3. Contribution # 3 Name & Address: Stephen Slancik 11848 Chesapeake Dr Washington, MI 48095</p> <p>4. Date of Receipt <u>1/24/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$125.00 \$ _____</p>	<p>\$125.00 \$ _____</p>
<p>Click Here for Memo Itemization</p>		
<p>3. Contribution # 4 Name & Address: Nicole Loomis 31745 Gloede Dr Warren, MI 48088</p> <p>4. Date of Receipt <u>1/10/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____</p>
<p>Click Here for Memo Itemization</p>		

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235

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Lauren Franklin 32031 DiStefano Ct Fraser, MI 48026</p> <p>4. Date of Receipt <u>1/27/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Warren Woods Public Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$5.00 \$ _____</p>	<p>\$5.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Renee Fiema 50846 Nesting Ridge Macomb, MI 48044</p> <p>4. Date of Receipt <u>1/22/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$125.00 \$ _____</p>	<p>\$125.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Joseph Pretari 50122 Watling St Shelby Township, MI 48317</p> <p>4. Date of Receipt <u>2/19/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$25.00 \$ _____</p>	<p>\$25.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Anne Gower 53166 Franklin Drive Shelby Township, MI 48316</p> <p>4. Date of Receipt <u>2/7/2020</u></p> <p>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</p>	<p>\$25.00 \$ _____</p>	<p>\$25.00 \$ _____ Click Here for Memo Itemization</p>

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\$180

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	8. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Michael Ciacchella 49810 Bloomsbury Ln Macomb, MI 48044 4. Date of Receipt <u>1/27/2020</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	\$40.00 \$ _____ Click Here for Memo Itemization	\$40.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Sarah Ostrowski 11716 Dart Dr Sterling Heights, MI 48313 4. Date of Receipt <u>1/23/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Warren Woods Public Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: David Brown 16461 Vernetta Fraser, MI 48026 4. Date of Receipt <u>2/13/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Rachel Ulinski 21457 31 Mile Road Ray, MI 48096 4. Date of Receipt <u>1/21/2020</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	\$50.00 \$ _____ Click Here for Memo Itemization	\$50.00 \$ _____ Click Here for Memo Itemization

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\$ 110

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	8. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Diana Nicol 47380 Freedom Valley Macomb, MI 48044 4. Date of Receipt <u>1/27/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Clintondale Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Gerard Pantano 13479 N Jennings Rd Clio, MI 48420 4. Date of Receipt <u>2/3/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$100.00 \$ _____ Click Here for Memo Itemization	\$100.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Robert Livernois 3352 Paddington Drive Troy, MI 48084 4. Date of Receipt <u>1/10/2019</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Superintendent</u> Employer <u>Warren Consolidated Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$500.00 \$ _____ Click Here for Memo Itemization	\$500.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Jennifer Marella 37310 Glenbrook Clinton Township, MI 48036 4. Date of Receipt <u>2/7/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>Clintondale Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization

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\$620

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Philip A Hart Democratic Club 176 S Main St #4 Mount Clemens, MI 48043		\$1,200.00	\$1,200.00
4. Date of Receipt <u>2/19/2020</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		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Anna Anger 52855 Baker Road Chesterfield, MI 48047		\$10.00	\$10.00
4. Date of Receipt <u>1/10/2020</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		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Robert Enne 32518 North River Rd Harrison Township, MI 48045		\$100.00	\$100.00
4. Date of Receipt <u>1/22/2020</u>		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Assistant Principal</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: JoAnna Dennis 38750 Monterey Dr Sterling Heights, MI 48312		\$20.00	\$20.00
4. Date of Receipt <u>2/7/2020</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		Click Here for Memo Itemization	

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\$1,330

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	B. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Lisa Grzywacz 27224 Newport Warren, MI 48088</p> <p>4. Date of Receipt <u>1/27/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Warren Woods Public Schools</u></p> <p>Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Violet Fiddes 3939 May Center Road Lake Orion, MI 48360</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$25.00 \$ _____</p>	<p>\$25.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: York Dolan & Tomlinson PC 22600 Hall Road Ste 205 Clinton Township, MI 48036</p> <p>4. Date of Receipt <u>2/4/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$100.00 \$ _____</p>	<p>\$100.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Victoria Kreger 18806 Monica Dr Clinton Twp, MI 48036</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Warren Woods Public Schools</u></p> <p>Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>

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\$145

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Caitrin Wojtas 30515 Dell Lane Warren, MI 48092 4. Date of Receipt <u>2/7/2020</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	\$20.00 \$ _____ Click Here for Memo Itemization	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Valerie Zabel 38544 Palm Meadow Dr Clinton Township, MI 48036 4. Date of Receipt <u>2/7/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Michael Lukasavage 11651 Moonsbrook Ct Sterling Heights, MI 48312 4. Date of Receipt <u>1/23/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Warren Woods Public Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$20.00 \$ _____ Click Here for Memo Itemization	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Judith Pritchett 62823 Tournament Washington, MI 48094 4. Date of Receipt <u>1/20/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$200.00 \$ _____ Click Here for Memo Itemization	\$200.00 \$ _____ Click Here for Memo Itemization

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Christie Shaw 50012 Buccaneer Macomb, MI 48044 4. Date of Receipt <u>2/3/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Melissa Martin 33681 Pratt Richmond, MI 48062 4. Date of Receipt <u>1/21/2020</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	\$25.00 \$ _____ Click Here for Memo Itemization	\$25.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Erika Gadoury 455 Corbett Dr Lakeshore, ON N8N4T4 4. Date of Receipt <u>1/23/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Bradley Kreger 18806 Monica Dr Clinton Township, MI 48036 4. Date of Receipt <u>2/10/2020</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	\$5.00 \$ _____ Click Here for Memo Itemization	\$5.00 \$ _____ Click Here for Memo Itemization

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Karen Kennedy 7963 River Rd Cottrellville, MI 48039</p> <p>4. Date of Receipt <u>2/4/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Utica Community Schools</u></p> <p>Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$100.00 \$ _____</p>	<p>\$100.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Miller, Canfield, Paddock & Stone PLC 150 W Jefferson Suite 2500 Detroit, MI 48226</p> <p>4. Date of Receipt <u>2/7/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$1,000.00 \$ _____</p>	<p>\$1,000.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Emina Alic 5029 Kebbe Drive Sterling Heights, MI 48310</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: John Bernia 133 Sandalwood Drive Rochester Hills, MI 48307</p> <p>4. Date of Receipt <u>1/25/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Warren Consolidated Schools</u></p> <p>Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$200.00 \$ _____</p>	<p>\$200.00 \$ _____ Click Here for Memo Itemization</p>

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91,310

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	8. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Sue Lasky 5322 Abington Drive Troy, MI 48085 4. Date of Receipt <u>1/21/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$125.00 \$ _____	\$125.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Albana Metaj 1954 Axtell Drive Troy, MI 48084 4. Date of Receipt <u>2/7/2020</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	\$10.00 \$ _____	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Jennifer Bovenschen 28427 Hales Street Madison Heights, MI 48071 4. Date of Receipt <u>1/24/2020</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	\$25.00 \$ _____	\$25.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Elizabeth Iljoski 118 Willis Ave Royal Oak, MI 48067 4. Date of Receipt <u>2/6/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Warren Consolidated Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$100.00 \$ _____	\$100.00 \$ _____ Click Here for Memo Itemization

Page Subtotal **\$260**

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Amy Wright 10854 Elgin Huntington Woods, MI 48070 4. Date of Receipt <u>1/23/2020</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	\$50.00 \$ _____ Click Here for Memo Itemization	\$50.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Sean Waymaster 951 Croydon Dr Rochester Hills, MI 48309 4. Date of Receipt <u>2/4/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$100.00 \$ _____ Click Here for Memo Itemization	\$100.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Lisa Keyes 950 Bird Song Drive Milford, MI 48381 4. Date of Receipt <u>1/27/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$125.00 \$ _____ Click Here for Memo Itemization	\$125.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Mary Merlo 20405 Sussex Macomb, MI 48044 4. Date of Receipt <u>2/6/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$100.00 \$ _____ Click Here for Memo Itemization	\$100.00 \$ _____ Click Here for Memo Itemization

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\$ 375

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Brian Cooper 1976 Phillips Ave Berkley, MI 48072</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Emily Campbell 16526 Kingsway Dr Macomb, MI 48044</p> <p>4. Date of Receipt <u>1/30/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Lusk Albertson PLC 490 Jefferson Ave 5th Fl Detroit, MI 48226</p> <p>4. Date of Receipt <u>2/4/2020</u></p> <p>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</p>	<p>\$1,000.00 \$ _____</p>	<p>\$1,000.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Scott May 6993 Sugar Creek Ct Shelby Township, MI 48316</p> <p>4. Date of Receipt <u>1/22/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Associate Principal Occupation _____ Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$100.00 \$ _____</p>	<p>\$100.00 \$ _____ Click Here for Memo Itemization</p>

Page Subtotal

\$1,140

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Scott May 6993 Sugar Creek Ct Shelby Township, MI 48316 4. Date of Receipt <u>1/22/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Assante Principal</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$25.00 \$ _____ \$ _____ Click Here for Memo Itemization	\$125.00 \$ _____ \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Heather Grimm 526 Choice Ct Troy, MI 48085-4767 4. Date of Receipt <u>1/14/2020</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	\$40.00 \$ _____ \$ _____ Click Here for Memo Itemization	\$40.00 \$ _____ \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Carrie Evans 24118 Quad Park Lane Clinton Twp, MI 48035 4. Date of Receipt <u>1/23/2020</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	\$20.00 \$ _____ \$ _____ Click Here for Memo Itemization	\$20.00 \$ _____ \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Corinne Callahan 26716 Boston Drive Chesterfield, MI 48051 4. Date of Receipt <u>1/23/2020</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	\$9.00 \$ _____ \$ _____ Click Here for Memo Itemization	\$9.00 \$ _____ \$ _____ Click Here for Memo Itemization

Page Subtotal

\$94

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Amy Way 20109 Rosedale St St Clair Shores, MI 48080-1712 4. Date of Receipt <u>2/7/2020</u>		\$20.00	\$20.00
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		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: James Swank 2332 Hyland St Ferndale, MI 48220-1283 4. Date of Receipt <u>1/23/2020</u>		\$10.00	\$10.00
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		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Steven Schiesel 16060 Wilson Ave Eastpointe, MI 48021-1140 4. Date of Receipt <u>1/23/2020</u>		\$20.00	\$20.00
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		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: James Mandl 34322 Brookshire Dr Sterling Hts, MI 48312-5614 4. Date of Receipt <u>1/23/2020</u>		\$20.00	\$20.00
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		Click Here for Memo Itemization	

Page Subtotal **\$ 70**

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

\$ 70

Enter this total on line 3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Amy Karbel 6929 WEBSTER RD IMLAY CITY, MI 48444-9726	4. Date of Receipt <u>1/14/2020</u>	\$20.00 \$ _____	\$20.00 \$ _____
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		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Denise Smith 39121 Helena Ave Sterling Hts, MI 48313-5517	4. Date of Receipt <u>1/23/2020</u>	\$20.00 \$ _____	\$20.00 \$ _____
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		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Nicholas Osenberg 4917 Roman Rd Minneapolis, MN 55421-1537	4. Date of Receipt <u>1/23/2020</u>	\$20.00 \$ _____	\$20.00 \$ _____
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		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: April Miller 400 Toledo St Dundee, MI 48131-1247	4. Date of Receipt <u>1/23/2020</u>	\$10.00 \$ _____	\$10.00 \$ _____
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		Click Here for Memo Itemization	

Page Subtotal

\$70

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Paul Volansky 23642 Little Stones Ct Apt 1111 Novi, MI 48375-3289 4. Date of Receipt <u>2/7/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Pamela Thomson 49920 Hanford Rd Canton, MI 48187-4607 4. Date of Receipt <u>1/10/2020</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	\$20.00 \$ _____ Click Here for Memo Itemization	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Stacie Ross 42334 Trent Dr Canton, MI 48188-1298 4. Date of Receipt <u>1/23/2020</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	\$20.00 \$ _____ Click Here for Memo Itemization	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Darlene Evans 61200 North Ave Ray, MI 48096-3358 4. Date of Receipt <u>1/23/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization

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\$60

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Kimberly Choike 27979 Santa Anita Dr N Chesterfield, MI 48047-4889 4. Date of Receipt <u>2/7/2020</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	\$20.00 \$ _____	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Rebecca Garavaglia 48439 Kingsgrove Dr Macomb, MI 48044-2322 4. Date of Receipt <u>1/15/2020</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	\$15.00 \$ _____	\$15.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Carl Garavaglia 47040 Malburg Way Dr Macomb, MI 48044-3026 4. Date of Receipt <u>1/23/2020</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	\$10.00 \$ _____	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Kristen Setlak 36111 Lincoln St New Baltimore, MI 48047-6382 4. Date of Receipt <u>1/23/2020</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	\$10.00 \$ _____	\$10.00 \$ _____ Click Here for Memo Itemization

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\$55

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Miqual Kaminski 51384 Battanwood Dr Macomb, MI 48042-6064 4. Date of Receipt <u>2/7/2020</u>		\$20.00 \$ _____	\$20.00 \$ _____
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		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Andrea Beels 52723 Tacoma Narrows Dr Macomb, MI 48042-3612 4. Date of Receipt <u>1/23/2020</u>		\$10.00 \$ _____	\$10.00 \$ _____
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		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Angela Marshall 42753 Tessmer Dr Sterling Heights, MI 48314-3079 4. Date of Receipt <u>2/7/2020</u>		\$20.00 \$ _____	\$20.00 \$ _____
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		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Melissa Malavolti 17224 Merryweather Clinton Township, MI 48038 4. Date of Receipt <u>1/23/2020</u>		\$20.00 \$ _____	\$20.00 \$ _____
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		Click Here for Memo Itemization	

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\$ 70

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Melissa Young 6543 Roseberry Dr Shelby Twp, MI 48316-5354 4. Date of Receipt <u>2/13/2020</u>		\$20.00	\$20.00
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		\$ _____	\$ _____
3. Contribution # 2 Name & Address: Karin Jaberoo 28222 Wexford Dr Warren, MI 48092-4167 4. Date of Receipt <u>2/13/2020</u>		\$10.00	\$10.00
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		\$ _____	\$ _____
3. Contribution # 3 Name & Address: Nikia Johnson 24817 Princeton St St Clair Shores, MI 48080-3166 4. Date of Receipt <u>1/16/2020</u>		\$20.00	\$20.00
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		\$ _____	\$ _____
3. Contribution # 4 Name & Address: Jeanne Yasso 55376 Parkview Dr Shelby Twp, MI 48316-1069 4. Date of Receipt <u>2/13/2020</u>		\$20.00	\$20.00
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		\$ _____	\$ _____

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Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	B. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Sarah Plizga 5102 Ridge Ln Warren, MI 48092-4685 4. Date of Receipt <u>1/10/2020</u>	\$20.00 \$ _____	\$20.00 \$ _____ Click Here for Memo Itemization
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		
3. Contribution # 2 Name & Address: Wendie Berezowsky 17135 General Fraser, MI 48026-2240 4. Date of Receipt <u>1/16/2020</u>	\$20.00 \$ _____	\$20.00 \$ _____ Click Here for Memo Itemization
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		
3. Contribution # 3 Name & Address: Tracy Cantalini-Raja 21784 Fort Worth Dr Macomb, MI 48044-5496 4. Date of Receipt <u>1/23/2020</u>	\$5.00 \$ _____	\$5.00 \$ _____ Click Here for Memo Itemization
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		
3. Contribution # 4 Name & Address: Joseph Kohl 27263 Schiller Chesterfield, MI 48047 4. Date of Receipt <u>1/23/2020</u>	\$10.00 \$ _____	\$10.00 \$ _____ Click Here for Memo Itemization
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		

Page Subtotal

\$55

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Violet Selca 69367 Pine River Dr Bruce Twp, MI 48065-4043</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Elaine DeGroot 43410 Napa Dr Sterling Hts, MI 48314-1938</p> <p>4. Date of Receipt <u>2/13/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Marie Maldonado 15462 Masonic Fraser, MI 48026-3656</p> <p>4. Date of Receipt <u>2/7/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Timothy Clarke 24975 Chancel St Harrison Twp, MI 48085</p> <p>4. Date of Receipt <u>1/10/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>

Page Subtotal

\$50

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	8. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Maria Dewitte 22210 Louise St St Clr Shores, MI 48081-2459</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Jessica Syswerda 1636 Hollywood Ave Grosse Pointe Woods, MI 48236-1310</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Rosemarie Petty 51438 Caroline Dr Chesterfield, MI 48047-4581</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Jessica Shammami 29425 Herbert St Madison Hts, MI 48071-2576</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>

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\$70

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Maye Abdo 5310 Dickson Sterling Heights, MI 48310</p> <p>4. Date of Receipt <u>1/14/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: James Twigg 27084 Carrington Pl Harrison Township, MI 48045-6522</p> <p>4. Date of Receipt <u>2/7/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: May Mulla 28118 James Drive Warren, MI 48092-5609</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$12.00 \$ _____</p>	<p>\$22.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: May Mulla 28118 James Drive Warren, MI 48092-5609</p> <p>4. Date of Receipt <u>1/16/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Laura Tash 45543 Pentwater Dr Macomb, MI 48044-4236 4. Date of Receipt <u>2/13/2020</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	\$10.00 \$ _____	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Chad Marshall 2426 Beverly Blvd Berkley, MI 48072-1863 4. Date of Receipt <u>1/23/2020</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	\$10.00 \$ _____	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Sylvia Buck 52493 Storbaelt Ln Macomb, MI 48042-3605 4. Date of Receipt <u>1/14/2020</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	\$20.00 \$ _____	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Stacey Menzo 51272 Battanwood Dr Macomb, MI 48042-6063 4. Date of Receipt <u>1/15/2020</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	\$20.00 \$ _____	\$20.00 \$ _____ Click Here for Memo Itemization

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	8. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Jennifer Kay-Rivera 28653 Campbell Dr Warren, MI 48093-2619 4. Date of Receipt <u>1/23/2020</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	\$20.00 \$ _____	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Jason Swords 49190 Golden Park Dr Shelby Twp, MI 48315-4089 4. Date of Receipt <u>1/23/2020</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	\$10.00 \$ _____	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Lora Pilarski 48052 Thistle Dr Macomb, MI 48044-2265 4. Date of Receipt <u>1/16/2020</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	\$20.00 \$ _____	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Lisa Wild 22603 Manor St St Clr Shores, MI 48081-2338 4. Date of Receipt <u>1/16/2020</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	\$20.00 \$ _____	\$20.00 \$ _____ Click Here for Memo Itemization

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Lisa Wild 22603 Manor St St Clair Shores, MI 48081-2338 4. Date of Receipt <u>1/23/2020</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	\$20.00 \$ _____	\$40.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Michelle Clarke 22033 Springbrook Ave Farmington Hills, MI 48336 4. Date of Receipt <u>1/23/2020</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	\$10.00 \$ _____	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Ryan VanThournout 22240 Danielle Dr Macomb, MI 48042-3821 4. Date of Receipt <u>1/23/2020</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	\$20.00 \$ _____	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Kristy DePolo 7020 22 Mile Rd Shelby Twp, MI 48317-2206 4. Date of Receipt <u>2/13/2020</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	\$10.00 \$ _____	\$10.00 \$ _____ Click Here for Memo Itemization

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Michelle Carpenter 8283 E Pearson Shelby Twp, MI 48316-5134</p> <p>4. Date of Receipt <u>2/7/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Katelyn Mathews 8967 Brougham Dr Sterling Heights, MI 48312</p> <p>4. Date of Receipt <u>1/10/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: David Cutlip 39858 COALPORT DR CLINTON TOWNSHIP, MI 48038-2628</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Krista Hay 651 W BLUFF CT ROCHESTER HILLS, MI 48307-6081</p> <p>4. Date of Receipt <u>1/10/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>

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BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	8. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Lauren Whiting 5781 Harlowe Dr Shelby Twp, MI 48316-3240</p> <p>4. Date of Receipt <u>2/13/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Gary Tilney 26116 Princeton Street St Clair Shores, MI 48081</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Susan Cesar 18541 Dogwood Fraser, MI 48026-2133</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Jenni Campbell 51773 Leshan Dr Chesterfield, MI 48047-3178</p> <p>4. Date of Receipt <u>1/10/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>

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ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	8. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Deanna Devlaminck 4307 Sante Fe Trl Dryden, MI 48428-9655 4. Date of Receipt <u>2/13/2020</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	\$20.00 \$ _____ Click Here for Memo Itemization	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Lee Ann Scidluna 46089 Duchess Dr Chesterfield, MI 48051-3257 4. Date of Receipt <u>1/23/2020</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	\$15.00 \$ _____ Click Here for Memo Itemization	\$15.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Robert Venditti 8880 Delvin Sterling Heights, MI 48314 4. Date of Receipt <u>1/9/2020</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	\$5.00 \$ _____ Click Here for Memo Itemization	\$5.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Jennifer Siciliano 56228 Ashbrooke Dr W Utica, MI 48316 4. Date of Receipt <u>1/10/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization

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BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Brent Grawburg 39312 Byers Dr Sterling Hts, MI 48310-2613</p> <p>4. Date of Receipt <u>1/10/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Jacquelyn Czarnik-Rakas 52305 Creek Ln Chesterfield, MI 48047-4542</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Daniel Tatro 35624 Windridge Dr New Baltimore, MI 48047-5838</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Sheri Neufang 8333 E Pearson Shelby Twp, MI 48316-5117</p> <p>4. Date of Receipt <u>1/10/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>

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ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	8. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Pamela Weckerle 31612 Bretz Dr Warren, MI 48093-5535 4. Date of Receipt <u>1/10/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Elvisa Ejubovic 56260 Solina Ct Macomb, MI 48042-1177 4. Date of Receipt <u>1/23/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Lisa Pastorino 14608 Redford Dr Sterling Heights, MI 48312 4. Date of Receipt <u>2/13/2020</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	\$20.00 \$ _____ Click Here for Memo Itemization	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Andrew Cavalier 20401 Gloria Dr Macomb, MI 48044-6347 4. Date of Receipt <u>1/10/2020</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	\$20.00 \$ _____ Click Here for Memo Itemization	\$20.00 \$ _____ Click Here for Memo Itemization

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	8. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Kevin Bullis 3758 Mark Dr Troy, MI 48083-5330 4. Date of Receipt <u>1/23/2020</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	\$20.00 \$ _____ Click Here for Memo Itemization	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Ashley Shosey 17779 Laurana Ct Macomb, MI 48044 4. Date of Receipt <u>1/10/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Dawne Phelps 35621 LITTLE MACK AVE CLINTON TOWNSHIP, MI 48035-2641 4. Date of Receipt <u>1/23/2020</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	\$20.00 \$ _____ Click Here for Memo Itemization	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Renee Theisen 14418 Fina Dr Warren, MI 48088-3328 4. Date of Receipt <u>2/13/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization

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ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

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Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Susan Lesner 12935 Michael Dr Shelby Township, MI 48315-4742</p> <p>4. Date of Receipt <u>2/7/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Rena Kassa 42555 Jo Ed Dr Sterling Heights, MI 48314-3039</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Sarah Azar 55193 Rhine Ave Macomb, MI 48042-6189</p> <p>4. Date of Receipt <u>1/10/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Marie DeCeuninck 35911 Cadre St Clinton Township, MI 48035-2906</p> <p>4. Date of Receipt <u>1/10/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>

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ITEMIZED CONTRIBUTIONS
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Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Rosemarie Cybulski 6777 Serenity Dr Troy, MI 48098-1747</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: James French 47600 Freedom Valley Dr Macomb, MI 48044-2566</p> <p>4. Date of Receipt <u>2/7/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Raegan Riley 14472 E 14 Mile Rd Warren, MI 48088-1588</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Kerri Collier 949 Knob Creek Dr Rochester, MI 48306-1939</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Pamela Schilkey 55699 Estates Ln Macomb, MI 48042-1868</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Sarah Miller 22425 Amherst St Saint Clair Shores, MI 48081-1326</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Jason Carpenter 601 Heritage Ln Rochester Hls, MI 48309-1535</p> <p>4. Date of Receipt <u>1/10/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Susan Gurney 11383 Greendale Dr Sterling Hts, MI 48312-2926</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Richard Flemming 29520 Hoover Rd Warren, MI 48093-3406 4. Date of Receipt <u>1/23/2020</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	\$10.00 \$ _____ \$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ \$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Maria Rosati 53383 Starlite Dr Shelby Township, MI 48316-2347 4. Date of Receipt <u>1/10/2020</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	\$10.00 \$ _____ \$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ \$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: David Figurski 48150 Furgot Ct Shelby Twp, MI 48315-4130 4. Date of Receipt <u>1/10/2020</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	\$20.00 \$ _____ \$20.00 \$ _____ Click Here for Memo Itemization	\$20.00 \$ _____ \$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Kelley Collins 30911 Longview Ave Warren, MI 48093-8006 4. Date of Receipt <u>1/23/2020</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	\$20.00 \$ _____ \$20.00 \$ _____ Click Here for Memo Itemization	\$20.00 \$ _____ \$20.00 \$ _____ Click Here for Memo Itemization

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: David Jackowicz 39133 Washington Dr Sterling Hts, MI 48313-5604</p> <p>4. Date of Receipt <u>1/10/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Pamela McHaney 25569 Mary St Chesterfield, MI 48051-2818</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Jamie Steinman 16347 Festian Dr Clinton Twp, MI 48035-2226</p> <p>4. Date of Receipt <u>2/7/2020</u></p> <p>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</p>	<p>\$25.00 \$ _____</p>	<p>\$25.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Maria DiPaola 26276 Rosebriar Drive Chesterfield, MI 48051</p> <p>4. Date of Receipt <u>2/7/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	B. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Kelly Juronoc 36596 Capper Dr Clinton Twp, MI 48035-1429</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Lori Petracci 2011 Peterwood Rochester Hls, MI 48307-4330</p> <p>4. Date of Receipt <u>2/13/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Amy Hauser 14458 Royal Dr Sterling Hts, MI 48312-4366</p> <p>4. Date of Receipt <u>2/7/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Michele Pretzer-Simpson 62885 WALKER CT WASHINGTON, MI 48094-1554</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Michelle Adragna 50624 Murray Dr Macomb, MI 48044-1342</p> <p>4. Date of Receipt <u>1/10/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Nicole Trubey 18895 Kappa Dr Clinton Twp, MI 48036-1849</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Stacey Ary 29119 Rachid Ln Chesterfield, MI 48047-6023</p> <p>4. Date of Receipt <u>1/10/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Tina Rea 11104 Lisa Lane Shelby Township, MI 48316</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Jeanine Petitta 50717 Commons Dr Macomb, MI 48042-4640 4. Date of Receipt <u>2/13/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Renae Miles 37284 Sienna Oaks Dr New Baltimore, MI 48047-5505 4. Date of Receipt <u>1/16/2020</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	\$20.00 \$ _____ Click Here for Memo Itemization	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Katalin Messina 1195 Holmes Rd Allenton, MI 48002-2913 4. Date of Receipt <u>2/13/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Karen Janis 18411 Whalen Dr Clinton Twp, MI 48035-5021 4. Date of Receipt <u>1/23/2020</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	\$20.00 \$ _____ Click Here for Memo Itemization	\$20.00 \$ _____ Click Here for Memo Itemization

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		B. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Aaron Setlak 36111 Lincoln St New Baltimore, MI 48047-6382 4. Date of Receipt <u>1/23/2020</u>		\$10.00	\$10.00
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		\$ _____	\$ _____
3. Contribution # 2 Name & Address: Jennifer LaBara 50522 Ruedisale St New Baltimore, MI 48047-1645 4. Date of Receipt <u>1/23/2020</u>		\$20.00	\$10.00
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		\$ _____	\$ _____
3. Contribution # 3 Name & Address: Jennifer LaBara 50522 Ruedisale St New Baltimore, MI 48047-1645 4. Date of Receipt <u>1/16/2020</u>		\$20.00	\$20.00
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		\$ _____	\$ _____
3. Contribution # 4 Name & Address: Carl Taylor 54846 Stardust Ct Shelby Twp, MI 48316-1661 4. Date of Receipt <u>2/7/2020</u>		\$10.00	\$10.00
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		\$ _____	\$ _____

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Kadie Schutt 46504 Pat St Chesterfield, MI 48051-2846 4. Date of Receipt <u>2/7/2020</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	\$20.00 \$ _____ Click Here for Memo Itemization	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Emily Murphree 4490 Hawthorn Dr Auburn Hills, MI 48326-1883 4. Date of Receipt <u>1/23/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Elizabeth Smith 1446 Heights Rd Lake Orion, MI 48362-2211 4. Date of Receipt <u>2/13/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Rachel Miller 5998 Oakridge Dr Washington, MI 48094-4304 4. Date of Receipt <u>2/7/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Rosemarie LeFaivre 6349 Starville Rd Cottrellville, MI 48039-1013 4. Date of Receipt <u>1/14/2020</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	\$20.00 \$ _____	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Karen Kuciel 37512 JEFFERSON AVE HARRISON TOWNSHI, MI 48045-2676 4. Date of Receipt <u>2/7/2020</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	\$20.00 \$ _____	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Sarah Crooks 21713 Ambassador Dr Macomb, MI 48044-1892 4. Date of Receipt <u>2/7/2020</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	\$10.00 \$ _____	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Michelle Folden 50160 Ashperton Dr Macomb, MI 48044-1393 4. Date of Receipt <u>1/10/2020</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	\$20.00 \$ _____	\$20.00 \$ _____ Click Here for Memo Itemization

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Thomas Brylewski 30284 Margo Dr New Haven, MI 48048-1834 4. Date of Receipt <u>1/10/2020</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	\$10.00 \$ _____	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Jennifer Pisha-Rude 55186 Norman Dr Macomb, MI 48042-1729 4. Date of Receipt <u>1/23/2020</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	\$10.00 \$ _____	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Colleen Kohn 2075 Warrington Rd Rochester Hills, MI 48307-3773 4. Date of Receipt <u>1/16/2020</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	\$10.00 \$ _____	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Colleen Ciak 58244 Mound Ct Washington Twp, MI 48094-2647 4. Date of Receipt <u>1/23/2020</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	\$20.00 \$ _____	\$20.00 \$ _____ Click Here for Memo Itemization

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ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	B. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Francesca Gough 49319 Gaviota Ln Macomb, MI 48044-1164 4. Date of Receipt <u>1/23/2020</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	\$20.00 \$ _____ Click Here for Memo Itemization	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Karen Maras 1931 Littlestone Rd Grosse Pt Wds, MI 48236-1958 4. Date of Receipt <u>1/23/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Martina Hilgendorf 31745 Lexington St Warren, MI 48092-5003 4. Date of Receipt <u>1/23/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: David Luedtke 3101 Quail Ridge Cir Rochester Hls, MI 48309-2726 4. Date of Receipt <u>1/23/2020</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	\$20.00 \$ _____ Click Here for Memo Itemization	\$20.00 \$ _____ Click Here for Memo Itemization

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\$60

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Donna Zimmer 54429 Verona Park Dr Macomb, MI 48042-5812</p> <p>4. Date of Receipt <u>1/10/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Nicole Miller 53040 Cheshire Dr Shelby Township, MI 48316-2709</p> <p>4. Date of Receipt <u>1/16/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Laura Harrison 14541 Cornell Dr Sterling Hts, MI 48313-3630</p> <p>4. Date of Receipt <u>2/13/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Patricia Cassel 19131 Ike St Roseville, MI 48066-2618</p> <p>4. Date of Receipt <u>2/7/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Irina Hirschberger 36530 Main St New Baltimore, MI 48047-2511</p> <p>4. Date of Receipt <u>2/13/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____</p>
<p>3. Contribution # 2 Name & Address: Victor Kolpak 17305 Penrod Dr Clinton Twp, MI 48035-1260</p> <p>4. Date of Receipt <u>2/7/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____</p>
<p>3. Contribution # 3 Name & Address: Thomas Sulliot 22512 Trombly St Saint Clair Shores, MI 48080-2886</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____</p>
<p>3. Contribution # 4 Name & Address: Scott Hiegel 55323 Lassen Dr Macomb, MI 48042-1653</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____</p>

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Jean Schachermeyer 1035 COUNTRY CLUB DR SAINT CLAIR SHOR, MI 48082-2940 4. Date of Receipt <u>1/23/2020</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	\$5.00 \$ _____ Click Here for Memo Itemization	\$5.00 \$ _____
3. Contribution # 2 Name & Address: Justin Smith 34541 Giannetti Dr Sterling Hts, MI 48312-5771 4. Date of Receipt <u>1/23/2020</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	\$20.00 \$ _____ Click Here for Memo Itemization	\$20.00 \$ _____
3. Contribution # 3 Name & Address: Noha Agini 21052 Cervantes Ct Macomb, MI 48044-1814 4. Date of Receipt <u>1/16/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____
3. Contribution # 4 Name & Address: Dawn Jenkins 46693 Glen Pointe Dr Shelby Twp, MI 48315-6134 4. Date of Receipt <u>1/23/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Michael May 2397 Garry Dr Troy, MI 48083-2361		\$20.00	\$20.00
4. Date of Receipt <u>1/23/2020</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		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Rebecca Keen 48846 Palmyra Dr Shelby Twp, MI 48317-2537		\$20.00	\$20.00
4. Date of Receipt <u>2/13/2020</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		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Angela Haffey 11241 Newburg Dr Sterling Hts, MI 48313-4947		\$10.00	\$10.00
4. Date of Receipt <u>1/10/2020</u>		\$ _____	\$ _____
6. 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		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: William Piscopink 16205 Alliston St Clinton Twp, MI 48038		\$10.00	\$10.00
4. Date of Receipt <u>1/23/2020</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		Click Here for Memo Itemization	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Rachel Sylver 3532 Sandy Creek Shelby Township, MI 48316</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Tracey Halsig 307 Northwood Ave Rochester, MI 48307</p> <p>4. Date of Receipt <u>2/13/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Allison Lane 39370 Memory Ln Harrison Twp, MI 48045-1752</p> <p>4. Date of Receipt <u>2/7/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Alison Palm 13470 Perry Circle Warren, MI 48088</p> <p>4. Date of Receipt <u>1/10/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Michelle Boudia 19622 Slate Dr Macomb, MI 48044-1778 4. Date of Receipt <u>1/10/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Andrew Rybarczyk 52146 Covington Ln New Baltimore, MI 48047-4289 4. Date of Receipt <u>2/13/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Wendy Wilson 52121 Ash Ct Chesterfield, MI 48047-4568 4. Date of Receipt <u>1/23/2020</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	\$20.00 \$ _____ Click Here for Memo Itemization	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Tuyen Duddles 470 Franklin Lake Cir Oxford, MI 48371-6705 4. Date of Receipt <u>1/14/2020</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	\$20.00 \$ _____ Click Here for Memo Itemization	\$20.00 \$ _____ Click Here for Memo Itemization

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Jennifer Mulcahy 39763 Shetland St Clinton Twp, MI 48038-2879	4. Date of Receipt <u>1/23/2020</u>	\$10.00 \$ _____	\$10.00 \$ _____
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		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Melodie DeCaire 37924 Spring Lane Farmington Hills, MI 48331	4. Date of Receipt <u>2/7/2020</u>	\$10.00 \$ _____	\$10.00 \$ _____
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		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Amanda Wezner 229 N Dorchester Ave Royal Oak, MI 48067-2170	4. Date of Receipt <u>1/23/2020</u>	\$10.00 \$ _____	\$10.00 \$ _____
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		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Theresa Umbarger 23152 Wellington Cres Apt 103 Clinton Township, MI 48036-3589	4. Date of Receipt <u>1/16/2020</u>	\$20.00 \$ _____	\$20.00 \$ _____
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		Click Here for Memo Itemization	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Dale Swalya 39800 Spitz Dr Sterling Hts, MI 48313-4980 4. Date of Receipt <u>1/10/2020</u>		\$10.00	\$10.00
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		\$ _____	\$ _____
3. Contribution # 2 Name & Address: Jennifer Kochanski 21380 Tee Box Dr Macomb, MI 48042-4325 4. Date of Receipt <u>1/23/2020</u>		\$10.00	\$10.00
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		\$ _____	\$ _____
3. Contribution # 3 Name & Address: Christine Tallman 4470 Harold Dr Troy, MI 48085-4908 4. Date of Receipt <u>1/23/2020</u>		\$10.00	\$10.00
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		\$ _____	\$ _____
3. Contribution # 4 Name & Address: Kristen Kaul 47846 Lamplighter Trl Macomb, MI 48044-2862 4. Date of Receipt <u>1/23/2020</u>		\$20.00	\$20.00
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		\$ _____	\$ _____

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	8. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Corinne Beach 52243 DW Seaton Chesterfield Twp, MI 48047</p> <p>4. Date of Receipt <u>2/13/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____</p>
<p>3. Contribution # 2 Name & Address: Julie McMahon 50799 Murray Dr Macomb, MI 48044-1340</p> <p>4. Date of Receipt <u>1/16/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____</p>
<p>3. Contribution # 3 Name & Address: Renee Reynolds 18886 Pembridge St Macomb, MI 48042-6307</p> <p>4. Date of Receipt <u>1/10/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____</p>
<p>3. Contribution # 4 Name & Address: Scott Zmija 48434 Beacon Square Dr Macomb, MI 48044-1439</p> <p>4. Date of Receipt <u>2/14/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____</p>

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	8. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Carrie Rospino 68319 Copperwood Dr Washington, MI 48095-2905 4. Date of Receipt <u>1/10/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Kelly Magro 21451 SABRINA DR MACOMB, MI 48044-1318 4. Date of Receipt <u>1/23/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Ann Marie Eliakis 503 E University Dr Apt 205 Rochester, MI 48307-2152 4. Date of Receipt <u>1/10/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Rachelle Bietler 53087 Bayberry Dr Macomb, MI 48042-2839 4. Date of Receipt <u>1/16/2020</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	\$20.00 \$ _____ Click Here for Memo Itemization	\$20.00 \$ _____ Click Here for Memo Itemization

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Leah Scheible 10465 Lincoln Dr Huntingtn Wds, MI 48070-1530</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Carrie Blake-Gatson 19042 Marisa Dr Clinton Township, MI 48038-2272</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Dawn Shawen-Worde 8191 Waterworks Ira, MI 48023</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Rachel Pregano 29810 John J Roseville, MI 48066</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>

Page Subtotal

\$60

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Christina Ceravolo 14258 Moravian Manor Circle Sterling Heights, MI 48312		\$20.00	\$20.00
4. Date of Receipt <u>1/23/2020</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		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Kate Donnelly 16286 Chatham Dr Clinton Twp, MI 48035-1118		\$20.00	\$20.00
4. Date of Receipt <u>1/23/2020</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		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Katelyn Washburn 15131 Chippewa Dr Warren, MI 48088-2091		\$10.00	\$10.00
4. Date of Receipt <u>1/23/2020</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		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Nicole Wybo 21135 Vesper Dr Macomb, MI 48044-1371		\$20.00	\$20.00
4. Date of Receipt <u>2/7/2020</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		Click Here for Memo Itemization	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Erik Hart 605 W Cambourne St Ferndale, MI 48220-1261	4. Date of Receipt <u>1/23/2020</u>	\$20.00 \$ _____	\$20.00 \$ _____
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		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Paul Carey 42142 Blairmoor Dr Sterling Hts, MI 48313-2612	4. Date of Receipt <u>1/23/2020</u>	\$20.00 \$ _____	\$20.00 \$ _____
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		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Thomas Milanov 29243 Ohmer Dr Warren, MI 48092-4234	4. Date of Receipt <u>1/10/2020</u>	\$20.00 \$ _____	\$20.00 \$ _____
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		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Joylynn Blum 54263 KATHERINE WOOD DR MACOMB, MI 48042-2318	4. Date of Receipt <u>1/14/2020</u>	\$10.00 \$ _____	\$10.00 \$ _____
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		Click Here for Memo Itemization	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Tanya Norkiewicz 52144 Huntley Ave New Baltimore, MI 48047-2186	4. Date of Receipt <u>1/10/2020</u>	\$10.00 \$ _____	\$10.00 \$ _____
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		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Andrea Bentley - Cacko 60390 Cottage Mill Dr Washington, MI 48094-3778	4. Date of Receipt <u>1/23/2020</u>	\$20.00 \$ _____	\$20.00 \$ _____
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		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Rachel Zmija 48434 Beacon Square Dr Macomb, MI 48044-1439	4. Date of Receipt <u>1/14/2020</u>	\$20.00 \$ _____	\$20.00 \$ _____
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		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Heather McWherter 43232 Gainsley Dr Sterling Heights, MI 48313-1845	4. Date of Receipt <u>1/23/2020</u>	\$10.00 \$ _____	\$10.00 \$ _____
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		Click Here for Memo Itemization	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Brian DuBay 52354 Laurel Oak Ln Chesterfield, MI 48047-1440		4. Date of Receipt <u>2/7/2020</u> \$10.00 \$ _____	\$10.00 \$ _____ Click Here for Memo Itemization
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			
3. Contribution # 2 Name & Address: Brian Romeo 30150 Woodhaven Ln Beverly Hills, MI 48025-4963		4. Date of Receipt <u>2/13/2020</u> \$20.00 \$ _____	\$20.00 \$ _____ Click Here for Memo Itemization
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			
3. Contribution # 3 Name & Address: Pamela Temerowski 3361 Lake Forest Dr Sterling Hts, MI 48314-1885		4. Date of Receipt <u>1/23/2020</u> \$5.00 \$ _____	\$5.00 \$ _____ Click Here for Memo Itemization
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			
3. Contribution # 4 Name & Address: Frank Franczyk 27853 Marilyn Warren, MI 48093		4. Date of Receipt <u>1/23/2020</u> \$10.00 \$ _____	\$10.00 \$ _____ Click Here for Memo Itemization
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			

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ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Joseph Johnston 32435 Kelly Rd Fraser, MI 48026-2124 4. Date of Receipt <u>2/7/2020</u>		\$20.00	\$20.00
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		\$ _____	\$ _____
3. Contribution # 2 Name & Address: Mallory Lyons 12260 Canterbury Dr. Warren, MI 48093 4. Date of Receipt <u>2/13/2020</u>		\$10.00	\$10.00
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		\$ _____	\$ _____
3. Contribution # 3 Name & Address: Karyn Cain 66200 Wolcott Rd Ray Twp, MI 48096-1829 4. Date of Receipt <u>2/7/2020</u>		\$10.00	\$10.00
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		\$ _____	\$ _____
3. Contribution # 4 Name & Address: Jennifer Nichols 19347 Hamlin Lake Dr Macomb, MI 48044-4250 4. Date of Receipt <u>1/23/2020</u>		\$10.00	\$10.00
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		\$ _____	\$ _____

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MICHIGAN DEPARTMENT OF STATE
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ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		8. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Yvonne Stachecki-Razook 2846 Plymouth Dr Shelby Twp, MI 48316-4889		\$10.00	\$10.00
4. Date of Receipt <u>2/7/2020</u>		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 2 Name & Address: Melissa Hardy 40845 Firesteel Dr Sterling Heights, MI 48313-4223		\$20.00	\$20.00
4. Date of Receipt <u>1/14/2020</u>		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: Kelly Bellew 21961 Pinder Ct Macomb, MI 48044		\$10.00	\$10.00
4. Date of Receipt <u>1/10/2020</u>		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: Mandy Elgert 11324 San Elia Dr Sterling Hts, MI 48312-1276		\$20.00	\$20.00
4. Date of Receipt <u>1/23/2020</u>		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Kelly Lucas 22054 Wilshire Cir Macomb, MI 48044-3719	4. Date of Receipt <u>1/23/2020</u>	\$20.00 \$ _____	\$20.00 \$ _____
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		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Erika Tokarz 55176 Hagen Dr Shelby Twp, MI 48315-1052	4. Date of Receipt <u>1/23/2020</u>	\$10.00 \$ _____	\$10.00 \$ _____
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		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Joseph Lanni 427 E Kenilworth Ave Royal Oak, MI 48067-3745	4. Date of Receipt <u>2/7/2020</u>	\$10.00 \$ _____	\$10.00 \$ _____
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		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Stephanie Staub 2729 Colonial Trl Bloomfld Hls, MI 48304-1615	4. Date of Receipt <u>1/10/2020</u>	\$20.00 \$ _____	\$20.00 \$ _____
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		Click Here for Memo Itemization	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Nancy Sefcovic 15275 Yellowstone Dr Macomb, MI 48042-5646	4. Date of Receipt <u>1/23/2020</u>	\$20.00 \$ _____	\$20.00 \$ _____
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		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Amber Williamson 48675 Boardwalk Dr Macomb, MI 48044-2226	4. Date of Receipt <u>1/23/2020</u>	\$20.00 \$ _____	\$20.00 \$ _____
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		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Debra Julin 21527 Buick Open Dr Macomb, MI 48042-4334	4. Date of Receipt <u>1/23/2020</u>	\$10.00 \$ _____	\$10.00 \$ _____
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		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Sarah Bauriedl 3202 Barkway Dr Sterling Hts, MI 48310-6917	4. Date of Receipt <u>2/7/2020</u>	\$20.00 \$ _____	\$20.00 \$ _____
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		Click Here for Memo Itemization	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	B. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Patricia Dubon 42547 Terry St Clinton Twp, MI 48038-1797 4. Date of Receipt <u>1/9/2020</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	\$11.00 \$ _____ \$11.00 \$ _____ Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Lisa Denomme 51244 Battanwood Dr Macomb, MI 48042-6063 4. Date of Receipt <u>1/23/2020</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	\$20.00 \$ _____ \$20.00 \$ _____ Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Lydia Feld 3934 Devon Rd Royal Oak, MI 48073-1973 4. Date of Receipt <u>1/10/2020</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	\$10.00 \$ _____ \$10.00 \$ _____ Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Jason Youngblood 35517 Brooke Ct New Baltimore, MI 48047-1137 4. Date of Receipt <u>1/9/2020</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	\$10.00 \$ _____ \$10.00 \$ _____ Click Here for Memo Itemization	

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ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Thomas Pagano 42732 Wrobel St Clinton Twp, MI 48038-5427 4. Date of Receipt <u>1/23/2020</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	\$20.00 \$ _____ Click Here for Memo Itemization	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Shannon Abernathy 22635 Liberty St Clair Shores, MI 48080 4. Date of Receipt <u>1/23/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Jo-Ann Loftis 80655 Omo Rd Armada, MI 48005-1540 4. Date of Receipt <u>1/23/2020</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	\$20.00 \$ _____ Click Here for Memo Itemization	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Sara Gallop 61036 Winterberry Dr Washington, MI 48094-1737 4. Date of Receipt <u>2/7/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization

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MICHIGAN DEPARTMENT OF STATE
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ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Anthony Wright 31208 Blair Dr Warren, MI 48092-1736 4. Date of Receipt <u>1/23/2020</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	\$10.00 \$ _____	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Holly Reese 47167 Whippoorwill Dr Macomb, MI 48044-2827 4. Date of Receipt <u>2/14/2020</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	\$20.00 \$ _____	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Rebecca Ross 18840 English Ivy Dr. Macomb Twp, MI 48042 4. Date of Receipt <u>1/23/2020</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	\$10.00 \$ _____	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Millie Paliewicz 5743 Woodmire Dr Shelby Twp, MI 48316-1750 4. Date of Receipt <u>1/23/2020</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	\$10.00 \$ _____	\$10.00 \$ _____ Click Here for Memo Itemization

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ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Rebecca DuBay 52354 Laurel Oak Ln Chesterfield, MI 48047-1440</p> <p>4. Date of Receipt <u>2/7/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Jennifer Jurmo 47877 Mallard Dr Chesterfield, MI 48047-2237</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Stephanie Bommarito 747 Fieldstone Dr Rochester Hls, MI 48309-1635</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Karen Blair 34289 Savannah Ct Chesterfield, MI 48047-6100</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Janice McDougall 43776 Gunnison Dr Clinton Twp, MI 48038-1336</p> <p>4. Date of Receipt <u>1/9/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Donna Lamberti 5970 Hilmore Dr Troy, MI 48085</p> <p>4. Date of Receipt <u>1/10/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Annette LaBelle 4082 Tuxedo Dr Warren, MI 48092-1121</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Samar Mansour 42832 Flis Dr Sterling Hts, MI 48314-2849</p> <p>4. Date of Receipt <u>1/10/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Stephen Fiordellisi 47544 Hidden Meadows Dr Macomb, MI 48044-3093</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Valerie Puffer 42168 Lochmoor St Clinton Township, MI 48038-1772</p> <p>4. Date of Receipt <u>1/10/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Rosalie Smirnes 29790 Boewe Dr Warren, MI 48092-2265</p> <p>4. Date of Receipt <u>2/7/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Eileen Novak 33238 Opus Ct Sterling Hts, MI 48312-6719</p> <p>4. Date of Receipt <u>2/7/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Michelle Balasia 821 Stanley Ct Royal Oak, MI 48067-1931</p> <p>4. Date of Receipt <u>2/7/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Michelle Taylor 54846 Stardust Ct Shelby Twp, MI 48316-1661</p> <p>4. Date of Receipt <u>2/7/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Rebecca Hunt 49686 Dunhill Dr Macomb, MI 48044-1739</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Jason Grifka 13449 Wyndemere Cir Sterling Hts, MI 48313-2655</p> <p>4. Date of Receipt <u>1/14/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	B. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Ginger Krzeminski 68629 Highland Ct Washington, MI 48095-1337 4. Date of Receipt <u>1/10/2020</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	\$10.00 \$ _____	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Robin Mercier 33836 Bartola Dr Sterling Hts, MI 48312-5793 4. Date of Receipt <u>1/23/2020</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	\$20.00 \$ _____	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Rita Gjelij 14812 Towering Oaks Dr Shelby Twp, MI 48315-1638 4. Date of Receipt <u>1/23/2020</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	\$30.00 \$ _____	\$30.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: James Battaglia 5705 Lakeview Blvd Goodrich, MI 48438-9642 4. Date of Receipt <u>1/23/2020</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	\$20.00 \$ _____	\$20.00 \$ _____ Click Here for Memo Itemization

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BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Lisa Sikoski 47749 Dennis Baert Dr Macomb, MI 48044-3064</p> <p>4. Date of Receipt <u>1/10/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Warren Consolidated Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$100.00 \$ _____</p>	<p>\$100.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Alice Vires 64169 Turnberry Way Washington, MI 48095-2844</p> <p>4. Date of Receipt <u>2/13/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Maddison Weber 243 Chrlevoix Clawson, MI 48017</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Julie Tanner 11573 Arden Ave Warren, MI 48093-1105</p> <p>4. Date of Receipt <u>2/13/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>

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MICHIGAN DEPARTMENT OF STATE
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ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Rachael Gurjack 18995 Sandhurst Dr Clinton Twp, MI 48038-4982		\$20.00	\$20.00
4. Date of Receipt <u>2/13/2020</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		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Justin Wesley 51634 Churchill Dr Shelby Township, MI 48316-4323		\$20.00	\$20.00
4. Date of Receipt <u>1/23/2020</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		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Karen Fleming 14888 LAKESIDE BLVD N SHELBY TOWNSHIP, MI 48315-6099		\$10.00	\$10.00
4. Date of Receipt <u>1/10/2020</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		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Beth Sanchez 8060 Anchor Bay Dr Clay, MI 48001-3600		\$10.00	\$10.00
4. Date of Receipt <u>2/7/2020</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		Click Here for Memo Itemization	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		8. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Nicole Arini 29057 Yorkshire Ln # 16 Warren, MI 48088-3741		4. Date of Receipt <u>1/16/2020</u> \$20.00 \$ _____	\$20.00 \$ _____
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		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Eric Wachterhauser 38090 Woodcrest St Clinton Twp, MI 48036-4054		4. Date of Receipt <u>1/23/2020</u> \$20.00 \$ _____	\$20.00 \$ _____
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		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Amy Warfield 643 N Esplanade St Mount Clemens, MI 48043-6412		4. Date of Receipt <u>1/9/2020</u> \$10.00 \$ _____	\$10.00 \$ _____
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		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Nicole Neave 1470 Monck Ave Windsor, ON N9J-3P5		4. Date of Receipt <u>1/10/2020</u> \$10.00 \$ _____	\$10.00 \$ _____
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		Click Here for Memo Itemization	

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ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Rachel Evans PO Box 57 Richmond, MI 48062-0057		\$20.00	\$20.00
4. Date of Receipt <u>1/16/2020</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		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: April Aiosa 2800 Geneva St Dearborn, MI 48124-4518		\$20.00	\$20.00
4. Date of Receipt <u>1/23/2020</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		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Peter Vainner 7027 Deerhill Dr Clarkston, MI 48346-1227		\$120.00	\$120.00
4. Date of Receipt <u>1/23/2020</u>		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Warren Consolidated Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Enayath Hossain 12291 Gallagher Detroit, MI 48212		\$50.00	\$50.00
4. Date of Receipt <u>2/7/2020</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		Click Here for Memo Itemization	

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MICHIGAN DEPARTMENT OF STATE
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ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Don Bietler 2624 Lauren Ct Royal Oak, MI 48073-5510</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Mary Przybyl 11231 Canterbury Dr Sterling Hts, MI 48312-2901</p> <p>4. Date of Receipt <u>1/10/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Maria Doherty 1732 Severn Grosse Pointe Woods, MI 48236</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: LaShonda Williams Glenn 24350 Harrison St Clinton Twp, MI 48035-3833</p> <p>4. Date of Receipt <u>1/10/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>

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MICHIGAN DEPARTMENT OF STATE
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ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Carolyn Striho 31760 Partridge Ln Apt 1 Farmington Hills, MI 48334-1372</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Jennifer Knapp 287 Ridgemont Rd Grosse Pt Frm, MI 48236-3131</p> <p>4. Date of Receipt <u>2/13/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Ann Amberg 1335 Nottingham Rd Grosse Pt Pk, MI 48230-1026</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Marie Brown 291 Hillcrest Ave Grosse Pt Frm, MI 48236-3122</p> <p>4. Date of Receipt <u>1/10/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Steven Reinke 1425 Lakepointe St Grosse Pt Pk, MI 48230-1015</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Kristin Ansel 838 Norwich Dr Troy, MI 48084-2630</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Bethany Barnes 2333 Elmhurst Ave Royal Oak, MI 48073-3862</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Vickilyn Withrow 74772 Judges Ct Bruce Twp, MI 48065-3129</p> <p>4. Date of Receipt <u>1/14/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>

Page Subtotal

960

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Amy Karaskiewicz 617 Helene Ave Royal Oak, MI 48067-4009 4. Date of Receipt <u>2/13/2020</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	\$20.00 \$ _____ Click Here for Memo Itemization	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Kristen Houbeck 24743 Briar Bay Dr Macomb, MI 48042-5537 4. Date of Receipt <u>1/10/2020</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	\$20.00 \$ _____ Click Here for Memo Itemization	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Lisa Chill 3988 High Grove Way Lake Orion, MI 48360-1577 4. Date of Receipt <u>1/16/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Melissa Wheeler 61556 Spring Circle Trl Washington, MI 48094-1139 4. Date of Receipt <u>1/16/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization

Page Subtotal

\$60

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Jamie Hilliard 2953 Leyton Ct Rochester Hls, MI 48306-3048 4. Date of Receipt <u>1/23/2020</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	\$20.00 \$ _____	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Areej Meengs 2694 Forest View Ct Rochester Hls, MI 48307-5905 4. Date of Receipt <u>1/23/2020</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	\$20.00 \$ _____	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Jennifer Torongo 4405 Morningview Dr Shelby Twp, MI 48316-3933 4. Date of Receipt <u>1/23/2020</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	\$20.00 \$ _____	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Eric Walivaara 3081 Rolling Green Cir S Rochester Hls, MI 48309-1251 4. Date of Receipt <u>1/23/2020</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	\$10.00 \$ _____	\$10.00 \$ _____ Click Here for Memo Itemization

Page Subtotal

\$70

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Karen Soper 2343 Crooks Rd Royal Oak, MI 48073-3353 4. Date of Receipt <u>1/10/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Mary Pressnell 49576 Dunhill Dr Macomb, MI 48044-1739 4. Date of Receipt <u>2/7/2020</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	\$20.00 \$ _____ Click Here for Memo Itemization	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Tracey Sanom 1592 Columbia Rd Berkley, MI 48072-1914 4. Date of Receipt <u>1/10/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Melissa Seligman 620 W Lincoln Ave Royal Oak, MI 48067 4. Date of Receipt <u>2/13/2020</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	\$20.00 \$ _____ Click Here for Memo Itemization	\$20.00 \$ _____ Click Here for Memo Itemization

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\$60

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Elena Fernandez 29839 Foxrun Cir Warren, MI 48092-6310</p> <p>4. Date of Receipt <u>1/10/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____</p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Christine Stone 22805 Detour St St Clair Shores, MI 48082-2431</p> <p>4. Date of Receipt <u>1/10/2020</u></p> <p>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</p>	<p>\$30.00 \$ _____</p>	<p>\$50.00 \$ _____</p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Lee Smith 412 9Th St Royal Oak, MI 48067-3114</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____</p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Victoria Kajbo 2030 Blue Stone Ln Commerce Township, MI 48390-1526</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____</p> <p>Click Here for Memo Itemization</p>

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\$70

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Angela Sambanis-Olstyn 152 Cloverport Ave Rochester Hills, MI 48307-2712		\$20.00	\$20.00
4. Date of Receipt <u>1/23/2020</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		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Jeremy Olstyn 152 Cloverport Ave Rochester Hills, MI 48307-2712		\$10.00	\$10.00
4. Date of Receipt <u>1/23/2020</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		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Linda Opipari 30772 Whittier Ave Madison Hts, MI 48071-2002		\$20.00	\$20.00
4. Date of Receipt <u>1/23/2020</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		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Mary Hines 13366 Wales Ave Huntingtn Wds, MI 48070-1725		\$10.00	\$10.00
4. Date of Receipt <u>1/23/2020</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		Click Here for Memo Itemization	

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\$60

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	8. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Thea DeLisle 1378 Pond View Ct Wixom, MI 48393-1415 4. Date of Receipt <u>1/23/2020</u>	\$10.00 \$ _____	\$10.00 \$ _____
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		
3. Contribution # 2 Name & Address: Kim Viviano 50375 Ashperton Dr Macomb, MI 48044-1393 4. Date of Receipt <u>1/16/2020</u>	\$15.00 \$ _____	\$15.00 \$ _____
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		
3. Contribution # 3 Name & Address: Lori Weeks 660 W Breckenridge St Ferndale, MI 48220-1214 4. Date of Receipt <u>2/13/2020</u>	\$20.00 \$ _____	\$20.00 \$ _____
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		
3. Contribution # 4 Name & Address: Melissa Bielski 1834 Symes St Ferndale, MI 48220-2046 4. Date of Receipt <u>2/7/2020</u>	\$20.00 \$ _____	\$20.00 \$ _____
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		

Page Subtotal

\$65

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Cynthia Dodero 39109 Helena Ave Sterling Hts, MI 48313-5517</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Aida Spahich 4986 Danbury Dr Troy, MI 48085-3712</p> <p>4. Date of Receipt <u>1/14/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Brenda Hamblin 7039 Lee Crest Dr W Bloomfield, MI 48322-3752</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: David Mangune 38491 Primrose Ln Harrison Township, MI 48045-6863</p> <p>4. Date of Receipt <u>1/10/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>

Page Subtotal \$50

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Jaime Mahon 23122 Panama Ave Warren, MI 48091-4735 4. Date of Receipt <u>1/15/2020</u> 6. 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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Jeffrey Carron 3787 Somerset Cir Rochester, MI 48309-3751 4. Date of Receipt <u>1/14/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Royce Grewer 28765 Sunset Blvd W Lathrup Village, MI 48076-2540 4. Date of Receipt <u>1/23/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Rawaa Yaldo 1951 Knoll Ct Troy, MI 48098-4345 4. Date of Receipt <u>2/13/2020</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	\$15.00 \$ _____ Click Here for Memo Itemization	\$15.00 \$ _____ Click Here for Memo Itemization

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\$45

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Michael Madley 37449 Streamview Dr Sterling Hts, MI 48312-2539 4. Date of Receipt <u>1/10/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Molly Gale 3753 Thomas Ave Berkley, MI 48072-1144 4. Date of Receipt <u>1/10/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Marian Cardamone 1695 Villa Rd Birmingham, MI 48009-6560 4. Date of Receipt <u>2/7/2020</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	\$20.00 \$ _____ Click Here for Memo Itemization	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Christina Schleyer 1071 Norwich Dr Troy, MI 48084-2647 4. Date of Receipt <u>1/23/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization

Page Subtotal

750

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Michelle Meneghin 4334 N Verona Cir Royal Oak, MI 48073-6325		\$18.00	\$18.00
4. Date of Receipt <u>1/23/2020</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		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Ida Barrons 178 W Snover Rd Mayville, MI 48744-9428		\$10.00	\$10.00
4. Date of Receipt <u>1/23/2020</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		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Rikki Mutter 2873 Kilburn Ct Rochester Hills, MI 48306-3026		\$20.00	\$20.00
4. Date of Receipt <u>2/13/2020</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		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Judy Franklin 410 N Batchewana St Clawson, MI 48017-1366		\$10.00	\$10.00
4. Date of Receipt <u>1/23/2020</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		Click Here for Memo Itemization	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Richard Arnold 1889 Harwood Dr Oxford, MI 48371-4441	4. Date of Receipt <u>2/7/2020</u>	\$10.00 \$ _____	\$10.00 \$ _____
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		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Marina Kolicaj 1337 Townsend Addison Townsend, MI 48367	4. Date of Receipt <u>2/13/2020</u>	\$20.00 \$ _____	\$20.00 \$ _____
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		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Michal Schultz 13565 Windridge Ct Sterling Hts, MI 48313-4207	4. Date of Receipt <u>1/10/2020</u>	\$20.00 \$ _____	\$20.00 \$ _____
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		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Julia Greenblatt 424 Leroy St Ferndale, MI 48220-1865	4. Date of Receipt <u>1/23/2020</u>	\$20.00 \$ _____	\$20.00 \$ _____
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		Click Here for Memo Itemization	

Page Subtotal

\$70

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Adam Young 24850 Armada Center Rd Armada, MI 48005-2745		\$20.00	\$20.00
4. Date of Receipt <u>1/9/2020</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		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Donna Jakubowski 1129 Golfview Dr Lake Orion, MI 48362-1845		\$20.00	\$20.00
4. Date of Receipt <u>2/7/2020</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		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Eric Zwierzchowski 133 Devillen Ave Royal Oak, MI 48073-3433		\$10.00	\$10.00
4. Date of Receipt <u>1/23/2020</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		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Kimberly Girard 6934 Beadle St Caseville, MI 48725-9404		\$10.00	\$10.00
4. Date of Receipt <u>1/10/2020</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		Click Here for Memo Itemization	

Page Subtotal

\$60

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Scot Acre 232 Baldwin Ave Royal Oak, MI 48067-1873 4. Date of Receipt <u>1/23/2020</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	\$20.00 \$ _____ Click Here for Memo Itemization	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Kelly Watson 346 W Meyers Ave Hazel Park, MI 48030-2047 4. Date of Receipt <u>2/13/2020</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	\$20.00 \$ _____ Click Here for Memo Itemization	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Emily Thomas-Cutlip 39858 Coalport Dr Clinton Twp, MI 48038-2628 4. Date of Receipt <u>1/23/2020</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	\$20.00 \$ _____ Click Here for Memo Itemization	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Joseph Stonchus 8643 Kenberton Dr Oak Park, MI 48237-1732 4. Date of Receipt <u>1/10/2020</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	\$20.00 \$ _____ Click Here for Memo Itemization	\$20.00 \$ _____ Click Here for Memo Itemization

Page Subtotal

780

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Wisam Sagman 1120 Bembridge Dr Rochester Hls, MI 48307-5715		4. Date of Receipt <u>1/10/2020</u> \$20.00 \$ _____	\$20.00 \$ _____ Click Here for Memo Itemization
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			
3. Contribution # 2 Name & Address: Kimberley Talia 4260 Rouge Circle Dr. Troy, MI <u>48098</u>		4. Date of Receipt <u>1/10/2020</u> \$10.00 \$ _____	\$10.00 \$ _____ Click Here for Memo Itemization
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			
3. Contribution # 3 Name & Address: Haybat Zetouna 444 Chester St Apt 407 Birmingham, MI 48009-1472		4. Date of Receipt <u>2/7/2020</u> \$20.00 \$ _____	\$20.00 \$ _____ Click Here for Memo Itemization
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			
3. Contribution # 4 Name & Address: Nicole Johnson 48393 Stoneacre Dr Macomb, MI 48044-1881		4. Date of Receipt <u>1/16/2020</u> \$10.00 \$ _____	\$10.00 \$ _____ Click Here for Memo Itemization
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			

Page Subtotal

\$60

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Sean West 23800 Brookplace Ct Farmingtn Hls, MI 48336-2725 4. Date of Receipt <u>1/15/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Mary Stowers 2401 Belmont Ct Troy, MI 48098-2358 4. Date of Receipt <u>2/13/2020</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	\$20.00 \$ _____ Click Here for Memo Itemization	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Michelle Van Antwerp 15463 S Royal Doulton Blvd Clinton Township, MI 48038-2666 4. Date of Receipt <u>1/15/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Heather Kost 891 E Barrett Avenue Madison Heights, MI 48071 4. Date of Receipt <u>2/7/2020</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	\$20.00 \$ _____ Click Here for Memo Itemization	\$20.00 \$ _____ Click Here for Memo Itemization

Page Subtotal

960

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Kathleen Indyk 287 Millington Ct Bloomfld Hls, MI 48304-1706	4. Date of Receipt <u>1/15/2020</u>	\$20.00 \$ _____	\$20.00 \$ _____
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		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Penelope Gonzales 3817 Cherry Creek Ln Sterling Hts, MI 48314-1035	4. Date of Receipt <u>1/23/2020</u>	\$5.00 \$ _____	\$5.00 \$ _____
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		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Beth Wrybkowski 29621 Sherry Ave Madison Hts, MI 48071-4429	4. Date of Receipt <u>1/23/2020</u>	\$25.00 \$ _____	\$25.00 \$ _____
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		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Melanie Reyes-Mudd 29315 Merrick Ave Warren, MI 48092-5418	4. Date of Receipt <u>1/23/2020</u>	\$10.00 \$ _____	\$10.00 \$ _____
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		Click Here for Memo Itemization	

Page Subtotal
Grand Total of All Schedules 4A
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\$60

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	8. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Caroline Dundon 4912 S Clunbury Road West Bloomfield, MI 48322 4. Date of Receipt <u>1/23/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Chippewa Valley Education Association 38550 Garfield Rd. Suite B Clinton Twp, MI 48038 4. Date of Receipt <u>1/9/2020</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	\$15,000.00 \$ _____ Click Here for Memo Itemization	\$15,000.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Romeo Education Association 38550 Garfield Rd. Suite B Clinton Twp, MI 48038 4. Date of Receipt <u>1/9/2020</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	\$6,000.00 \$ _____ Click Here for Memo Itemization	\$6,000.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Freya Weberman 10144 Ludlow Huntington Woods, MI 48070 4. Date of Receipt <u>1/23/2020</u> 5. If over \$100.00 cumulative, please provide: Executive Director Occupation _____ Employer <u>Michigan Education Association</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$100.00 \$ _____ Click Here for Memo Itemization	\$100.00 \$ _____ Click Here for Memo Itemization

Page Subtotal \$2,110
Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Richmond Education Association 68399 S Forest Ave Richmond, MI 48062 4. Date of Receipt <u>1/23/2020</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	\$2,600.00 \$ _____	\$2,600.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Dennis Bruck 19637 Lloyd St Clinton Twp, MI 48038 4. Date of Receipt <u>1/23/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Fraser Public Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$50.00 \$ _____	\$50.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Alliuson Rozkowski 30348 Marrocco Warren, MI 48088 4. Date of Receipt <u>1/18/2020</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	\$25.00 \$ _____	\$25.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Jeremy Kranzo 21125 Parkview Dr Macomb, MI 48044 4. Date of Receipt <u>1/22/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Associate Principal</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$100.00 \$ _____	\$100.00 \$ _____ Click Here for Memo Itemization

Page Subtotal \$ 2,775

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Jeremy Kranzo 21125 Parkview Dr Macomb, MI 48044		4. Date of Receipt <u>1/22/2020</u> \$25.00 \$ _____ \$ _____	\$125.00 \$ _____ Click Here for Memo Itemization
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			
3. Contribution # 2 Name & Address: Amy Hendry 61230 Pinehurst Washington, MI 48094		4. Date of Receipt <u>1/23/2020</u> \$100.00 \$ _____ \$ _____	\$100.00 \$ _____ Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Warren Consolidated Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: Patrick Corcoran 11521 Hanover Cir Apt 4 Sterling Heights, MI 48314		4. Date of Receipt <u>1/27/2020</u> \$20.00 \$ _____ \$ _____	\$30.00 \$ _____ Click Here for Memo Itemization
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			
3. Contribution # 4 Name & Address: Tara Koch 77 Woodward Heights Blvd Pleasant Ridge, MI 48069		4. Date of Receipt <u>1/27/2020</u> \$100.00 \$ _____ \$ _____	\$100.00 \$ _____ Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Chippewa Valley Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

7245

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Nicole Faehner 48643 Waterford Dr Macomb, MI 48044 4. Date of Receipt <u>1/27/2020</u>	\$100.00 \$ _____	\$100.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Chippewa Valley Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
Click Here for Memo Itemization		
3. Contribution # 2 Name & Address: Matt Swanson 57518 Stonebriar Drive Washington, MI 48094 4. Date of Receipt <u>1/27/2020</u>	\$100.00 \$ _____	\$100.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Assistant Principal</u> Employer <u>Chippewa Valley Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
Click Here for Memo Itemization		
3. Contribution # 3 Name & Address: Jonathan Jones 965 N 6th St Saint Clair, MI 48079 4. Date of Receipt <u>1/27/2020</u>	\$100.00 \$ _____	\$100.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>Chippewa Valley Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
Click Here for Memo Itemization		
3. Contribution # 4 Name & Address: Sarah Monnier-White 411 Broadleaf Rochester, MI 48306 4. Date of Receipt <u>1/27/2020</u>	\$50.00 \$ _____	\$50.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Chippewa Valley Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
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Page Subtotal **\$350**

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Craig Bulgrin 43575 Harlequin Ln Clinton Twp, MI 48038 4. Date of Receipt <u>1/27/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>Chippewa Valley Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$100.00 \$ _____	\$100.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Angela Manzella 18751 Wigeon Drive Clinton Twp, MI 48038 4. Date of Receipt <u>1/27/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Assistant Principal</u> Employer <u>Chippewa Valley Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$100.00 \$ _____	\$100.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Pam Torrence 20815 Vesper Macomb, MI 48044 4. Date of Receipt <u>1/27/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Chippewa Valley Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$100.00 \$ _____	\$100.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Donald Brosky 40745 Freedom Sterling Heights, MI 48313 4. Date of Receipt <u>1/27/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Educator</u> Employer <u>Chippewa Valley Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$100.00 \$ _____	\$100.00 \$ _____ Click Here for Memo Itemization

Page Subtotal

\$400

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	8. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Mariana Licari 18585 Palmer Dr Macomb, MI 48042 4. Date of Receipt <u>1/27/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Educator</u> Employer <u>Chippewa Valley Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$100.00 \$ _____	\$100.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Chad Hottle 54185 Carrington Dr Shelby Township, MI 48316 4. Date of Receipt <u>1/27/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Chippewa Valley Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$100.00 \$ _____	\$100.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Judy Pyszk 39980 Schroeder Clinton Twp, MI 48038 4. Date of Receipt <u>1/27/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Pupil Services Coordinator</u> Employer <u>Chippewa Valley Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$50.00 \$ _____	\$50.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Paul Sibley 19097 Evergreen Ct Macomb, MI 48042 4. Date of Receipt <u>1/27/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Chippewa Valley Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$100.00 \$ _____	\$100.00 \$ _____ Click Here for Memo Itemization

Page Subtotal **\$350**

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Scott Sederlund 1670 Snowy Owl Ct Rochester, MI 48307</p> <p>4. Date of Receipt <u>1/27/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Business Office</u> Employer <u>Chippewa Valley Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$100.00 \$ _____</p>	<p>\$100.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Curtis Ray 29109 Bay Pointe Dr Chesterfield, MI 48047</p> <p>4. Date of Receipt <u>1/27/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Warren Woods Public Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Florence Garrity 11144 Runyan Ln Shelby Township, MI 48317</p> <p>4. Date of Receipt <u>1/27/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Speech Therapist</u> Employer <u>Warren Woods Public Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Susan Lawrence 14111 Ivanhoe Warren, MI 48088</p> <p>4. Date of Receipt <u>1/27/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Warren Woods Public Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>

Page Subtotal

\$150

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

Enter this total
on line 3a of
Summary
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	8. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Rita Cartier 2886 Borden Dr Troy, MI 48083	4. Date of Receipt <u>1/27/2020</u> \$10.00 \$ _____	\$10.00 \$ _____
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 2 Name & Address: Doris Duzyj 26657 Haverhill Warren, MI 48091	4. Date of Receipt <u>1/27/2020</u> \$50.00 \$ _____	\$50.00 \$ _____
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 Name & Address: Marcia Fitzsimmons 2340 Marissa Way Shelby Township, MI 48316	4. Date of Receipt <u>1/27/2020</u> \$20.00 \$ _____	\$20.00 \$ _____
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 Name & Address: Denise Aquino 16940 Franziska Ct Macomb, MI 48044	4. Date of Receipt <u>1/27/2020</u> \$100.00 \$ _____	\$100.00 \$ _____
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Retired Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal \$ 180
 Grand Total of All Schedules 4A
 (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 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Kerry Weishaupt 16715 Toepfer Ave Eastpointe, MI 48021	4. Date of Receipt <u>1/27/2020</u>	\$100.00 \$ _____	\$100.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Warren Consolidated Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Danielle Jacobs 4956 Crystal Creek Ln Washington, MI 48094	4. Date of Receipt <u>1/27/2020</u>	\$100.00 \$ _____	\$100.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Chippewa Valley School</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Julie Thornbro 6204 Atkins Dr Troy, MI 48085	4. Date of Receipt <u>1/27/2020</u>	\$10.00 \$ _____	\$10.00 \$ _____
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		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Michael Schulte 47676 Red Pine Ct Novi, MI 48374	4. Date of Receipt <u>1/27/2020</u>	\$100.00 \$ _____	\$100.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Warren Consolidated Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$ 310

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Jami Wood 2897 Kilburn Court Rochester Hills, MI 48306</p> <p>4. Date of Receipt <u>1/27/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>Utica Community Schools</u></p> <p>Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$125.00</p> <p>\$ _____</p>	<p>\$125.00</p> <p>\$ _____</p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Brett Smith 1350 Kendale Blvd East Lansing, MI 48823</p> <p>4. Date of Receipt <u>1/27/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$5.00</p> <p>\$ _____</p>	<p>\$5.00</p> <p>\$ _____</p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: NEA 16th Street NW Washington, DC 20036</p> <p>4. Date of Receipt <u>1-27-2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$65,000.00</p> <p>\$ _____</p>	<p>\$65,000.00</p> <p>\$ _____</p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Judith Locher 25420 Sherwood Dr Huntington Woods, MI 48070</p> <p>4. Date of Receipt <u>2/4/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Warren Consolidated Schools</u></p> <p>Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$400.00</p> <p>\$ _____</p>	<p>\$400.00</p> <p>\$ _____</p> <p>Click Here for Memo Itemization</p>

Page Subtotal

\$65,530

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Anne Blake 19434 Chalk Dr Macomb, MI 48044 4. Date of Receipt <u>2/4/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Elizabeth Truba 5872 Dawn Ridge Troy, MI 48098 4. Date of Receipt <u>2/4/2020</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	\$50.00 \$ _____ Click Here for Memo Itemization	\$50.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Robin Dilday 13738 Silent Woods Dr Shelby Township, MI 48315 4. Date of Receipt <u>2/4/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Athletic Director</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$125.00 \$ _____ Click Here for Memo Itemization	\$125.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Melissa Labadie 47588 Dennis Baert Drive Macomb, MI 48044 4. Date of Receipt <u>2/4/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$125.00 \$ _____ Click Here for Memo Itemization	\$125.00 \$ _____ Click Here for Memo Itemization

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\$ 310

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	B. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Kenneth Cucchi 13746 Charrington Sterling Heights, MI 48313 4. Date of Receipt <u>2/4/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$125.00 \$ _____	\$125.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Sharon Coil 57353 Covington Dr Washington, MI 48094 4. Date of Receipt <u>2/4/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$125.00 \$ _____	\$125.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Timothy Youngblood 158 Ferndale Ave Rochester, MI 48307 4. Date of Receipt <u>2/4/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Associate Principal</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$125.00 \$ _____	\$125.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Alison Race-Hildebrand 53779 Blakely Ct New Baltimore, MI 48047 4. Date of Receipt <u>2/4/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$125.00 \$ _____	\$125.00 \$ _____ Click Here for Memo Itemization

Page Subtotal

\$500

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Justin Washington 21073 Birchwood Ln Macomb, MI 48044 4. Date of Receipt <u>2/4/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$125.00 \$ _____	\$125.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: CJ Wajeeh 2073 Michael Dr Sterling Heights, MI 48310 4. Date of Receipt <u>2/4/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Director of Community Education</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$125.00 \$ _____	\$125.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Ljupco Misovski 52761 Clinton Oak Ln Shelby Township, MI 48316 4. Date of Receipt <u>2/4/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$125.00 \$ _____	\$125.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Michele VanDeKerhove 34452 Fontana Dr Sterling Heights, MI 48312 4. Date of Receipt <u>2/4/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$125.00 \$ _____	\$125.00 \$ _____ Click Here for Memo Itemization

Page Subtotal
Grand Total of All Schedules 4A
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\$500

Enter this total on line 3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	B. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Clifford Snitgen 61621 N Ridge Trail Washington, MI 48094 4. Date of Receipt <u>2/4/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Assistant Principal</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$125.00 \$ _____	\$125.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Kenneth Marnon 54159 Westcott Ln Shelby Township, MI 48316 4. Date of Receipt <u>2/4/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Associate Principal</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$125.00 \$ _____	\$125.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Catherine Einhaus 10755 Kingston Ave Huntington Woods, MI 48070 4. Date of Receipt <u>2/4/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$125.00 \$ _____	\$125.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Jared McEvoy 46694 Twin City Trl Macomb, MI 48044 4. Date of Receipt <u>2/4/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$125.00 \$ _____	\$125.00 \$ _____ Click Here for Memo Itemization

Page Subtotal

\$500

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		8. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>JASON</u> Ellis 41851 Montroy Dr Sterling Heights, MI 48313	4. Date of Receipt <u>2/4/2020</u>	\$125.00 \$ _____	\$125.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>Utica Schools</u>		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 2 Name & Address: Candice Merivirta 443 Leroy Ave Clawson, MI 48017	4. Date of Receipt <u>2/4/2020</u>	\$125.00 \$ _____	\$125.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>Utica Community Schools</u>		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: Jeffrey Henderson 46405 Leanna Dr Macomb, MI 48044	4. Date of Receipt <u>2/4/2020</u>	\$125.00 \$ _____	\$125.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Utica Community Schools</u>		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: Brooke Insana 58198 Peckham Washington, MI 48094	4. Date of Receipt <u>2/4/2020</u>	\$125.00 \$ _____	\$125.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Utica Community Schools</u>		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

\$500

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Beth Grillo 1719 Stony Creek Dr Rochester, MI 48307	4. Date of Receipt <u>2/4/2020</u>	\$125.00 \$ _____	\$125.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Assistant Principal</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Geoffrey Clark 55593 Saint Regis Dr Shelby Township, MI 48315	4. Date of Receipt <u>2/4/2020</u>	\$125.00 \$ _____	\$125.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Jacob Mowinski 19808 Woodview Dr Clinton Township, MI 48038	4. Date of Receipt <u>2/4/2020</u>	\$125.00 \$ _____	\$125.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Assistant Principal</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Todd Daniels 15711 Tranquil Macomb, MI 48042	4. Date of Receipt <u>2/4/2020</u>	\$125.00 \$ _____	\$125.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

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\$500

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Karen Patrick 232 Linden Ave Royal Oak, MI 48073 4. Date of Receipt <u>2/4/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Supervisor</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$125.00 \$ _____	\$125.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Antionette Hamilton 53709 Huron Dr Chesterfield, MI 48051 4. Date of Receipt <u>2/4/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$125.00 \$ _____	\$125.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: <u>Sandro Silvestri</u> 33544 Ashton Drive Sterling Heights, MI 48312 4. Date of Receipt <u>2/4/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Utica Comm. Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$125.00 \$ _____	\$125.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Jill Tomy 6116 Lochmore Dr Commerce, MI 48382 4. Date of Receipt <u>2/4/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$150.00 \$ _____	\$150.00 \$ _____ Click Here for Memo Itemization

Page Subtotal \$525
 Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Graphics East, Inc. 16005 Sturgeon St Roseville, MI 48066 4. Date of Receipt <u>2/4/2020</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	\$500.00 \$ _____	\$500.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Cynthia Smith 13629 Ridgpoint Dr Sterling Heights, MI 48313 4. Date of Receipt <u>2/4/2020</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	\$20.00 \$ _____	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Anthony Lewis 41351 Justin Dr Clinton Township, MI 48038 4. Date of Receipt <u>2/4/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Assistant Principal</u> Employer <u>Chippewa Valley Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$100.00 \$ _____	\$100.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Jena Lenz 42251 Columbia Ct Sterling Heights, MI 48313 4. Date of Receipt <u>2/4/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$125.00 \$ _____	\$125.00 \$ _____ Click Here for Memo Itemization

Page Subtotal \$745
Grand Total of All Schedules 4A
(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 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Cortis Brothers Trucking and Excavating, Inc. 6052 Starkville Marine City, MI 48039</p> <p>4. Date of Receipt <u>2/4/2020</u></p> <p>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</p>	<p>\$50.00 \$ _____</p>	<p>\$50.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Steven Pfannes 1025 Barneswood Lane Rochester Hills, MI 48306</p> <p>4. Date of Receipt <u>2/7/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$125.00 \$ _____</p>	<p>\$125.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Brian LaPorte 13313 Burningwood Dr Unit 107 Washington, MI 48094</p> <p>4. Date of Receipt <u>2/7/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$125.00 \$ _____</p>	<p>\$125.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Robert Peck 45702 Kensington St Utica, MI 48317</p> <p>4. Date of Receipt <u>2/7/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Supervisor</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$125.00 \$ _____</p>	<p>\$125.00 \$ _____ Click Here for Memo Itemization</p>

Page Subtotal \$ 425
Grand Total of All Schedules 4A
(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 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>Serone Hoppe</u> 37187 Alper Dr Sterling Heights, MI 48312	4. Date of Receipt <u>2/7/2020</u>	\$125.00 \$ _____	\$125.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Utica Comm. Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Robert Monroe 49478 Golden Park Dr Shelby Township, MI 48315	4. Date of Receipt <u>2/7/2020</u>	\$125.00 \$ _____	\$125.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Assistant Superintendent</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Metro Technology Services IT, Inc. 59 N Walnut St, Suite 202 Mount Clemens, MI 48043	4. Date of Receipt <u>2/7/2020</u>	\$250.00 \$ _____	\$250.00 \$ _____
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		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Cassie Gilley 20025 Calumet Dr Clinton Township, MI 48038	4. Date of Receipt <u>2/7/2020</u>	\$100.00 \$ _____	\$100.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Accounting Coordinator</u> Employer <u>Chippewa Valley Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$ 600**
Grand Total of All Schedules 4A
(Complete on last page of Schedule)
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Kathryn Felcyn 39510 Memory Lane Harrison Township, MI 48045		4. Date of Receipt <u>2/7/2020</u> \$572.00 \$ _____	\$572.00 \$ _____ Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Armada Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 2 Name & Address: Armada Education Association 38550 Garfield Suite B Clinton Township, MI 48038		4. Date of Receipt <u>2/7/2020</u> \$443.00 \$ _____	\$443.00 \$ _____ Click Here for Memo Itemization
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			
3. Contribution # 3 Name & Address: Rachel Mathis 13054 Hill Rd Riley, MI 48041		4. Date of Receipt <u>2/7/2020</u> \$25.00 \$ _____	\$25.00 \$ _____ Click Here for Memo Itemization
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			
3. Contribution # 4 Name & Address: Amber Patton 4146 Ellis Lane Mussey, MI 48014		4. Date of Receipt <u>2/7/2020</u> \$15.00 \$ _____	\$15.00 \$ _____ Click Here for Memo Itemization
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			

Page Subtotal

\$1,055

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Katherine Pace 29779 School Section Rd Richmond, MI 48062		4. Date of Receipt <u>2/7/2020</u> \$50.00 \$ _____	\$50.00 \$ _____ Click Here for Memo Itemization
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			
3. Contribution # 2 Name & Address: Marianthi Gardner 1795 Caughill Rd Columbus, MI 48063		4. Date of Receipt <u>2/7/2020</u> \$20.00 \$ _____	\$20.00 \$ _____ Click Here for Memo Itemization
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			
3. Contribution # 3 Name & Address: Nancy Moegle 22729 Prospect St Armada, MI 48005		4. Date of Receipt <u>2/7/2020</u> \$25.00 \$ _____	\$25.00 \$ _____ Click Here for Memo Itemization
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			
3. Contribution # 4 Name & Address: Sara Carlson 933 Amelia Ave Royal Oak, MI 48073		4. Date of Receipt <u>2/7/2020</u> \$10.00 \$ _____	\$10.00 \$ _____ Click Here for Memo Itemization
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			

Page Subtotal

\$105

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Kelly Cmarik 64235 Lowe Plank Rd Lenox, MI 48050 4. Date of Receipt <u>2/7/2020</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	\$15.00 \$ _____	\$15.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Nadine Taylor 15588 S Park Ave Eastpointe, MI 48021 4. Date of Receipt <u>2/7/2020</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	\$10.00 \$ _____	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Jay Blazing 47252 Grand Cypress Ct Macomb, MI 48044 4. Date of Receipt <u>2/7/2020</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	\$10.00 \$ _____	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Courtney Joondeph 23327 Edsel Ford Ct St. Clair Shores, MI 48080 4. Date of Receipt <u>2/7/2020</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	\$10.00 \$ _____	\$10.00 \$ _____ Click Here for Memo Itemization

Page Subtotal

\$45

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Christine Clark 6700 Mayfair Rd Shelby Township, MI 48317</p> <p>4. Date of Receipt <u>2/7/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Richelle Barkley 5296 Gateshead Detroit, MI 48236</p> <p>4. Date of Receipt <u>2/7/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Donald Denault 15731 Marcie Fraser, MI 48026</p> <p>4. Date of Receipt <u>2/10/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>O'Reilly Rancilio P.C.</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$100.00 \$ _____</p>	<p>\$100.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Lawrence Scott 12900 Hall Road Suite 350 Sterling Heights, MI 48313</p> <p>4. Date of Receipt <u>2/10/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>O'Reilly Rancilio P.C.</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$100.00 \$ _____</p>	<p>\$100.00 \$ _____ Click Here for Memo Itemization</p>

Page Subtotal **\$ 220**

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Wolverine Power Systems 3229 80th Ave Zeeland, MI 49464	4. Date of Receipt <u>2/10/2020</u>	\$100.00 \$ _____	\$100.00 \$ _____
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		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Charles Turnbull 53957 Sutherland Ct Shelby Township, MI 48316	4. Date of Receipt <u>2/10/2020</u>	\$50.00 \$ _____	\$50.00 \$ _____
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		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Clark Andrews 53985 Sutherland Ln Shelby Township, MI 48316	4. Date of Receipt <u>2/10/2020</u>	\$50.00 \$ _____	\$50.00 \$ _____
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		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Jonathan Bilina 53532 Andrew Cir New Baltimore, MI 48047	4. Date of Receipt <u>2/10/2020</u>	\$50.00 \$ _____	\$50.00 \$ _____
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		Click Here for Memo Itemization	

Page Subtotal

\$ 250

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Kevin Grammens 70447 Sunny Brook Ln Richmond, MI 48062 4. Date of Receipt <u>2/10/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____
3. Contribution # 2 Name & Address: Stacey Stasinski 5658 Raven Rd Bloomfield Hills, MI 48310 4. Date of Receipt <u>2/10/2020</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	\$20.00 \$ _____ Click Here for Memo Itemization	\$20.00 \$ _____
3. Contribution # 3 Name & Address: MEA-NEA Local 1 L'Anse Creuse EA 38550 Garfield Suite B Clinton Township, MI 48036 4. Date of Receipt <u>2/10/2020</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	\$500.00 \$ _____ Click Here for Memo Itemization	\$500.00 \$ _____
3. Contribution # 4 Name & Address: Lynn Cooper 14011 Manhattan St Oak Park, MI 48237 4. Date of Receipt <u>2/10/2020</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	\$25.00 \$ _____ Click Here for Memo Itemization	\$25.00 \$ _____

Page Subtotal \$555

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	8. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: AFT Michigan 2661 E Jefferson Detroit, MI 48207 4. Date of Receipt <u>2/10/2020</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	\$5,000.00 \$ _____ Click Here for Memo Itemization	\$5,000.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Nancy Fox 42621 Heydenreich Rd Clinton Township, MI 48038 4. Date of Receipt <u>2/10/2020</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	\$20.00 \$ _____ Click Here for Memo Itemization	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Susan Corcoran 15511 Charles R Ave Eastpointe, MI 48021 4. Date of Receipt <u>2/10/2020</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	\$5.00 \$ _____ Click Here for Memo Itemization	\$5.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Cynthia Smith 13629 Ridgepoint Dr Sterling Heights, MI 48313 4. Date of Receipt <u>2/7/2020</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	\$20.00 \$ _____ Click Here for Memo Itemization	\$40.00 \$ _____ Click Here for Memo Itemization

Page Subtotal \$5,045
Grand Total of All Schedules 4A
(Complete on last page of Schedule)

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Cynthia Smith 13629 Ridgpoint Dr Sterling Heights, MI 48313 4. Date of Receipt <u>2/10/2020</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	\$20.00 \$ _____ \$ _____	\$60.00 \$ _____ \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Wendy Brandal 52322 Creek Ln New Baltimore, MI 48047-4545 4. Date of Receipt <u>2/14/2020</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	\$25.00 \$ _____ \$ _____	\$25.00 \$ _____ \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Kristan Brees-Fetterhoff 27299 29 Mile Rd Lenox, MI 48050-2103 4. Date of Receipt <u>2/14/2020</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	\$20.00 \$ _____ \$ _____	\$20.00 \$ _____ \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Kimberly DeShon 777 Lomasney Lane Marysville, MI 48040 4. Date of Receipt <u>2/14/2020</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	\$25.00 \$ _____ \$ _____	\$25.00 \$ _____ \$ _____ Click Here for Memo Itemization

Page Subtotal

790

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 4. Date of Receipt <u>2/14/2020</u> Name & Address: Kathleen Dieterman 32117 Kenny Dr Chesterfield, MI 48047-2752</p> <p>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</p>	<p>\$25.00 \$ _____</p>	<p>\$25.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 4. Date of Receipt <u>2/14/2020</u> Name & Address: Debra Drexler 48288 Donahue St Chesterfield, MI 48047-2213</p> <p>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</p>	<p>\$25.00 \$ _____</p>	<p>\$25.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 4. Date of Receipt <u>2/14/2020</u> Name & Address: Ann Marie Evans 50251 Maurice Rd Chesterfield, MI 48047-1711</p> <p>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</p>	<p>\$25.00 \$ _____</p>	<p>\$25.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 4. Date of Receipt <u>2/14/2020</u> Name & Address: Jennifer Fisher 10276 Puttygut Rd Casco, MI 48064-1603</p> <p>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</p>	<p>\$25.00 \$ _____</p>	<p>\$25.00 \$ _____ Click Here for Memo Itemization</p>

Page Subtotal

\$100

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Kirsten Fouracre 30486 Caroline Emily Chesterfield, MI 48051-3791		\$25.00	\$25.00
4. Date of Receipt <u>2/14/2020</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		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Laura Gazdick 8619 Dixie Hwy Ira, MI 48023-2467		\$25.00	\$25.00
4. Date of Receipt <u>2/14/2020</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		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Kevin Grammens 70447 Sunny Brook Ln Richmond, MI 48062-5562		\$25.00	\$35.00
4. Date of Receipt <u>2/14/2020</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		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Elizabeth Gunst 51224 Clay Street New Baltimore, MI 48047-5523		\$25.00	\$25.00
4. Date of Receipt <u>2/14/2020</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		Click Here for Memo Itemization	

Page Subtotal \$100

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	8. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Sarah Hines 53715 Huntington Dr Shelby Twp, MI 48316-2033</p> <p>4. Date of Receipt <u>2/14/2020</u></p> <p>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</p>	<p>\$25.00 \$ _____</p>	<p>\$25.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Sarah Hurley PO BOX 158 NEW BALTIMORE, MI 48047-0158</p> <p>4. Date of Receipt <u>2/14/2020</u></p> <p>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</p>	<p>\$25.00 \$ _____</p>	<p>\$25.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: William Kiehler 51811 Huntley Ave New Baltimore, MI 48047-1683</p> <p>4. Date of Receipt <u>2/14/2020</u></p> <p>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</p>	<p>\$25.00 \$ _____</p>	<p>\$25.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Sharon Kott 41150 Wessel Dr Sterling Hts, MI 48313-3460</p> <p>4. Date of Receipt <u>2/14/2020</u></p> <p>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</p>	<p>\$25.00 \$ _____</p>	<p>\$25.00 \$ _____ Click Here for Memo Itemization</p>

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\$ 100

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Melissa Latosz 49936 Jefferson Ave Chesterfield, MI 48047-2374 4. Date of Receipt <u>2/14/2020</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	\$20.00 \$ _____	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Tammi Mandziara 54296 Berryfield Dr Macomb, MI 48042-2242 4. Date of Receipt <u>2/14/2020</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	\$20.00 \$ _____	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Lisa Michalik 23600 Suttons Bay Drive Clinton Township, MI 48036 4. Date of Receipt <u>2/14/2020</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	\$25.00 \$ _____	\$25.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Noelle Moorton 21500 30 Mile Rd Ray, MI 48096-1912 4. Date of Receipt <u>2/14/2020</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	\$25.00 \$ _____	\$25.00 \$ _____ Click Here for Memo Itemization

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Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Karessa Mucci 17632 White Plains Dr Macomb, MI 48044-5101 4. Date of Receipt <u>2/14/2020</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	\$25.00 \$ _____ \$25.00 \$ _____ Click Here for Memo Itemization	\$25.00 \$ _____ \$25.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Vita Pappalardo 57703 Nicole St New Haven, MI 48048-3310 4. Date of Receipt <u>2/14/2020</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	\$25.00 \$ _____ \$25.00 \$ _____ Click Here for Memo Itemization	\$25.00 \$ _____ \$25.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Jamie Pietron 47981 Milonas Drive Shelby Township, MI 48315 4. Date of Receipt <u>2/14/2020</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	\$25.00 \$ _____ \$25.00 \$ _____ Click Here for Memo Itemization	\$25.00 \$ _____ \$25.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Matthew Pollock 2841 Springborn Rd East China, MI 48054-4775 4. Date of Receipt <u>2/14/2020</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	\$25.00 \$ _____ \$25.00 \$ _____ Click Here for Memo Itemization	\$25.00 \$ _____ \$25.00 \$ _____ Click Here for Memo Itemization

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Colleen Prokop 44109 Terricar Ln Clinton Twp, MI 48038-4499 4. Date of Receipt <u>2/14/2020</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	\$25.00 \$ _____ Click Here for Memo Itemization	\$25.00 \$ _____
3. Contribution # 2 Name & Address: Julie Racine-Knight 33521 Bayview Dr Chesterfield, MI 48047-2084 4. Date of Receipt <u>2/14/2020</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	\$20.00 \$ _____ Click Here for Memo Itemization	\$20.00 \$ _____
3. Contribution # 3 Name & Address: Kellie Roberts 25832 Mary Street Chesterfield, MI 48051 4. Date of Receipt <u>2/14/2020</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	\$25.00 \$ _____ Click Here for Memo Itemization	\$25.00 \$ _____
3. Contribution # 4 Name & Address: Deborah Root 36851 Lakeview Richmond, MI 48062-1457 4. Date of Receipt <u>2/14/2020</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	\$25.00 \$ _____ Click Here for Memo Itemization	\$25.00 \$ _____

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\$95

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MICHIGAN DEPARTMENT OF STATE
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ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	8. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Cheri Schmidt 53102 Baker Rd Chesterfield, MI 48047-2715 4. Date of Receipt <u>2/14/2020</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	\$25.00 \$ _____	\$25.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Holly Scully 45444 North Ave Macomb, MI 48042-5232 4. Date of Receipt <u>2/14/2020</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	\$25.00 \$ _____	\$25.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Julie Sheridan 21128 Danbury St Clinton Twp, MI 48035-2711 4. Date of Receipt <u>2/14/2020</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	\$25.00 \$ _____	\$25.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Dannette Simon 36549 Lauren St New Baltimore, MI 48047-5534 4. Date of Receipt <u>2/14/2020</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	\$20.00 \$ _____	\$20.00 \$ _____ Click Here for Memo Itemization

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Kimberly Sorvala 40517 Michael St Clinton Twp, MI 48038-3066 4. Date of Receipt <u>2/14/2020</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	\$25.00 \$ _____ Click Here for Memo Itemization	\$25.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Amy Tarnacki 46429 Community Center Dr Chesterfield, MI 48047-5205 4. Date of Receipt <u>2/14/2020</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	\$25.00 \$ _____ Click Here for Memo Itemization	\$25.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Jennifer Thomas 64442 Windsor Dr Washington, MI 48095-2803 4. Date of Receipt <u>2/14/2020</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	\$24.00 \$ _____ Click Here for Memo Itemization	\$24.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Laurie Thompson 33765 Embassy St Chesterfield, MI 48047-2064 4. Date of Receipt <u>2/14/2020</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	\$25.00 \$ _____ Click Here for Memo Itemization	\$25.00 \$ _____ Click Here for Memo Itemization

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Diana Rodgers 21128 Glenview Ct Macomb, MI 48044		\$30.00	\$30.00
4. Date of Receipt <u>2/14/2020</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		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Christina Chirco 52777 Deerwood Dr Macomb, MI 48042-3419		\$5.00	\$5.00
4. Date of Receipt <u>2/13/2020</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		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Kelly Chunn 7290 Stonebrook West Bloomfield, MI 48322		\$10.00	\$10.00
4. Date of Receipt <u>2/13/2020</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		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Tonya Coffin 756 Elmwood Dr Fenton, MI 48430-1407		\$10.00	\$10.00
4. Date of Receipt <u>2/13/2020</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		Click Here for Memo Itemization	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Joseph Dagnes 4428 Glenoaks Ct Warren, MI 48092-4196 4. Date of Receipt <u>1/10/2020</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	\$10.00 \$ _____	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Christine Dewey 15991 Masonic Fraser, MI 48026 4. Date of Receipt <u>1/23/2020</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	\$10.00 \$ _____	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Miranda Elias 2978 Eagle Dr Rochester Hills, MI 48309 4. Date of Receipt <u>1/23/2020</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	\$10.00 \$ _____	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Dale Knowlton 172 Kirk Lane Dr Troy, MI 48084-1759 4. Date of Receipt <u>1/14/2020</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	\$20.00 \$ _____	\$20.00 \$ _____ Click Here for Memo Itemization

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\$50

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Cathy Pefley 4510 Benjamin Dr Sterling Hts, MI 48310-1907 4. Date of Receipt <u>1/23/2020</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	\$10.00 \$ _____	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Thomas Pieprzyk 51010 Westwood Dr Macomb, MI 48042-4285 4. Date of Receipt <u>1/23/2020</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	\$10.00 \$ _____	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Lisa Pyrek 31706 Cloverly Ct Warren, MI 48092-1434 4. Date of Receipt <u>1/15/2020</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	\$20.00 \$ _____	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Erin Rose 34482 Barnum Dr Sterling Heights, MI 48312-4922 4. Date of Receipt <u>1/14/2020</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	\$10.00 \$ _____	\$10.00 \$ _____ Click Here for Memo Itemization

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\$50

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Gloria Schade 27101 Huntington Dr Warren, MI 48088-6049 4. Date of Receipt <u>1/23/2020</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	\$20.00 \$ _____ Click Here for Memo Itemization	\$20.00 \$ _____
3. Contribution # 2 Name & Address: Janet Schwarb 7402 Armstrong Rd Howell, MI 48855-9056 4. Date of Receipt <u>1/23/2020</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	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____
3. Contribution # 3 Name & Address: Anne Sweeney 3957 Knox Ct Troy, MI 48083-5324 4. Date of Receipt <u>2/13/2020</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	\$20.00 \$ _____ Click Here for Memo Itemization	\$20.00 \$ _____
3. Contribution # 4 Name & Address: Christopher Thomson 49920 Hanford Rd Canton, MI 48187-4607 4. Date of Receipt <u>1/10/2020</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	\$20.00 \$ _____ Click Here for Memo Itemization	\$20.00 \$ _____

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Grand Total of All Schedules 4A
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\$70

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Nicole Turkiela 30030 Blossom Ln Warren, MI 48088-3210</p> <p>4. Date of Receipt <u>1/10/2020</u></p> <p>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</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Sherrri Ventimeglia 24034 Manila St Clinton Township, MI 48035-3845</p> <p>4. Date of Receipt <u>2/13/2020</u></p> <p>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</p>	<p>\$10.00 \$ _____</p>	<p>\$10.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Utica Education Association 13969 Plumbrook Sterling Heights, MI 48312</p> <p>4. Date of Receipt <u>2/19/2020</u></p> <p>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</p>	<p>\$25,000.00 \$ _____</p>	<p><u>\$45,500.00</u> \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Adam Blanchard 5955 Parkridge Dr East China, MI 48054</p> <p>4. Date of Receipt <u>2/19/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Administrator Occupation _____ Employer <u>Chippewa Valley Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$150.00 \$ _____</p>	<p>\$150.00 \$ _____ Click Here for Memo Itemization</p>

Page Subtotal \$25,180

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: AFSCME Michigan Council No. 25 1034 N Washington Ave Lansing, MI 48906</p> <p>4. Date of Receipt <u>2/19/2020</u></p> <p>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</p>	<p>\$2,000.00 \$ _____</p>	<p>\$2,000.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Tiffany Slobodnik 73938 Georgian Ct Armada, MI 48005</p> <p>4. Date of Receipt <u>1/27/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$25.00 \$ _____</p>	<p>\$25.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Tonya Coffin 756 Elmwood Dr Fenton, MI 48430</p> <p>4. Date of Receipt <u>1/16/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$25.00 \$ _____</p>	<p><i>\$35.00</i> \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Robin Caporuscio 776 Elm Street Allenton, MI 48002</p> <p>4. Date of Receipt <u>1/14/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$25.00 \$ _____</p>	<p>\$25.00 \$ _____ Click Here for Memo Itemization</p>

Page Subtotal **\$2,075**

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Alina Murray 3107 Mt. Vernon Rd Port Huron, MI 48060		\$20.00	\$20.00
4. Date of Receipt <u>1/14/2020</u>		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Cathy Murray 3107 Mt. Vernon Rd Port Huron, MI 48060		\$25.00	\$25.00
4. Date of Receipt <u>1/14/2020</u>		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Kary Aonin Nova Environmental, INC. 5300 Plymouth Rd. Ann Arbor, MI 48105		\$500.00	\$500.00
4. Date of Receipt <u>1/15/2020</u>		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Nova Environmental</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Khris Nedham 20235 Pollyanna Dr Livonia, MI 48152		\$100.00	\$100.00
4. Date of Receipt <u>1/16/2020</u>		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>Warren Consolidated</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

\$645

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Audri Szilagyi 1927 Woodland Ave. Sylvan Lake, MI 48320</p> <p>4. Date of Receipt <u>1/16/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$25.00 \$ _____</p>	<p>\$25.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Reed Bretz 208 Heritage Commins SE Grand Rapids, MI 49503</p> <p>4. Date of Receipt <u>1/14/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Sara Gielegm 37905 E. Horseshoe Dr Clinton Township, MI 48036</p> <p>4. Date of Receipt <u>1/16/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$25.00 \$ _____</p>	<p>\$25.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Mary Thomas 42298 Mandalay Sterling Heights, MI 48313</p> <p>4. Date of Receipt <u>1/16/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Counselor</u> Employer <u>OCC</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$100.00 \$ _____</p>	<p><u>\$200.00</u> \$ _____ Click Here for Memo Itemization</p>

Page Subtotal \$170

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Michael Keys 35316 Jamestown Dr. Clinton Township, MI 48035</p> <p>4. Date of Receipt <u>1/16/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$50.00 \$ _____</p>	<p>\$50.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Insam Susan Kattula 5310 Dickson Sterling Heights, MI 48310</p> <p>4. Date of Receipt <u>1/16/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Behavioral Health Manager</u> Employer <u>Chaldean Foundation</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$100.00 \$ _____</p>	<p>\$100.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Nancy Duemling 20776 Moxon Clinton Township, MI 48036</p> <p>4. Date of Receipt <u>1/13/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$25.00 \$ _____</p>	<p>\$25.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Shauna Coleman 3989 Orchard Hill Dr. Bloomfield Hills, MI 48304</p> <p>4. Date of Receipt <u>1/9/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Warren Consolidated Schools</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$100.00 \$ _____</p>	<p>\$100.00 \$ _____ Click Here for Memo Itemization</p>

Page Subtotal

\$275

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Christina Kozlowski 629 Bowers Clawson, MI 48017</p> <p>4. Date of Receipt <u>1/13/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$25.00 \$ _____</p>	<p>\$25.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Fitzgerald Education Association 23200 Ryan Rd Warren, MI 48091</p> <p>4. Date of Receipt <u>1/14/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$500.00 \$ _____</p>	<p>\$500.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Greg Queen 38235 Hazel Harrison Twp, MI 48045</p> <p>4. Date of Receipt <u>1/16/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$25.00 \$ _____</p>	<p>\$25.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Kristy DePolo 7020 22 Mile Rd Shelby Twp, MI 48317</p> <p>4. Date of Receipt <u>1/13/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$25.00 \$ _____</p>	<p>\$35.00 \$ _____ Click Here for Memo Itemization</p>

Page Subtotal \$575

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: James Kopas 126 New St. Mt. Clemens, MI 48043 4. Date of Receipt <u>1/16/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$100.00 \$ _____	\$100.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Annette Lauria 27061 Carrington Pl Harrison Twp, MI 48045 4. Date of Receipt <u>1/12/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Warren Consolidated</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$100.00 \$ _____	\$100.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Joyce Lalonde 24801 Rosalind Ave Eastpointe, MI 48021 4. Date of Receipt <u>1/16/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$250.00 \$ _____	\$250.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Ken DeBeaussaert 39856 Brylor Court Clinton Township, MI 48038 4. Date of Receipt <u>1/11/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$100.00 \$ _____	\$100.00 \$ _____ Click Here for Memo Itemization

Page Subtotal **\$ 550**
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Angelo Harwood 13020 Parkridge Shelby Twp, MI 48315 4. Date of Receipt <u>1/14/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$100.00 \$ _____ \$100.00 \$ _____ Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Michael Labuhn 57248 White Oaks Washington, MI 48094 4. Date of Receipt <u>1/16/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$25.00 \$ _____ \$25.00 \$ _____ Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Robert Callender 29120 W. Nottingham Cir Warren, MI 48092 4. Date of Receipt <u>1/15/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Warren Consolidated</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$150.00 \$ _____ \$150.00 \$ _____ Click Here for Memo Itemization	\$750.00
3. Contribution # 4 Name & Address: Theresa Callahan 53091 West Ridge Chesterfield, MI 48051 4. Date of Receipt <u>1/15/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$25.00 \$ _____ \$25.00 \$ _____ Click Here for Memo Itemization	

Page Subtotal

\$300

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Michele Templeton 43787 Fallen Tree Sterling Heights, MI 48314</p> <p>4. Date of Receipt <u>1/16/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Choir Director</u> Employer <u>St. Mark Church</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$100.00 \$ _____</p>	<p>\$100.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Denyeal Nesovski 53479 Wolf Drive Shelby Twp, MI 48316</p> <p>4. Date of Receipt <u>1/16/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Analyst</u> Employer <u>United Shore Financial</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$100.00 \$ _____</p>	<p>\$100.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Jolene DuBay 13279 Tonabee Dr. Sterling Heights, MI 48313</p> <p>4. Date of Receipt <u>1/15/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$25.00 \$ _____</p>	<p>\$25.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Wen Guo 2781 Northwind Dr Apt 44 East Lansing, MI 48824</p> <p>4. Date of Receipt <u>1/14/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Supervisor</u> Employer <u>Warren Consolidated</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$100.00 \$ _____</p>	<p>\$100.00 \$ _____ Click Here for Memo Itemization</p>

Page Subtotal

325.00

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Paul Ystrepsky 4628 Easthaven Ct Shelby Twp, MI 48317		\$100.00	\$100.00
4. Date of Receipt <u>1/16/2020</u>		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Asst. Principal</u> Employer <u>Warren Consolidated</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Justin Bigelow 23798 Monroe Armada, MI 48005		\$25.00	\$25.00
4. Date of Receipt <u>1/12/2020</u>		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: David Flynn 3007 Vinsetta Blvd. Royal Oak, MI 48073		\$250.00	\$250.00
4. Date of Receipt <u>1/16/2020</u>		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>SVP, Public Affairs</u> Employer <u>Detroit Institute of Arts</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Robin & Jack Stanton 20849 Crowley St. Clair Shores, MI 48087		\$100.00	\$100.00
4. Date of Receipt <u>1/16/2020</u>		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>Warren Consolidated</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 475.00

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Leah Berdy 32252 Hawthorne Dr. Warren, MI 48092 4. Date of Receipt <u>1/16/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$50.00 \$ _____ Click Here for Memo Itemization	\$50.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Susan Jozwik 34491 Clearview Circle Sterling Heights, MI 48312 4. Date of Receipt <u>1/16/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$50.00 \$ _____ Click Here for Memo Itemization	\$50.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Daniel Colling 22616 Raymond St. St. Clair Shores, MI 48082 4. Date of Receipt <u>1/4/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Corporate Relations Director</u> Employer <u>United Way for SE Michigan</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$100.00 \$ _____ Click Here for Memo Itemization	\$100.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Christine Lewis 32036 Claeys Warren, MI 48093 4. Date of Receipt <u>1/16/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Warren Consolidated Schools</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$200.00 \$ _____ Click Here for Memo Itemization	\$200.00 \$ _____ Click Here for Memo Itemization

Page Subtotal 400.00

Grand Total of All Schedules 4A
(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 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Michael Ward 15977 White Water Dr Macomb, MI 48042</p> <p>4. Date of Receipt <u>1/9/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Clintondale Schools</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$100.00 \$ _____</p>	<p>\$100.00 \$ _____</p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Mike Ward 15977 White Water Dr Macomb, MI 48042</p> <p>4. Date of Receipt <u>1/15/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Clintondale Schools</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$10.00 \$ _____</p>	<p>\$ <u>\$110.00</u> \$ _____</p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Jennifer Miller 162 Riverside Dr. Mt. Clemens, MI 48043</p> <p>4. Date of Receipt <u>1/14/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Benefits Admin</u> Employer <u>MEA</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$250.00 \$ _____</p>	<p>\$250.00 \$ _____</p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Kylie Krause-Malburg 74019 Tietz Armada, MI 48005</p> <p>4. Date of Receipt <u>1/13/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$25.00 \$ _____</p>	<p>\$25.00 \$ _____</p> <p>Click Here for Memo Itemization</p>

Page Subtotal

385.00

Grand Total of All Schedules 4A
(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 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	8. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Nicholas Pitrone 40755 Oakwood Ct Clinton Township, MI 48038 4. Date of Receipt <u>1/16/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Warren Consolidated</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$100.00 \$ _____	\$100.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: <u>Robert Penn</u> <u>22947 Alger St</u> <u>St Clair Shores MI 48080</u> 4. Date of Receipt <u>1/12/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$50.00 \$ _____	\$50.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Patrick Rorai 970 Berkshire Grosse Pointe Park, MI 48230 4. Date of Receipt <u>1/15/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Executive Director</u> Employer <u>MEA</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$400.00 \$ _____	\$ <u>500.00</u> \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Jamie Pietron 47981 Milonas Shelby Twp, MI 48315 4. Date of Receipt <u>1/8/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$50.00 \$ _____	\$50.00 \$ _____ Click Here for Memo Itemization

Page Subtotal
Grand Total of All Schedules 4A
(Complete on last page of Schedule)

600.00

Enter this total on line 3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: John Samonie 25758 Maritime Circle South Harrison Twp, MI 48045		\$25.00	\$25.00
4. Date of Receipt <u>1/13/2020</u>		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Christian Carpenter 443 Buchanan Dr. Davison, MI 48423		\$10.00	\$10.00
4. Date of Receipt <u>1/15/2020</u>		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Paula McConell 4356 Gardner Sterling Heights, MI 48318		\$25.00	\$25.00
4. Date of Receipt <u>1/16/2020</u>		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Edward Bruley 38157 Radde St. Clinton Township, MI 48036		\$100.00	\$100.00
4. Date of Receipt <u>1/12/2020</u>		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 160.00

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Carl Weckerle 31612 Bretz Dr Warren, MI 48093		\$150.00	\$150.00
4. Date of Receipt <u>1/16/2020</u>		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Macomb Community College</u>		Click Here for Memo Itemization	
Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 2 Name & Address: John Cafagna 41943 Montroy Dr. Sterling Heights, MI 48313		\$50.00	\$50.00
4. Date of Receipt <u>1/13/2020</u>		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: Bernadette Penick 19398 Hillside Macomb, MI 48044		\$10.00	\$10.00
4. Date of Receipt <u>1/15/2020</u>		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: Melissa Hardy 40845 Firesteel Dr. Sterling Heights, MI 48313		\$100.00	\$120.00
4. Date of Receipt <u>1/11/2020</u>		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Warren Consolidated</u>		Click Here for Memo Itemization	
Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 310.00

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Kevin Marvin 211 Victoria Court St. Clair, MI 48079</p> <p>4. Date of Receipt <u>1/14/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Zone Director</u> Employer <u>MEA</u></p> <p>Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$100.00</p> <p>\$ _____</p>	<p>\$100.00</p> <p>\$ _____</p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Pam Lillie 17685 Country Club Dr Macomb, MI 48042</p> <p>4. Date of Receipt <u>1/13/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$25.00</p> <p>\$ _____</p>	<p>\$25.00</p> <p>\$ _____</p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Sarah Gagnon 1390 Larkmoor Berkley, MI 48072</p> <p>4. Date of Receipt <u>1/8/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$25.00</p> <p>\$ _____</p>	<p>\$25.00</p> <p>\$ _____</p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Gary Cynowa 45451 Fielding St. Macomb Twp, MI 48042</p> <p>4. Date of Receipt <u>1/14/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u></p> <p>Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$250.00</p> <p>\$ _____</p>	<p>\$350.00</p> <p>\$ _____</p> <p>Click Here for Memo Itemization</p>

Page Subtotal 400.00

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

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Enter this total on line 3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: North Macomb PAC 45451 Fielding St. Macomb Twp, MI 48042		4. Date of Receipt <u>1/14/2020</u> \$400.00 \$ _____	\$400.00 \$ _____ Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 2 Name & Address: William Sowerby 37860 Saddle Ln Clinton Township, MI 48036		4. Date of Receipt <u>1/10/2020</u> \$250.00 \$ _____	\$250.00 \$ _____ Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>State Representative</u> Employer <u>State of Michigan</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: Kenneth Pearl 38316 Santa Barbara Clinton Township, MI 48036		4. Date of Receipt <u>1/16/2020</u> \$25.00 \$ _____	\$25.00 \$ _____ Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: Michele VanDeKerkhove 34452 Fontana Dr Sterling Heights, MI 48312		4. Date of Receipt <u>1/16/2020</u> \$50.00 \$ _____	\$50.00 \$ _____ Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 725.00

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Joseph Fresard <i>21915 Shady Lane</i> <i>S. Clair Shores, MI 48060</i>		4. Date of Receipt <u>1/16/2020</u> \$50.00 \$ _____	\$50.00 \$ _____ Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 2 Name & Address: Paula Herbart 3027 Westchester Rd Lansing, MI 48911		4. Date of Receipt <u>1/14/2020</u> \$100.00 \$ _____	\$100.00 \$ _____ Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Fraser Public Schools</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: MEA-NEA Local 1 38550 Garfield Suite B Clinton Township, MI 48038		4. Date of Receipt <u>1/15/2020</u> \$500.00 \$ _____	\$500.00 \$ _____ Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: John Duffy 6817 Muirfield Dr Shelby Twp, MI 48316		4. Date of Receipt <u>1/16/2020</u> \$80.00 \$ _____	\$250.00 \$ _____ Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 730.00
Grand Total of All Schedules 4A
(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 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Paul Wojno 32025 Margaret Ct. Warren, MI 48093</p> <p>4. Date of Receipt <u>1/16/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>State Senator</u> Employer <u>State of Michigan</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$100.00 \$ _____</p>	<p>\$100.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Laura Cardamone 17187 Canvasback Clinton Township, MI 48038</p> <p>4. Date of Receipt <u>1/16/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Social Worker</u> Employer <u>Self</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$100.00 \$ _____</p>	<p>\$100.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Susan Rosso 23205 Duprey Macomb, MI 48042</p> <p>4. Date of Receipt <u>1/14/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Carrie Wozniak 20900 Frazho Birmingham, MI 48009</p> <p>4. Date of Receipt <u>1/15/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Superintendent</u> Employer <u>Fraser Public Schools</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$100.00 \$ _____</p>	<p>\$100.00 \$ _____ Click Here for Memo Itemization</p>

Page Subtotal 320.00

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

Page Subtotal	320.00
Grand Total of All Schedules 4A (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 4A
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Doug Pratt 5571 Silverleaf Haslett, MI 48840 4. Date of Receipt <u>1/14/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$50.00 \$ _____ Click Here for Memo Itemization	\$50.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Eric Kausch 8628 Frederick Washington Twp, MI 48094 4. Date of Receipt <u>1/16/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>Warren Consolidated</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$100.00 \$ _____ Click Here for Memo Itemization	\$100.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Donna Librudi 281 McKinley Grosse Pte Farms, MI 48236 4. Date of Receipt <u>1/15/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Coleen Bender 7503 Kolb Ave Allen Park, MI 48101 4. Date of Receipt <u>1/16/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$50.00 \$ _____ Click Here for Memo Itemization	\$50.00 \$ _____ Click Here for Memo Itemization

Page Subtotal

210.00

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Timothy Hamlin 36519 Rowe Dr Sterling Heights, MI 48317		4. Date of Receipt <u>1/16/2020</u> \$100.00 \$ _____	\$100.00 \$ _____ Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Customer Success</u> Employer <u>Gale, A Cengage Co</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 2 Name & Address: Eugene Gargaro 20630 Harper Ave. Suite 118 Harper Woods, MI 48225		4. Date of Receipt <u>1/15/2020</u> \$250.00 \$ _____	\$250.00 \$ _____ Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: Marcia Kanienecki 499 N. Evergreen Plymouth, MI 48170		4. Date of Receipt <u>1/14/2020</u> \$100.00 \$ _____	\$100.00 \$ _____ Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Assoc. Exec.</u> Employer <u>MEA</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: George Platz Spalding DeDecker 905 South Blvd. East Rochester Hills, MI 48307		4. Date of Receipt <u>1/16/2020</u> \$250.00 \$ _____	\$250.00 \$ _____ Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Chairman</u> Employer <u>Spalding DeDecker</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 700.00

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Kelli Rankin 12995 Black Walnut Dr. Shelby Twp, MI 48315	4. Date of Receipt <u>1/16/2020</u>	\$100.00 \$ _____	\$100.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Manager</u> Employer <u>General Motors</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Walt Herzig 320 Stratford Ferndale, MI 48220	4. Date of Receipt <u>1/16/2020</u>	\$50.00 \$ _____	\$50.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>District Director</u> Employer <u>US House of Reps</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Mark Fine 8764 Trenton Dr White Lake, MI 48386	4. Date of Receipt <u>1/14/2020</u>	\$250.00 \$ _____	\$250.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Sales Representative</u> Employer <u>RL Deppmann</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Amy Zitzelberger 29554 Shelbourne Perrysburg, OH 43551	4. Date of Receipt <u>1/16/2020</u>	\$250.00 \$ _____	\$250.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Executive Director</u> Employer <u>MEA</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

650.00

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

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on line 3a of
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Giovanni Ricossa 72330 Coon Creek Armada, MI 48005 4. Date of Receipt <u>1/13/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$25.00 \$ _____	\$25.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Doug Hill 54297 Jeffery Dr Macomb, MI 48042 4. Date of Receipt <u>1/14/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$20.00 \$ _____	\$40.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Doug Hill 54297 Jeffery Dr Macomb, MI 48042 4. Date of Receipt <u>1/13/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$20.00 \$ _____	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Stephen Lucchi 2751 Glen Valley Dr. Leonard, MI 48367 4. Date of Receipt <u>1/14/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$20.00 \$ _____	\$20.00 \$ _____ Click Here for Memo Itemization

Page Subtotal 85.00
 Grand Total of All Schedules 4A
 (Complete on last page of Schedule)

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on line 3a of
Summary
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Jeanne Deneweth 121 Edmund Royal Oak, MI 48073 4. Date of Receipt <u>1/12/2020</u> 5. If over \$100.00 cumulative, please provide: Retired Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$100.00 \$ _____ Click Here for Memo Itemization	\$100.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Tim McAvoy 3841 North Briarvale Auburn Hills, MI 48326 4. Date of Receipt <u>1/16/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$50.00 \$ _____ Click Here for Memo Itemization	\$50.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Patricia Rayner 939 Bird Song Dr. Milford, MI 48381 4. Date of Receipt <u>1/14/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$10.00 \$ _____ Click Here for Memo Itemization	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Eric Williamson 6716 Daventry Dr Clarkston, MI 48346 4. Date of Receipt <u>1/13/2020</u> 5. If over \$100.00 cumulative, please provide: Administrator Warren Consolidated Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$100.00 \$ _____ Click Here for Memo Itemization	\$100.00 \$ _____ Click Here for Memo Itemization

Page Subtotal 260.00

Grand Total of All Schedules 4A
(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 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Daryl Szymanski 2608 Galpin Avenue #105 Royal Oak, MI 48073 4. Date of Receipt <u>1/14/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$20.00 \$ _____ Click Here for Memo Itemization	\$20.00 \$ _____
3. Contribution # 2 Name & Address: National Time and Signal Corporation 28045 Oakland Oaks Court Wixom, MI 48393 4. Date of Receipt <u>1/15/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$250.00 \$ _____ Click Here for Memo Itemization	\$250.00 \$ _____
3. Contribution # 3 Name & Address: Lisa Welch 546 Lyon Blvd. South Lyon, MI 48178 4. Date of Receipt <u>1/14/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$25.00 \$ _____ Click Here for Memo Itemization	\$25.00 \$ _____
3. Contribution # 4 Name & Address: Scot Acre 232 Baldwin Avenue Royal Oak, MI 48067 4. Date of Receipt <u>1/15/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$50.00 \$ _____ Click Here for Memo Itemization	\$70.00 \$ _____

Page Subtotal 345.00

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Barbara Gottschalk 269 Mockingbird Lane #785 Blowing Rock, NC 28605</p> <p>4. Date of Receipt <u>1/12/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$25.00 \$ _____</p>	<p>\$25.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Marcia Mayer 924 E. Third St. Royal Oak, MI 48067</p> <p>4. Date of Receipt <u>1/16/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$20.00 \$ _____</p>	<p>\$20.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: AFSCME Local 1815 8072 Farnum Ave. Warren, MI 48093</p> <p>4. Date of Receipt <u>1/16/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$550.00 \$ _____</p>	<p>\$550.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Jonathan Marceau 328 Highland Clawson, MI 48017</p> <p>4. Date of Receipt <u>1/14/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$50.00 \$ _____</p>	<p>\$50.00 \$ _____ Click Here for Memo Itemization</p>

Page Subtotal

645.00

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: William Lichwalla Plante Moran 27400 Northwestern Highway Southfield, MI 48034		4. Date of Receipt <u>1/7/2020</u> \$250.00 \$ _____	\$250.00 \$ _____ Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Plante Moran</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 2 Name & Address: Utica Education Association 13969 Plumbrook Sterling Heights, MI 48312		4. Date of Receipt <u>1/10/2020</u> \$500.00 \$ _____	\$20,500.00 \$ _____ Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: Mt. Clemens Education Association 53794 Arabian Trail Macomb, MI 48042		4. Date of Receipt <u>1/14/2020</u> \$500.00 \$ _____	\$500.00 \$ _____ Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: Cheryl Conklin 111 Lakeshore Vis Howell, MI 48843		4. Date of Receipt <u>1/14/2020</u> \$30.00 \$ _____	\$30.00 \$ _____ Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 1280.00

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Mike Shoudy 1025 Wildwood Dr. E. Lansing, MI 48873 4. Date of Receipt <u>1/14/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$40.00 \$ _____	\$40.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Maurice Telesford 19600 Stratford Detroit, Mi 48221 4. Date of Receipt <u>1/14/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$20.00 \$ _____	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Daryl Biallas 5415 Olde Saybrooke Rd Grand Blanc, MI 48439 4. Date of Receipt <u>1/14/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$20.00 \$ _____	\$20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Nancy Sly 2459 E Lincoln Royal Oak, MI 48067 4. Date of Receipt <u>1/14/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$20.00 \$ _____	\$20.00 \$ _____ Click Here for Memo Itemization

Page Subtotal 100.00
Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Chris Kriss 924 E 3rd St Royal Oak, MI 48067 4. Date of Receipt <u>1/14/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Fitzgerald Public Schools</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$100.00 \$ _____ Click Here for Memo Itemization	\$100.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Amy Tarnacki 46429 Community Center Dr. Chesterfield, MI 48047 4. Date of Receipt <u>1/14/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$25.00 \$ _____ Click Here for Memo Itemization	\$ <u>150.00</u> \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Pearl Lean Elementary PTO 2825 Girard Dr. Warren, MI 48092 4. Date of Receipt <u>1/15/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$250.00 \$ _____ Click Here for Memo Itemization	\$250.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Anthony Viviano 50375 Ashperton Macomb, MI 48044 4. Date of Receipt <u>1/15/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$25.00 \$ _____ Click Here for Memo Itemization	\$25.00 \$ _____ Click Here for Memo Itemization

Page Subtotal 400.00
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Michael Hughes 48083 Norwood Dr. Macomb, MI 48042 4. Date of Receipt <u>1/15/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$25.00 \$ _____	\$25.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Paul Moro 35514 Alta Vista Sterling Heights, MI 48312 4. Date of Receipt <u>1/15/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$10.00 \$ _____	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Sarah Nason 48716 Arnold Macomb, MI 48044 4. Date of Receipt <u>1/15/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$10.00 \$ _____	\$10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Lori Ringstad 39024 Cantgerbury Dr. Harrison Twp, MI 48045 4. Date of Receipt <u>1/15/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$10.00 \$ _____	\$10.00 \$ _____ Click Here for Memo Itemization

Page Subtotal
Grand Total of All Schedules 4A
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55.00

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: James Steffler 574 St. Joseph Almont, MI 48003		4. Date of Receipt <u>1/15/2020</u> \$5.00 \$ _____	\$5.00 \$ _____ Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 2 Name & Address: John Rauchman 1067 Pearson St. Ferndale, MI 48220		4. Date of Receipt <u>1/16/2020</u> \$100.00 \$ _____	\$100.00 \$ _____ Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Field Assistant</u> Employer <u>MEA</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: Craig Miller 14847 Patterson Dr. Shelby Twp, MI 48315		4. Date of Receipt <u>1/16/2020</u> \$100.00 \$ _____	\$100.00 \$ _____ Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>Warren Consolidated Schools</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: Craig Miller 14847 Patterson Dr. Shelby Twp, MI 48315		4. Date of Receipt <u>1/16/2020</u> \$25.00 \$ _____	\$125.00 \$ _____ Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>Warren Consolidated Schools</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 230.00

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Judtih Grix 24360 Trombley Clinton Township, MI 48035	4. Date of Receipt <u>1/16/2020</u>	\$100.00 \$ _____	\$100.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Diane Blain 43168 Herring Clinton Township, MI 48038	4. Date of Receipt <u>1/16/2020</u>	\$150.00 \$ _____	\$150.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Director of School/Community Relations</u> <u>Chippewa Valley Schools</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Gary Collins 5301 Doherty St. W. Bloomfield, MI 48323	4. Date of Receipt <u>1/16/2020</u>	\$1,000.00 \$ _____	\$1,000.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Collins & Blaha</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Paul Willis Plante Moran 26300 Northwestern Highway Suite 120 Southfield, MI 48076	4. Date of Receipt <u>1/16/2020</u>	\$500.00 \$ _____	\$500.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Partner</u> Employer <u>Plante Moran</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 1750.00

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	B. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Integrated Design Solutions LLC 1441 W Long Lanke Rd. Suite 200 Troy, MI 48098 4. Date of Receipt <u>1/16/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$1,000.00 \$ _____	\$1,000.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Robert Ross 2769 Arrowwood Ct Sterling Heights, MI 48314 4. Date of Receipt <u>1/16/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$50.00 \$ _____	\$150.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Denyeal Nesovski 53479 Wolf Dr. Shelby Twp, MI 48316 4. Date of Receipt <u>1/16/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Analyst</u> Employer <u>United Shore Financial</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$100.00 \$ _____	\$200.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Michael DeVault 7910 Walters Rd Laingsburg, MI 48848 4. Date of Receipt <u>1/16/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Superintendent</u> Employer <u>MISD</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$1,000.00 \$ _____	\$1,000.00 \$ _____ Click Here for Memo Itemization

Page Subtotal 2150.00

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Frank Bednard 41001 Hidden Oaks Clinton Township, MI 48038 4. Date of Receipt <u>1/16/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$50.00 \$ _____	\$50.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Darlene Kaltz 22275 29 Mile Rd. Ray, MI 48096 4. Date of Receipt <u>1/16/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$50.00 \$ _____	\$50.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Keith Karpinski 1803 Sycamore Ave Royal Oak, MI 48073 4. Date of Receipt <u>1/16/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>Warren Consolidated</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$125.00 \$ _____	\$125.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: AFSCME Local 1346 8340 Darlene St. Warren, MI 48093 4. Date of Receipt <u>1/16/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$3,000.00 \$ _____	\$3,000.00 \$ _____ Click Here for Memo Itemization

Page Subtotal 3225.00

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Earl Rickman 158 Clemens Mt. Clemens, MI 48043	4. Date of Receipt <u>1/16/2020</u>	\$25.00 \$ _____	\$25.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Mark Brewer 37414 Stonegate Cir Clinton Township, MI 48036	4. Date of Receipt <u>1/16/2020</u>	\$100.00 \$ _____	\$100.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Goodman Acker</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Susan Trombley 33122 Beth Ann Drive Sterling Heights, MI 48310	4. Date of Receipt <u>1/16/2020</u>	\$100.00 \$ _____	\$100.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Physical Therapy Assistant</u> Employer <u>Total Rehabilitation Services</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: CTE James Monroe 26319 Wacker Dr. Chesterfield, MI 48051	4. Date of Receipt <u>1/16/2020</u>	\$250.00 \$ _____	\$250.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 475.00

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: CTE Derek Miller PO Box 143 Warren, MI 48090 4. Date of Receipt <u>1/16/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$25.00 \$ _____	\$25.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Rick Flynn 43225 Chardonnay Dr Sterling Heights, MI 48314 4. Date of Receipt <u>1/16/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$250.00 \$ _____	\$250.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Roger Holtslander 23140 Wellington Crest Apt 104 Clinton Township, MI 48036 4. Date of Receipt <u>1/16/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$50.00 \$ _____	\$50.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Anchor Bay Education Association 38550 Garfield Suite B Clinton Township, MI 48038 4. Date of Receipt <u>1/16/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$125.00 \$ _____	\$125.00 \$ _____ Click Here for Memo Itemization

Page Subtotal 450.00
 Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Susan Hoard 62721 Franklin Park Drive Washington Twp, MI 48094 4. Date of Receipt <u>1/16/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$100.00 \$ _____	\$100.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Todd Moen 36137 Acton Clinton Township, MI 48035 4. Date of Receipt <u>1/16/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Superior Painting Services</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$100.00 \$ _____	\$100.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Michelle Debeaussaert 39856 Brylor Ct Clinton Township, MI 48038 4. Date of Receipt <u>1/16/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$50.00 \$ _____	\$50.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Henry Yanez 14052 Bery Dr. Sterling Heights, MI 48312 4. Date of Receipt <u>1/16/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$25.00 \$ _____	\$25.00 \$ _____ Click Here for Memo Itemization

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275.00

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Robert Monroe 49478 Golden Park Dr. Shelby Twp, MI 48315 4. Date of Receipt <u>1/16/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Asst Superintendent</u> Employer <u>Utica Comm Schools</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$50.00 \$ _____ \$ _____	\$175.00 \$ _____ \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Michael Sturm 46612 Glen Pointe Dr Shelby Twp, MI 48315 4. Date of Receipt <u>1/16/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$50.00 \$ _____ \$ _____	\$50.00 \$ _____ \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Jill Tomy 6116 Lochmore Dr Commerce, MI 48382 4. Date of Receipt <u>1/16/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$50.00 \$ _____ \$ _____	\$200.00 \$ _____ \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Steven Pfannes 1025 Barneswood Lane Rochester Hills, MI 48306 4. Date of Receipt <u>1/16/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$50.00 \$ _____ \$ _____	\$175.00 \$ _____ \$ _____ Click Here for Memo Itemization

Page Subtotal 200.00

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: John Graham 9310 Saint Clair Hwy Casco, MI 48064 4. Date of Receipt <u>1/16/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$100.00 \$ _____ \$ _____	\$150.00 \$ _____ \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Ann Clark 14425 Four Lakes Dr. Sterling Heights, MI 48313 4. Date of Receipt <u>1/16/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$20.00 \$ _____ \$ _____	\$20.00 \$ _____ \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Aime Grahn 106 Stonetree Circle Rochester Hills, MI 48309 4. Date of Receipt <u>1/16/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$25.00 \$ _____ \$ _____	\$35.00 \$ _____ \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: John Bernia 133 Sandalwood Dr Rochester Hills, MI 48307 4. Date of Receipt <u>1/16/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$50.00 \$ _____ \$ _____	\$250.00 \$ _____ \$ _____ Click Here for Memo Itemization

Page Subtotal 195.00

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Robert Mijac 43710 Via Antonio Dr. Sterling Heights, MI 48314 4. Date of Receipt <u>1/16/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$40.00 \$ _____ Click Here for Memo Itemization	\$40.00 \$ _____
3. Contribution # 2 Name & Address: Carole Bannister 18877 S Highlite Dr. Clinton Twp, MI 48035 4. Date of Receipt <u>1/16/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$30.00 \$ _____ Click Here for Memo Itemization	\$30.00 \$ _____
3. Contribution # 3 Name & Address: Lori Singleton 15158 Vino Rosa Ct Sterling Heights, MI 48312 4. Date of Receipt <u>1/23/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$125.00 \$ _____ Click Here for Memo Itemization	\$125.00 \$ _____
3. Contribution # 4 Name & Address: Jeanne Poleski 180 Hillcrest Ln Grosse Pointe Farms, MI 48236 4. Date of Receipt <u>1/23/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$125.00 \$ _____ Click Here for Memo Itemization	\$125.00 \$ _____

Page Subtotal 320.00

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Jennifer Hernandez 49145 Cranbrook Dr Macomb, MI 48044</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$125.00 \$ _____</p>	<p>\$125.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Deborah Olson 69989 Wildflower Ln Bruce, MI 48065</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Associate Principal</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$125.00 \$ _____</p>	<p>\$125.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Wayne Johnson 38358 Kelmar St Clinton Township, MI 48036</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$125.00 \$ _____</p>	<p>\$125.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Robyne Thompson 16572 Grillo Clinton Township, MI 48038</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Director of Pupil Services</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$125.00 \$ _____</p>	<p>\$125.00 \$ _____ Click Here for Memo Itemization</p>

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500.00

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Linda Schneider-Rediske 2919 Dina Dr Troy, MI 48085		\$125.00	\$125.00
4. Date of Receipt <u>1/23/2020</u>		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>Utica Community Schools</u>		Click Here for Memo Itemization	
Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 2 Name & Address: Veleta Carpenter 5341 Bishop Rd Dryden, MI 48428		\$125.00	\$125.00
4. Date of Receipt <u>1/23/2020</u>		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Administrative Assistant</u> Employer <u>Utica Community Schools</u>		Click Here for Memo Itemization	
Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: Bradley Suggs 48703 Cardinal St Shelby Twp, MI 48317		\$125.00	\$125.00
4. Date of Receipt <u>1/23/2020</u>		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>Utica Community Schools</u>		Click Here for Memo Itemization	
Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: Thomas Yaw 2227 Dorchester Rd Birmingham, MI 48009		\$100.00	\$100.00
4. Date of Receipt <u>1/23/2020</u>		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>Utica Community Schools</u>		Click Here for Memo Itemization	
Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 475.00

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6 Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Kimberly Hodsdon 61304 Burningwood Dr Washington Twp, MI 48094 4. Date of Receipt <u>1/23/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Associate Principal</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$125.00 \$ _____	\$125.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Michael Bender 7503 Kolb Ave Allen Park, MI 48101 4. Date of Receipt <u>1/23/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Chief of Staff</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$150.00 \$ _____	\$150.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Michael Sturm 46612 Glen Pointe Dr Shelby Twp, MI 48315 4. Date of Receipt <u>1/23/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Assistant Superintendent</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$150.00 \$ _____	\$ <u>\$200.00</u> \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Kristina Tepper 18313 Ranier Drive Macomb, MI 48042 4. Date of Receipt <u>1/23/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$200.00 \$ _____	\$200.00 \$ _____ Click Here for Memo Itemization

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Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Denise Bailey 52226 Sawmill Creek Dr Macomb, MI 48042		\$125.00	\$125.00
4. Date of Receipt <u>1/23/2020</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Vickie Malinowski 31075 Shue Rd Richmond, MI 48062		\$125.00	\$125.00
4. Date of Receipt <u>1/23/2020</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>Controller</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Susan Towers 7335 West Road Washington Twp, MI 48094		\$125.00	\$125.00
4. Date of Receipt <u>1/23/2020</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>Supervisor</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Christine Haines 14238 Hibiscus Dr Shelby Twp, MI 48315		\$125.00	\$125.00
4. Date of Receipt <u>1/23/2020</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>Superintendent</u> Employer <u>Utica Community Schools</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			Click Here for Memo Itemization

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Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Nina Hardiewich 43663 Poinsettia Macomb, MI 48042</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>Utica Community Schools</u></p> <p>Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$125.00 \$ _____</p>	<p>\$125.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Barton Malow 26500 American Dr Southfield, MI 48034</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>Barton Malow</u></p> <p>Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$1,000.00 \$ _____</p>	<p>\$1,000.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Anderson, Eckstein, and Westrick, Inc. 51301 Schoenherr Rd Shelby Twp, MI 48315</p> <p>4. Date of Receipt <u>1/23/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$1,000.00 \$ _____</p>	<p>\$1,000.00 \$ _____ Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: <u>Cheryl Cunningham</u> <u>57152 Hayes</u> <u>Ray MI 48046</u></p> <p>4. Date of Receipt <u>8-22-2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Utica Community Schools</u></p> <p>Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$ <u>100.00</u> \$ _____</p>	<p>\$ <u>100.00</u> \$ _____ Click Here for Memo Itemization</p>

Page Subtotal

2025.00

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

\$181,019.00

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Citizens for Education 1350 Kendale Blvd. East Lansing, MI 48823 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	4. Date of Receipt <u>02/23/20</u> \$ <u>5000</u>	\$ <u>5000</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Kevin Hertel 22848 Poplar Beach Dr St. Clair Shores, MI 48081 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>02/23/20</u> \$ <u>20</u>	\$ <u>20</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: D. Baker 21903 Lange St. Clair Shores, MI 48081 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>02/23/20</u> \$ <u>5</u>	\$ <u>5</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Collins & Blaha 31440 Northwestern Hwy, Suite 170 Farmington Hills, MI 48334 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	4. Date of Receipt <u>02/23/20</u> \$ <u>1000</u>	\$ <u>1000</u> Click Here for Memo Itemization

Page Subtotal

\$6,025.00

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Becky Skvarce 13925 Brookside Sterling Heights, MI 48313 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	4. Date of Receipt <u>02/23/20</u> \$ <u>10</u>	\$ <u>10</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Mark McLoughlin 1357 Stonetree Troy, MI 48083 5. If over \$100.00 cumulative, please provide: Occupation <u>Assoc. Principal</u> Employer <u>Utical Community Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>02/23/20</u> \$ <u>100</u>	\$ <u>100</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Cheryl Gaedcke 37105 Highview Street New Baltimore, MI 48047 5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Anchor Bay Schools</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>02/23/20</u> \$ <u>250</u>	\$ <u>250</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Corrigan Moving - Worldwide 23923 Research Dr Farmington Hills, MI 48335 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>02/23/20</u> \$ <u>300</u>	\$ <u>300</u> Click Here for Memo Itemization

Page Subtotal **\$660.00**

Grand Total of All Schedules 4A
(Complete on last page of Schedule) **\$187,554.00**

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number 139802

2. Committee Name Macomb for Kids

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: Verizon PO Box 489 Newark, NJ 07101 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Phone</u> 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>01/06/20</u> Date of Expenditure	<u>\$ 257.46</u> Amount	<u>\$ 257.46</u> Cumulative
Expenditure # 2 Name & Address: US Postal Service 7007 Metropolitan Pkwy Sterling Heights, MI 48311 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Postage</u> 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>01/08/20</u> Date of Expenditure	<u>\$ 275.00</u> Amount	<u>\$ 367.00</u> Cumulative
Expenditure # 3 Name & Address: ICRJ PO Box 46218 Mount Clemens, MI 48046 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Advertisement</u> 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>01/08/20</u> Date of Expenditure	<u>\$ 250.00</u> Amount	<u>\$ 250.00</u> Cumulative
Expenditure # 4 Name & Address: Carpathia Club 38000 Utica Rd Sterling Heights, MI 48312 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input checked="" type="checkbox"/> Fund Raiser	4. Purpose: <u>Fundraiser</u> 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>01/16/20</u> Date of Expenditure	<u>\$ 1554.60</u> Amount	<u>\$ 1554.60</u> Cumulative

Subtotal this page **\$2,337.06**

Grand Total of Schedules 4B
(Complete on last page of Schedule)

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number 139802

2. Committee Name Macomb for Kids

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: City of Warren Treasurer One City Square Suite 200 Warren, MI 48093 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Lists</u> 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>01/20/20</u> Date of Expenditure	<u>\$ 20.00</u> Amount	<u>\$ 20.00</u> Cumulative
Expenditure # 2 Name & Address: American Graphics 34895 Groesbeck Clinton Township, MI 48035 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Banners</u> 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>01/21/20</u> Date of Expenditure	<u>\$ 477.00</u> Amount	<u>\$ 477.00</u> Cumulative
Expenditure # 3 Name & Address: Costco 30550 Stephenson Hwy Madison Heights, MI 48071 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input checked="" type="checkbox"/> Fund Raiser	4. Purpose: <u>Prizes</u> 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>01/21/20</u> Date of Expenditure	<u>\$ 381.58</u> Amount	<u>\$ 381.58</u> Cumulative
Expenditure # 4 Name & Address: Staples PO Box 660409 Dallas, TX 75266 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Supplies</u> 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>01/21/20</u> Date of Expenditure	<u>\$ 141.87</u> Amount	<u>\$ 141.87</u> Cumulative

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\$1,020.45

Grand Total of Schedules 4B
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number 139802

2. Committee Name Macomb for Kids

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: Warren Mott Band Boosters 3131 Twelve Mile Rd Warren, MI 48092 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Band</u> 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>01/21/20</u> Date of Expenditure	\$ <u>250.00</u>	\$ <u>250.00</u>
Expenditure # 2 Name & Address: Office Max 32251 John R Road Madison Heights, MI 48071 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Envelopes</u> 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>01/23/20</u> Date of Expenditure	\$ <u>61.46</u>	\$ <u>61.46</u>
Expenditure # 3 Name & Address: US Postal Service 7007 Metropolitan Pkwy Sterling Heights, MI 48311 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Postage</u> 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>01/23/20</u> Date of Expenditure	\$ <u>275.00</u>	\$ <u>642.00</u>
Expenditure # 4 Name & Address: Bruce Township 223 East Gates Street Romeo, MI 48065 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Lists</u> 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>01/23/20</u> Date of Expenditure	\$ <u>25.00</u>	\$ <u>25.00</u>

Subtotal this page

\$611.46

Grand Total of Schedules 4B
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number 139802

2. Committee Name Macomb for Kids

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: Charter Township of Washington 57900 Van Dyke Washington, MI 48094 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Lists</u> 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>01/23/20</u> Date of Expenditure	<u>\$ 25.00</u> \$ <u>25.00</u>	<u>\$ 25.00</u>
Expenditure # 2 Name & Address: City of Sterling Heights 40555 Utica Rd Sterling Heights, MI 48311 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Lists</u> 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>01/30/20</u> Date of Expenditure	<u>\$ 33.00</u> \$ <u>33.00</u>	<u>\$ 33.00</u>
Expenditure # 3 Name & Address: City of St. Clair Shores 27600 Jefferson Circle Dr St. Clair Shores, MI 48081 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Lists</u> 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>01/27/20</u> Date of Expenditure	<u>\$ 27.00</u> \$ <u>27.00</u>	<u>\$ 27.00</u>
Expenditure # 4 Name & Address: City of Eastpointe 23200 Gratiot Ave Eastpointe, MI 48021 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Lists</u> 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>01/27/20</u> Date of Expenditure	<u>\$ 10.00</u> \$ <u>10.00</u>	<u>\$ 10.00</u>

Subtotal this page **\$95.00**
 Grand Total of Schedules 4B
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number 139802

2. Committee Name Macomb for Kids

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: City of Fraser 33000 Garfield Rd Fraser, MI 48026 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Lists</u> 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>01/27/20</u> Date of Expenditure	\$ <u>45.00</u>	\$ <u>45.00</u> Click for Memo Itemization Type
Expenditure # 2 Name & Address: Charter Township of Shelby 52700 Van Dyke Shelby Twp, MI 48316 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Lists</u> 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>01/28/20</u> Date of Expenditure	\$ <u>98.00</u>	\$ <u>98.00</u> Click for Memo Itemization Type
Expenditure # 3 Name & Address: City of Utica 7550 Auburn Road Utica, MI 48317 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Lists</u> 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>01/30/20</u> Date of Expenditure	\$ <u>30.00</u>	\$ <u>30.00</u> Click for Memo Itemization Type
Expenditure # 4 Name & Address: American Graphics 34895 Groesbeck Clinton Township, MI 48035 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Printed Materials</u> 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>01/30/20</u> Date of Expenditure	\$ <u>482.30</u>	\$ <u>959.30</u> Click for Memo Itemization Type

Subtotal this page **\$655.30**

Grand Total of Schedules 4B
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number 139802

2. Committee Name Macomb for Kids

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: American Graphics 34895 Groesbeck Clinton Township, MI 48035 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Printed Materials</u> 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	01/30/20 Date of Expenditure	\$ <u>142.04</u>	\$ <u>1101.34</u>
Expenditure # 2 Name & Address: C&G Newspapers 13650 11 Mile Rd Warren, MI 48089 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Advertising</u> 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	01/31/20 Date of Expenditure	\$ <u>7833.15</u>	\$ <u>7833.15</u>
Expenditure # 3 Name & Address: Inbound Lead Solutions 360 E Maple Rd Suite A Troy, MI 48083 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Advertising</u> 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	02/06/20 Date of Expenditure	\$ <u>20,000.00</u>	\$ <u>20,000.00</u>
Expenditure # 4 Name & Address: US Postal Service 7007 Metropolitan Pkwy Sterling Heights, MI 48311 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Postage</u> 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	02/11/20 Date of Expenditure	\$ <u>15,246.68</u>	\$ <u>15,888.68</u>

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\$43,221.87

Grand Total of Schedules 4B
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number 139802

2. Committee Name Macomb for Kids

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: Mass Mailing 35468 Mound Rd Sterling Heights, MI 48310 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Mailing Services</u> 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	02/11/20 Date of Expenditure	\$ <u>2,310.19</u> \$ 2,310.19	\$ 2,310.19
Expenditure # 2 Name & Address: American Graphics 34895 Grosebeck Clinton Township, MI 48035 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Printed Materials</u> 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	02/11/20 Date of Expenditure	\$ <u>8,375.06</u> \$ 9,476.40	\$ 9,476.40
Expenditure # 3 Name & Address: C&G Newspapers 13650 11 Mile Rd. Warren, MI 48089 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Advertising</u> 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	02/11/20 Date of Expenditure	\$ <u>7,833.15</u> \$ 15,666.30	\$ 15,666.30
Expenditure # 4 Name & Address: MEA P.O. Box 2573 East Lansing, MI 48826 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Printing</u> 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	02/11/20 Date of Expenditure	\$ <u>1,469.25</u> \$ 1,469.25	\$ 1,469.25

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\$19,987.65

Grand Total of Schedules 4B
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number 139802

2. Committee Name Macomb for Kids

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: C&G Newspapers 13650 11 Mile Rd. Warren, MI 48089 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Advertising</u> 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>02/11/20</u> Date of Expenditure	\$ <u>995.00</u>	\$ <u>16,661.30</u>
Expenditure # 2 Name & Address: Verizon PO Box 489 Newark, NJ 07101 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Phone</u> 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>02/13/20</u> Date of Expenditure	\$ <u>25.69</u>	\$ <u>283.15</u>
Expenditure # 3 Name & Address: Inbound Lead Solutions 360 E Maple Rd, Suite A Troy, MI 48083 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Advertising</u> 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>02/13/20</u> Date of Expenditure	\$ <u>47,736.00</u>	\$ <u>67,736.00</u>
Expenditure # 4 Name & Address: Sawicki & Son 1521 W Lafayette Detroit, MI 48216 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Signs</u> 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>02/14/20</u> Date of Expenditure	\$ <u>3,392.00</u>	\$ <u>3,392.00</u>

Subtotal this page

\$52,148.69

Grand Total of Schedules 4B
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number 139802

2. Committee Name Macomb for Kids

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: US Postal Service 16925 Masonic Fraser, MI 48026 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>POstage</u> 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>02/14/20</u> Date of Expenditure	<u>\$ 1,000.00</u> \$	<u>\$ 16,888.68</u>
Expenditure # 2 Name & Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	_____ Date of Expenditure	\$ _____ \$ _____	_____
Expenditure # 3 Name & Address: American Graphics 34895 Groesbeck Clinton Township, MI 48035 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Envelopes</u> 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>02/19/20</u> Date of Expenditure	<u>\$ 592.54</u> \$	<u>\$ 10,068.94</u>
Expenditure # 4 Name & Address: American Graphics 34895 Groesbeck Clinton Township, MI 48035 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Advertisement</u> 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>02/19/20</u> Date of Expenditure	<u>\$ 97.52</u> \$	<u>\$ 10,166.46</u>

Subtotal this page **\$1,690.06**

Grand Total of Schedules 4B
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number 139802
2. Committee Name Macomb for Kids

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: City of Mount Clemens One Crocker Boulevard Mount Clemens, MI 48043 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Lists</u> 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>02/19/20</u> Date of Expenditure	<u>\$ 30.00</u> \$ 30.00	<u>\$ 30.00</u>
Expenditure # 2 Name & Address: City of Roseville 29777 Gratiot Ave Roseville, MI 48066 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Lists</u> 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>02/19/20</u> Date of Expenditure	<u>\$ 15.00</u> \$ 15.00	<u>\$ 15.00</u>
Expenditure # 3 Name & Address: City of Center Line 7070 East Ten Mile Rd Center Line, MI 48015 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Lists</u> 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>02/19/20</u> Date of Expenditure	<u>\$ 15.00</u> \$ 15.00	<u>\$ 15.00</u>
Expenditure # 4 Name & Address: Square 1455 Market Street Suite 600 San Francisco, CA 94103 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Fees</u> 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>02/23/20</u> Date of Expenditure	<u>\$ 253.37</u> \$ 253.37	<u>\$ 265.55</u>

Subtotal this page

\$313.37

Grand Total of Schedules 4B
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number 139802

2. Committee Name Macomb for Kids

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: Huntington Bank 35653 Dodge Park Sterling Heights, MI 48312 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Bank Fee</u> 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	02/18/20 Date of Expenditure	\$ <u>18</u> \$ <u>21</u>	
Expenditure # 2 Name & Address: Inbound Lead Solutions 360 E Maple Rd, Suite A Troy, MI 48083 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Advertising</u> 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	02/23/20 Date of Expenditure	\$ <u>45000</u> \$ <u>112,736</u>	
Expenditure # 3 Name & Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	_____ Date of Expenditure	\$ _____ \$ _____	
Expenditure # 4 Name & Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: 5. Ballot Proposal: <u>Macomb Schools Enhancement Millage</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	_____ Date of Expenditure	\$ _____ \$ _____	

Subtotal this page

\$45,018.00

Grand Total of Schedules 4B
(Complete on last page of Schedule)

\$167,098.91

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES
SCHEDULE 4 B - G
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY. Describe the specific Get-Out-The -Vote activity in Item 4f. **ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED.**

3. Name and address of person or vendor to whom the expenditure was made.	4. Type of Activity	5. Date	6. Amount
Expenditure #1 Name & Address: Union Made Supply 25956 Carroll Lane Stevenson Ranch, CA 91381			
For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent If in support of, or in opposition to, a ballot proposal, check one: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement			
a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers <u>02/14/20</u> \$ <u>10951.30</u> <small>Date</small> d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers <small>Click for Memo Itemization Type</small> f. <input checked="" type="checkbox"/> Get-Out-The Vote Activity (Specify): <u>Pencils</u> Cumulative for Ballot Proposal \$ <u>\$10,951.30</u>			
Statewide Proposal Name _____		Local Proposal Name <u>Macomb Schools Enhancement Millage</u> Indicate County <u>Macomb</u>	
Expenditure #2 Name & Address:			
For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement			
a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers _____ \$ _____ <small>Date</small> d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers <small>Click for Memo Itemization Type</small> f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____ Cumulative for Ballot Proposal \$ _____			
Statewide Proposal Name _____		Local Proposal Name _____ Indicate County _____	
Expenditure #3 Name & Address:			
For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement			
a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers _____ \$ _____ <small>Date</small> <small>Click for Memo Itemization Type</small> d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____ Cumulative for Ballot Proposal \$ _____			
Statewide Proposal Name _____		Local Proposal Name _____ Indicate County _____	

Subtotal this page **\$10,951.30**

Grand Total of all Schedules 4B-G (Complete on last page of Schedule) **\$10,951.30**

Enter total on Line 8b of the Summary Pg.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER
SCHEDULE 4F
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 139802
2. Committee Name Macomb for Kids

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>01/16/20</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>200</u>	5. Type of Fund Raising Activity Event	6. Address and Name (If any) of the place where the activity was held Carpathia Club 38000 Utica Rd Sterling Heights, MI 48312 <input type="checkbox"/> Private Residence
---	--	---	--

7. Total Contributions \$ 25,620.00
8. Other Receipts \$ 0.00
9. Gross Receipts \$ 25,620.00
(Add lines 7 and 8)
10. Total Cost of Event \$ 1,936.18

*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 Contributions Schedule (4A), Itemized In-Kind Contributions Schedule (4-1K), Itemized Expenditures Schedule (4B) and the Summary Page.
- Each committee that participated in a joint fundraiser must file a Fund Raiser Schedule for the event.