

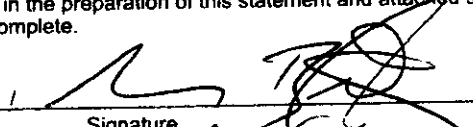
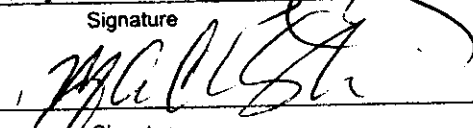


MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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

1. Committee I.D. Number 139870		3. This Statement covers From: 4-7-2020 to 7-19-2020	
2. Committee Name Mary A Chrzanowski For Prosecutor		4. Candidate Last Name Chrzanowski First Name Mary M.I. A 4a. Office Sought Including District # or Community Served (If applicable) Prosecuting Attorney ☒ 4b. County of Residence MACOMB ☒	
5. Committee's Mailing Address 74 Market St Mt. Clemens, MI 48043 Area Code and Phone (586) 246-7459 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.		6. Treasurer's Name & Residential Address Stephen Becker 74 Market St Mt. Clemens, MI 48043 Area Code & Phone (586) 615-5617	
7. Treasurer's Business Address 74 Market St Mt. Clemens, MI 48043 Area Code and Phone (586) 615-5617		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. ☒ Pre-Election OR 9b. ☐ Post-Election Pre-Election or Post-Election Statement relates to: ☒ Primary ☐ General ☐ Convention ☐ Special ☐ School ☐ Caucus Date of Election, Convention or Caucus _____		9c. ☐ Annual Statement (_____) Coverage Year 9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) 9e. Dissolution of Candidate Committee ☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution _____ Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record keeper Stephen Becker Type or Print Name		Signature  Date 7-23-2020	
Candidate Mary A Chrzanowski Type or Print Name		Signature  Date 7-23-2020	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139870

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Mary A. Chrznowski for Prosecutor

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>67,650.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$67,650.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$1,029.05</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$68,679.05</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$165.44</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$60,700.53</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$60,700.53</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$50,065.44</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$68,679.05</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$68,679.05</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$60,700.53</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$7,978.52</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139870
2. Committee Name Mary A Chrzanowski For Prosecutor

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/08/20</u> Name & Address: <u>Ange, Kerry</u> <u>2929 Lapeer Rd</u> <u>Port Huron, MI 48060</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>2929 Lapeer Rd, Port Huron, MI 48060</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>250</u>	\$ <u>1000</u>
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/03/20</u> Name & Address: <u>Poles, Yesmine</u> <u>550 West Merrill Street, Suite 100</u> <u>Birmingham, MI 48009</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100</u>	\$ _____
		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/29/20</u> Name & Address: <u>Johnson, Ven</u> <u>32890 Whatley</u> <u>Franklin, MI 48025</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Johnson Law, PLC</u> Business Address <u>535 Griswold St. #2632, Detroit, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>1000</u>	\$ _____
		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/29/20</u> Name & Address: <u>Knoblock, Dawn</u> <u>54706 Hibiscus Dr</u> <u>Macomb, MI 48042</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Respiratory Therapist</u> Employer <u>Wm Beaumont Hospital-Troy</u> Business Address <u>44201 Dequindre Rd, Troy, MI 48085</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>150</u>	\$ _____
		Click Here for Memo Itemization	

Page Subtotal **\$1,500.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139870
2. Committee Name Mary A Chrzanowski For Prosecutor

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/27/20</u> Name & Address: Kasom, Barbara 13259 Highland Circle Sterling Hts., MI 48312 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>25</u>	\$ _____
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/26/20</u> Name & Address: Servitto, Deborah 201 W Big Beaver Rd., Suite 800 Troy, MI 48084 5. If over \$100.00 cumulative, please provide: Occupation <u>Judge</u> Employer <u>MI Court of Appeals</u> Business Address <u>201 W Big Beaver Rd., Suite 800, Troy, MI 48084</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>750</u>	\$ _____
		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/25/20</u> Name & Address: Senical, Pamela 8734 Munrovia St Shelby Twp., MI 48317 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>25</u>	\$ _____
		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/25/20</u> Name & Address: McHugh, Judy 24825 Little Mack St Clair Shores, MI 48080 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100</u>	\$ _____
		Click Here for Memo Itemization	

Page Subtotal **\$900.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139870
2. Committee Name Mary A Chrzanowski For Prosecutor

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 06/19/20

Name & Address:

Chaffee, Josephine
815 Huntington St
Mt Clemens, MI 48043

\$ 50

\$ _____

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

Occupation _____ Employer _____

Business Address _____

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

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/19/20

Name & Address

Corriero, Ted
1033 South Hudson Ave
Los Angeles, CA 90019

\$ 100

\$ _____

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

Occupation _____ Employer _____

Business Address _____

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

[Click Here for Memo Itemization](#)

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 06/19/20

Name & Address:

Nicholas, Brian
160 W Tacoma
Clawson, MI 48017

\$ 100

\$ _____

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

Occupation _____ Employer _____

Business Address _____

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

[Click Here for Memo Itemization](#)

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/19/20

Name & Address

Hintz, Lisa
51259 Woodside
Macomb Twp., MI 48042

\$ 100

\$ _____

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

Occupation _____ Employer _____

Business Address _____

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

[Click Here for Memo Itemization](#)

Page Subtotal **\$350.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139870
2. Committee Name Mary A Chrzanowski For Prosecutor

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/19/20</u> Name & Address: <u>Chrzanowski, Janet</u> <u>1391 Castlebury Dr</u> <u>Temperance, MI 48182</u>		\$ <u>100</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/19/20</u> Name & Address: <u>Ange, Kerry</u> <u>2929 Lapeer Rd</u> <u>Port Huron, MI 48060</u>		\$ <u>500</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>2929 Lapeer Rd., Port Huron, MI 48060</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/30/20</u> Name & Address: <u>Bkume, Sean</u> <u>12900 Hall Rd., Suite 403</u> <u>Sterling Hts., MI 40313</u>		\$ <u>100</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/14/20</u> Name & Address: <u>Gazley, Ryan</u> <u>11112 Dill</u> <u>Sterling Hts., MI 48312</u>		\$ <u>25</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$725.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139870
2. Committee Name Mary A Chrzanowski For Prosecutor

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 05/12/20

Name & Address:

McIntosh, Melissa
4740 12th Ave N
St Petersburg, FL 33713

\$ 250

\$ _____

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

Occupation Administrative Law Judge Employer United States of America

[Click Here for Memo Itemization](#)

Business Address 4925 Independence Pkwy Ste.200, Tampa, FL 33634

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/12/20

Name & Address

Ange, Kerry
2929 Lapeer Rd
Port Huron, MI 48060

\$ 250

\$ _____

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

Occupation Attorney Employer Self

[Click Here for Memo Itemization](#)

Business Address 2929 Lapeer Rd., Port Huron, MI 48060

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/06/20

Name & Address:

Davidson, Lynn
20800 Parkplace
Clinton Township, MI 48036

\$ 250

\$ _____

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

Occupation Retired Employer n/a

[Click Here for Memo Itemization](#)

Business Address _____

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/05/20

Name & Address

Stout, Kimberly
2109 Bordeaux St
West Bloomfield, MI 48323

\$ 250

\$ _____

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

Occupation Attorney Employer Self

[Click Here for Memo Itemization](#)

Business Address 370 E Maple Rd., 3rd Fl., Birmingham, MI 48009

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

Page Subtotal **\$1,000.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139870
2. Committee Name Mary A Chrzanowski For Prosecutor

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 06/11/20

Name & Address:

Fox, Susan
33425 Otto Ave
Fraser, MI 48026

\$ 25

\$ _____

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

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/18/20

Name & Address

Ortega, Ted
2551 Palm Pl
Walnut Park, CA 90255

\$ 25

\$ _____

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

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 06/18/20

Name & Address:

Chrzanowski, Brian
1069 Coolidge Ave
Clawson, MI 48017

\$ 500

\$ _____

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

[Click Here for Memo Itemization](#)

Occupation Accountant Employer PricewaterhouseCoopers LLP

Business Address 500 Woodward Ave., Detroit, MI 48226

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/18/20

Name & Address

Van De Winkle, Annette
47981 Pheasant
Chesterfield, MI 48047

\$ 100

\$ _____

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

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

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

Page Subtotal **\$650.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139870
2. Committee Name Mary A Chrzanowski For Prosecutor

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 06/18/20

Name & Address:

Frontera, Judith
16122 29 Mile Rd
Ray, MI 48096

\$ 250

\$ _____

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

Occupation Pet Groomer Employer Dog Grooming Academy

Business Address 297 Cass Ave., Mt. Clemens, MI 48043

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

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/18/20

Name & Address

Oldenburg, Stephanie
27818 Adler Dr
Warren, MI 48088

\$ 25

\$ _____

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

Occupation _____ Employer _____

Business Address _____

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

[Click Here for Memo Itemization](#)

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 06/18/20

Name & Address:

Chrzanowski, Susan
48273 Milonas
Shelby Twp., MI 48315

\$ 100

\$ _____

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

Occupation _____ Employer _____

Business Address _____

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

[Click Here for Memo Itemization](#)

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/18/20

Name & Address

Valind, Susan
11882 Walker Ave
Seminole, FL 33772

\$ 50

\$ _____

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

Occupation _____ Employer _____

Business Address _____

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

[Click Here for Memo Itemization](#)

Page Subtotal **\$425.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 13987
2. Committee Name Mary A Chrzanowski For Prosecutor

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 06/18/20

Name & Address:

Teichman, Donald
25501 Van Dyke
Center Line, MI 48015

\$ 250

\$ _____

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

Occupation Attorney Employer Self

[Click Here for Memo Itemization](#)

Business Address 25501 Van Dyke, Center Line, MI 48045

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/18/20

Name & Address

Barkovic, Camilla
25805 Harper Ave
St. Clair Shores, MI 48081

\$ 250

\$ _____

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

Occupation Attorney Employer Self

[Click Here for Memo Itemization](#)

Business Address 25805 Harper Ave., St. Clair Shores, MI 48081

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 06/18/20

Name & Address:

Litz, Brian
57199 Covington Drive
Washington Twp., MI 48094

\$ 100

\$ _____

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

Occupation Sales Consultant Employer Russ Milne Ford

[Click Here for Memo Itemization](#)

Business Address 24777 Hall Rd., Macomb, MI 48042

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/18/20

Name & Address

Litz, Brian
57199 Covington Drive
Washington Twp., MI 48094

\$ 50

\$ 150

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address 24777 Hall Rd., Macomb, MI 48042

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

Page Subtotal **\$650.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139870
2. Committee Name Mary A Chrzanowski For Prosecutor

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 07/12/20

Name & Address:

Julien, Lona
2 Medowridge Dr
Coldwater, MI 49036

\$ 100

\$ 150

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

Occupation Director/Magistrate Employer Branch County Friend of Court

Click Here for Memo Itemization

Business Address 31 S Division Street, Coldwater, MI 49036

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

3. Contribution #2 PAC Receipt? ☒ YES 4. Date of Receipt 07/05/20

Name & Address

Papandrea, Ron C.T.E.
30315 Austin Dr
Warren, MI 48092

\$ 100

\$ _____

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

Occupation _____ Employer _____

Business Address _____

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

Click Here for Memo Itemization

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/12/20

Name & Address:

Fieger, Geoffrey
19390 W 10 Mile Rd
Southfield, MI 48075

\$ 7150

\$ _____

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

Occupation Attorney Employer Self

Business Address 19390 W 10 Mile Rd., Southfield, MI 48075

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

Click Here for Memo Itemization

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 07/11/20

Name & Address

Marchetti, Diana
42304 Toddmark Lane
Clinton Township, MI 48038

\$ 100

\$ _____

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

Occupation _____ Employer _____

Business Address _____

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

Click Here for Memo Itemization

Page Subtotal \$7,450.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139870
2. Committee Name Mary A Chrzanowski For Prosecutor

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/20/20</u> Name & Address: <u>Paton, Carol</u> <u>45200 Card Rd., STE 101</u> <u>Macomb, MI 48044</u>		\$ <u>500</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Real Estate Agent</u> Employer <u>Coldwell Banker Weir Manuel</u> Business Address <u>45200 Card Road, Macomb, MI 48044</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization ▼	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/05/20</u> Name & Address: <u>Cojocar, Jeffery</u> <u>51663 Eva Drive</u> <u>Macomb, MI 48042</u>		\$ <u>750</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>8113 Wilson Dr., Shelby Twp, MI 48316</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization ▼	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/01/20</u> Name & Address: <u>Van Bael, Marilyn</u> <u>39272 Chart</u> <u>Harrison Township, MI 48045</u>		\$ <u>100</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization ▼	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/13/20</u> Name & Address: <u>Katz, Lawrence</u> <u>38850 Van Dyke Ave, Suite 102</u> <u>Sterling Hts., MI 48312</u>		\$ <u>250</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>38850 Van Dyke Ave, Suite 102, Sterling Hts., MI 48312</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization ▼	

Page Subtotal **\$1,600.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139870
2. Committee Name Mary A Chrzanowski For Prosecutor

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 06/18/20

Name & Address:

Truba, William
29240 Hoover Rd
Warren, MI 48093

\$ 100

\$ _____

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

Click Here for Memo Itemization

Occupation _____ Employer _____

Business Address _____

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/18/20

Name & Address

Charboneau, Thomas Jr
1923 Hamman Dr
Troy, MI 48085

\$ 100

\$ _____

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

Click Here for Memo Itemization

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 06/15/20

Name & Address:

George, Jacqueline
49125 Territorial Rd
Plymouth, MI 48170

\$ 50

\$ _____

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

Click Here for Memo Itemization

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/18/20

Name & Address

Warshaw, Eileen
5438 Saint Martins Ct
Bloomfield, MI 48302

\$ 100

\$ _____

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

Click Here for Memo Itemization

Occupation _____ Employer _____

Business Address _____

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

Page Subtotal **\$350.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139870
2. Committee Name Mary A Chrzanowski For Prosecutor

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/21/20</u> Name & Address: <u>Scott, Catherine</u> <u>51232 Nicolette Dr</u> <u>Chesterfield, MI 48047</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>25</u>	\$ _____
		Click Here for Memo Itemization ▼	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/23/20</u> Name & Address: <u>Hathaway, Diane</u> <u>2709 Butler Bay Dr. N</u> <u>Windermere, FL 34786</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>n/a</u> Business Address <u>n/a</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>200</u>	\$ _____
		Click Here for Memo Itemization ▼	
3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/22/20</u> Name & Address: <u>Schreuder, Ellen</u> <u>5290 Grayton St</u> <u>Detroit, MI 48224</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Mancini Schreuder Kline PC</u> Business Address <u>28225 Mound Rd., Warren, MI 48092</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>1000</u>	\$ _____
		Click Here for Memo Itemization ▼	
3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/22/20</u> Name & Address: <u>Turner, Brian</u> <u>1426 22nd Ave</u> <u>Tuscaloosa, AL 35401</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100</u>	\$ _____
		Click Here for Memo Itemization ▼	

Page Subtotal **\$1,325.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139870
2. Committee Name Mary A Chrzanowski for Prosecutor

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/26/20</u> Name & Address: <u>Becher, Jean</u> <u>5350 Chicago Rd</u> <u>Warren, MI 48092</u>		\$ <u>100</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/21/20</u> Name & Address: <u>Janadia, Michael</u> <u>14630 E 9 Mile Rd.</u> <u>Eastpointe, MI 48021</u>		\$ <u>500</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>14630 E 9 Mile Rd., Eastpointe, MI 48021</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/21/20</u> Name & Address: <u>Mary A Chrzanowski</u> <u>39292 Chart St</u> <u>Harrison Township, MI 48045</u>		\$ <u>25000</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>n/a</u> Business Address <u>n/a</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/19/20</u> Name & Address: <u>Mary A Chrzanowski</u> <u>39292 Chart St</u> <u>Harrison Township, MI 48045</u>		\$ <u>25000</u>	\$ <u>50065.44</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>n/a</u> Business Address <u>n/a</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization v	

Page Subtotal **\$50,600.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139870
2. Committee Name Mary A Chrzanowski For Prosecutor

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 06/24/20

Name & Address:

Dave Tirsell
292 Jones St.
Mt Clemens, MI 48043

\$ **125**

\$ _____

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

Occupation Project Coordinator Employer Macomb County Habitat for Humanity

[Click Here for Memo Itemization](#)

Business Address 34950 Little Mack, Clinton Township, MI 48035

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt _____

Name & Address

\$ _____ \$ _____

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt _____

Name & Address:

\$ _____ \$ _____

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt _____

Name & Address

\$ _____ \$ _____

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

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

Page Subtotal **\$125.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

\$67,650.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1**

CANDIDATE COMMITTEE

1. Committee I.D. Number 139870

2. Committee Name Mary A Chrzanowski For Prosecutor

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: Rush Order Tees 2727 Commerce Way Philadelphia, PA 19154	Date of Receipt <u>06/16/20</u>	☐ Loan from a Lending Institution ☐ Interest ☒ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____ ☐ Fund Raiser	\$ <u>105.65</u>
Receipt #2 Name & Address: ECO Promotional Products, Inc. 2340 Hazeltine Drive Vernon Hills, IL 60061	Date of Receipt <u>05/20/20</u>	☐ Loan from a Lending Institution ☐ Interest ☒ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____ ☐ Fund Raiser	\$ <u>923.40</u>
Receipt #3 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____ ☐ Fund Raiser	\$ _____
Receipt #4 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____ ☐ Fund Raiser	\$ _____
Receipt #5 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____ ☐ Fund Raiser	\$ _____
Receipt #6 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____ ☐ Fund Raiser	\$ _____
Receipt #7 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____ ☐ Fund Raiser	\$ _____

Page Subtotal **\$1,029.05**

Grand Total of All Schedules 1A -1
(Complete on last page of Schedule) **\$1,029.05**

Enter this total on
line 4 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 13987

2. Committee Name Mary A Chrzanowski For Prosecutor

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
--	--	--------------------------------	---

Contribution # 1 PAC Receipt? ☐ Yes

Name & Address:

King, Melissa

29733 Gratiot

Roseville, MI 48066

If over \$100.00 cumulative, please provide:

Occupation:

Employer Name & Business Address:

4. ☐ Endorsement or Guarantee of Bank Loan

☒ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

Description Sign Poles (50)

5. Date Of Receipt: 06/11/20

6. Vendor Name & Address:

[Click Here for Memo Itemization](#)

\$ 50

☐ Fund Raiser Contribution

Contribution # 2 PAC Receipt? ☐ Yes

Name & Address:

Julien, Lona

2 Medowridge

Coldwater, MI 49036

If over \$100.00 cumulative, please provide:

Occupation:

Employer Name & Address:

4. ☐ Endorsement or Guarantee of Bank Loan

☒ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

Description Hand made face masks

5. Date Of Receipt: 07/11/20

6. Vendor Name & Address:

[Click Here for Memo Itemization](#)

\$ 50

☐ Fund Raiser Contribution

Contribution #3 PAC Receipt? ☐ Yes

Name & Address:

Chrzanowski, Mary A

39292 Chart St

Harrison Township, MI 48045

If over \$100.00 cumulative, please provide:

Occupation:

Employer Name & Address:

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☒ Goods or Services Purchased by Candidate or Others- LOAN

Description Ties for signs

5. Date Of Receipt: 06/08/20

6. Vendor Name & Address:

Home Depot

<http://www.homedepot.com>

[Click Here for Memo Itemization](#)

\$ 65.44

\$ 25065.44

☐ Fund Raiser Contribution

Page Subtotal **\$165.44**

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

165.44

Enter this total
on line 6 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139870
2. Committee Name Mary A Chrzanowski

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MJ PRINT AND IMAGING Address 7341 BERNICE CENTERLINE MI 48015 ☐ Fund Raiser	Purpose: PRINTING OF FLYER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/02/20</u> Date	<u>\$ 7011.90</u>
Expenditure #2 Name MJ PRINT AND IMAGING Address 7341 BERNICE CENTERLINE MI 48015 ☐ Fund Raiser	Purpose: PRINTING OF FLYER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/22/20</u> Date	<u>\$ 3892.32</u>
Expenditure #3 Name MJ PRINT AND IMAGING Address 7341 BERNICE CENTERLINE MI 48015 ☐ Fund Raiser	Purpose: PRINTING OF FLYER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/08/20</u> Date	<u>\$ 1247.62</u>
Expenditure #4 Name MJ PRINT AND IMAGING Address 7341 BERNICE CENTERLINE MI 48015 ☐ Fund Raiser	Purpose: PRINTING OF FLYER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/15/20</u> Date	<u>\$ 288.32</u>
Expenditure #5 Name ECO PROMOTIONAL PRODUCTS Address 2340 HAZELTIME DRIVE VERNON HILLS IL 60061 ☐ Fund Raiser	Purpose: PROMOTIONAL GIFTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/18/20</u> Date	<u>\$ 2963.50</u>
Subtotal this page			\$15,403.66
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139870
2. Committee Name MARY A CHRZANOWSKI FOR PROSECUTOR

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name American Graphics Printing Co. Address 34895 Groesbeck Clinton Township, MI 48035 ☐ Fund Raiser	Purpose: <u>2x8 signs (250) 1/2 payment</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/12/20</u> Date	<u>\$ 2928.25</u>
Expenditure #2 Name American Graphics Printing Co. Address 34895 Groesbeck Clinton Township, MI 48035 ☐ Fund Raiser	Purpose: <u>2x8 signs (250) 1/2 payment</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/27/20</u> Date	<u>\$ 2928.25</u>
Expenditure #3 Name American Graphics Printing Co. Address 34895 Groesbeck Clinton Township, MI 48035 ☐ Fund Raiser	Purpose: <u>2x6 signs (50)</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/03/20</u> Date	<u>\$ 1393.90</u>
Expenditure #4 Name Practical Political Consulting, Inc. Address 920 N Washington Ave Lansing, MI 48906 ☐ Fund Raiser	Purpose: <u>Mailing Address List</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/04/20</u> Date	<u>\$ 6500</u>
Expenditure #5 Name Rush Order Tees Address 2727 Commerce Way Philadelphia, PA 19154 ☐ Fund Raiser	Purpose: <u>Tee Shirts</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/01/20</u> Date	<u>\$ 1056.24</u>

Subtotal this page

\$14,806.64

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

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number **139870**
2. Committee Name **Mary A Chrzanowski**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name USPS Address 28401 MOUND ROAD WARREN MI 48090 ☐ Fund Raiser	Purpose: BULK MAILING PAYMENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/22/20 Date	\$ 15787.39
Expenditure #2 Name USPS Address 28401 MOUND ROAD WARREN MI 48090 ☐ Fund Raiser	Purpose: BULK MAILING PAYMENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/24/20 Date	\$ 2576.05
Expenditure #3 Name USPS Address 28401 MOUND ROAD WARREN MI 48090 ☐ Fund Raiser	Purpose: BULK MAILING PAYMENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/08/20 Date	\$ 7668.03
Expenditure #4 Name USPS Address 28401 MOUND ROAD WARREN MI 48090 ☐ Fund Raiser	Purpose: BULK MAILING PAYMENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/15/20 Date	\$ 220.67
Expenditure #5 Name USPS Address 155 SOUTH MAIN STREET MOUNT CLEMENS MI 48043 ☐ Fund Raiser	Purpose: POSTAGE FOR CAMPAIGN LETTER TO ATTORNEYS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/01/20 Date	\$ 660.00
Subtotal this page			\$26,912.14
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139870
2. Committee Name Mary A Chrzanowski

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SIMPLE TEXTING Address 1815 PURDY AVE MIAMI BEACH FLA 33139 ☐ Fund Raiser	Purpose: <u>TEXT MAIL SERVICE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/04/20</u> Date	\$ <u>25.00</u>
Expenditure #2 Name SIMPLE TEXTING Address 1815 PURDY AVE MIAMI BEACH FLA 33139 ☐ Fund Raiser	Purpose: <u>TEXT MAIL SERVICE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/03/20</u> Date	\$ <u>25.00</u>
Expenditure #3 Name SIMPLE TEXTING Address 1815 PURDY AVE MIAMI BEACH FLA 33139 ☐ Fund Raiser	Purpose: <u>TEXT MAIL SERVICE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/06/20</u> Date	\$ <u>25.00</u>
Expenditure #4 Name SIMPLE TEXTING Address 1815 PURDY AVE MIAMI BEACH FLA 33139 ☐ Fund Raiser	Purpose: <u>TEXT MAIL SERVICE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/06/20</u> Date	\$ <u>51.53</u>
Expenditure #5 Name SIMPLE TEXTING Address 1815 PURDY AVE MIAMI BEACH FLA 33139 ☐ Fund Raiser	Purpose: <u>TEXT MAIL SERVICE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/09/20</u> Date	\$ <u>20.00</u>
Subtotal this page			\$146.53
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139870
2. Committee Name Mary A Chrzanowski

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>TRACTOR SUPPLY CO.</u> Address <u>57155 GRATIOT AVE</u> <u>NEW HAVEN MI 48048</u> ☐ Fund Raiser	Purpose: <u>SIGN POLLS/POST</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/11/20</u> Date	\$ <u>1514.19</u>
Expenditure #2 Name <u>TRACTOR SUPPLY CO.</u> Address <u>57155 GRATIOT AVE</u> <u>NEW HAVEN MI 48048</u> ☐ Fund Raiser	Purpose: <u>SIGN POLLS/POST</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/03/20</u> Date	\$ <u>100.17</u>
Expenditure #3 Name <u>OFFICE MAX</u> Address <u>33840 GRATIOT AVE</u> <u>CLINTON TWP MI 48035</u> ☐ Fund Raiser	Purpose: <u>ENVELOPES FOR CAMPAIGN LETTER TO ATTORNEYS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/05/20</u> Date	\$ <u>104.91</u>
Expenditure #4 Name <u>5/3 BANK</u> Address <u>P.O. BOX 630900</u> <u>CINCINNATI OH 45263-0900</u> ☐ Fund Raiser	Purpose: <u>CHECKS FOR CHECKING ACCOUNT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/21/20</u> Date	\$ <u>48.97</u>
Expenditure #5 Name <u>JETS PIZZA</u> Address <u>37525 HARPER AVE</u> <u>CLINTON TWP MI 48036</u> ☐ Fund Raiser	Purpose: <u>LUNCH FOR COMMITTEE TO STUFF ENVELOPES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/17/20</u> Date	\$ <u>28.61</u>
Subtotal this page			\$ <u>1,796.85</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139870
2. Committee Name Mary A Chrzanowski

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Facebook Inc. Address 1 HACKER WAY MENLO PARK CA 94025 ☐ Fund Raiser	Purpose: <u>ADS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/04/20</u> Date	\$ <u>35.00</u>
Expenditure #2 Name Facebook Inc. Address 1 HACKER WAY MENLO PARK CA 94025 ☐ Fund Raiser	Purpose: <u>ADS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/06/20</u> Date	\$ <u>50.00</u>
Expenditure #3 Name Facebook Inc. Address 1 HACKER WAY MENLO PARK CA 94025 ☐ Fund Raiser	Purpose: <u>ADS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/13/20</u> Date	\$ <u>19.22</u>
Expenditure #4 Name Facebook Inc. Address 1 HACKER WAY MENLO PARK CA 94025 ☐ Fund Raiser	Purpose: <u>ADS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/02/20</u> Date	\$ <u>75.00</u>
Expenditure #5 Name Facebook Inc. Address 1 HACKER WAY MENLO PARK CA 94025 ☐ Fund Raiser	Purpose: <u>ADS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/19/20</u> Date	\$ <u>75.00</u>
Subtotal this page			\$254.22
Grand Total of all Schedules 1B (Complete on last page of Schedule)			



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139870
2. Committee Name Mary A Chrzanowski

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>macomb county bar association</u> Address <u>40 north main street</u> <u>mount clemens, mi 48043</u> ☒ Fund Raiser	Purpose: <u>ads</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/11/20</u> Date	\$ <u>400.00</u>
Expenditure #2 Name <u>macomb county bar association</u> Address <u>40 north main street</u> <u>mount clemens, mi 48043</u> ☐ Fund Raiser	Purpose: <u>member labels</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/19/20</u> Date	\$ <u>175.00</u>
Expenditure #3 Name <u>PawPaw Graphics</u> Address <u>214 Crocker Blvd</u> <u>mount clemens mi 48043</u> ☐ Fund Raiser	Purpose: <u>graphics design</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/01/20</u> Date	\$ <u>402.00</u>
Expenditure #4 Name <u>Weebly</u> Address <u>1455 market street suite #600</u> <u>San Fran Cisco Ca 94103</u> ☐ Fund Raiser	Purpose: <u>ads</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/01/20</u> Date	\$ <u>16.00</u>
Expenditure #5 Name <u>Weebly</u> Address <u>1455 market street suite #600</u> <u>San Fran Cisco Ca 94103</u> ☐ Fund Raiser	Purpose: <u>ads</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/22/20</u> Date	\$ <u>16.00</u>
Subtotal this page			\$ <u>1,009.00</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139870
2. Committee Name Mary A Chrzanowski

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name YOUR MOTHERS BAR GRILL Address 61 N WALNUT STREET MOUNT CLEMENS MI 48043 ☐ Fund Raiser	Purpose: <u>COMMITTEE LUNCH</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/17/20</u> Date	<u>\$ 47.08</u>
Expenditure #2 Name DMF DESIGNS Address 158 SISSON STREET ROMEO MI 48065 ☐ Fund Raiser	Purpose: <u>WEBSITE DESIGN/MAINTENCE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/04/20</u> Date	<u>\$ 100.04</u>
Expenditure #3 Name DMF DESIGNS Address 158 SISSON STREET ROMEO MI 48065 ☐ Fund Raiser	Purpose: <u>WEBSITE DESIGN/MAINTENCE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/13/20</u> Date	<u>\$ 100.00</u>
Expenditure #4 Name ZOOM.US Address 55 ALMADEN BLVD 6TH FLOOR SAN JOSE CA 95113 ☐ Fund Raiser	Purpose: <u>SUBSCRIPTION FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/08/20</u> Date	<u>\$ 74.18</u>
Expenditure #5 Name ZOOM.US Address 55 ALMADEN BLVD 6TH FLOOR SAN JOSE CA 95113 ☐ Fund Raiser	Purpose: <u>SUBSCRIPTION FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/08/20</u> Date	<u>\$ 74.18</u>
Subtotal this page			\$395.48
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number **139870**
2. Committee Name **Mary A. Chrznowski for Prosecutor**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name zoom.us Address 55 almaden blvd 6th flooor San Jose ☐ Fund Raiser	Purpose: subscription fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/08/20 Date	\$ 74.18 Click Here for Memo Itemization Type
Expenditure #2 Name stripe Address 510 townsend street San Fransico, Ca 94103 ☐ Fund Raiser	Purpose: service fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/19/20 Date	\$ 189.43 Click Here for Memo Itemization Type
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type

Subtotal this page **\$263.61**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$60,700.53**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139870
2. Committee Name Mary A Chrzanowski for Prosecutor

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: Mary A Chrzanowski 39292 Chart St Harrison Township, MI 48045	4. Type: <u>Loan to Committee</u> 5. <u>Date Debt Was Incurred:</u> <u>04/21/20</u> 6. <u>Original Amount of Debt:</u> <u>\$ 25,000.00</u>	\$ \$ \$ \$ \$	\$	\$ 25,000.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: Mary A Chrzanowski 39292 Chart St Harrison Township, MI 48045	4. Type: <u>Loan to Committee</u> 5. <u>Date Debt Was Incurred:</u> <u>06-19-2020</u> 6. <u>Original Amount of Debt:</u> <u>\$ 25,000.00</u>	\$ \$ \$ \$ \$	\$	\$ 25,000.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: Mary A Chrzanowski 39292 Chart St Harrison Township, MI 48045	4. Type: <u>Loan to Committee</u> 5. <u>Date Debt Was Incurred:</u> <u>06-08-2020</u> 6. <u>Original Amount of Debt:</u> <u>\$ 65.44</u>	\$ \$ \$ \$ \$	\$	\$ 65.44 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$50,065.44**

Grand Total of all Schedules 1E **\$50,065.44**
(Complete on last page of Schedule showing amounts owed by or to the committee)

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

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



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **139870**
2. Committee Name **Mary A. Chrznowski for Prosecutor**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 06/18/20	4. Number of Individuals Attending or Participating (whichever is greater) 25	5. Type of Fund Raising Activity virtual chat	6. Address and Name (If any) of the place where the activity was held. 74 market street mount clemens mi 48043 ☐ Private Residence
---	---	---	---

7. Total Contributions **\$1,450.00**
8. Other Receipts **\$0.00**
9. Gross Receipts (Add lines 7 and 8) **\$1,450.00**
10. Total Cost of Event **\$400.00**
(Total Cost 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 (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.