



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 139908		3. This Statement covers From: 4.1.2020 to 7.19.2020	
2. Committee Name Committee to Elect Saima Khalil		4. Candidate Last Name Khalil First Name Saima M.I. 4a. Office Sought Including District # or Community Served (If applicable) Prosecuting Attorney 4b. County of Residence Macomb	
5. Committee's Mailing Address P.O Box 672 Warren, MI 48090 Area Code and Phone 586.806.9170 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 Robyn K. Fuller 25532 Saint James Southfield, MI 48075 Area Code & Phone 313.261.0313	
7. Treasurer's Business Address J&F Advisors, PLLC 440 Burroughs, Ste 628 Detroit, MI 48202 Area Code and Phone 313.695.8199		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 August 4, 2020		Required ONLY if candidate is not on the ballot for the current year: ☐ July Quarterly ☐ October Quarterly 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 here by 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 <u>Robyn K. Fuller, CPA</u> Type or Print Name		<u>[Signature]</u> Signature	
		Date <u>07.22.2020</u>	
Candidate <u>Saima Khalil</u> Type or Print Name		<u>Saima Khalil</u> Signature	
		Date <u>07.22.2020</u>	

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

1. Committee I.D. Number 139908

2. Committee Name Committee to Elect Saima Khalil

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>19,358.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>19,358.00</u>	(18.) \$ <u>19,358</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u></u>	(19.) \$ <u>0</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>19,358.00</u>	(20.) \$ <u>19,358.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u></u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u></u>	(22.) \$ <u>0.00</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>16,396.78</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u></u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>518.84</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>16,915.62</u>	(23.) \$ <u>16,915.62</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u></u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u></u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u></u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u></u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u></u>	
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>19,358.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>19,358.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>16,915.62</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>2,442.38</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139908
2. Committee Name Committee to Elect Saima Khalil

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 6.4.2020

Name & Address:

Rasheed, Abdur
3629 Euclid Dr
Troy, MI 48083

200.00
\$

200.00
\$

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

Occupation Physician Employer Pediatric Plus

Business Address 37300 Dequindre Rd # 202, Sterling Heights, MI 48310

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 6.4.2020

Name & Address

Phillips, Mirelle
13287 Eagle Nest Trl
Shelby Charter Two, MI 48315

100.00
\$

100.00
\$

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

Occupation Attorney Employer Michigan Advocacy Program

Business Address 15 S Washington St, Ypsilanti, MI 48197

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 6.12.2020

Name & Address:

Khalil, Mohammad
2315 Chestnut
Glenview, IL 60026

1000.00
\$

1000.00
\$

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

Occupation Physician Employer Self-Employed

Business Address 2315 Chestnut, Glenview, IL 60026

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 06.12.2020

Name & Address

Khalil, Mohammad
1201 Volpe
Sterling Heights, MI 48312

1000.00
\$

1000.00
\$

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

Occupation Dentist Employer PRN Associates

Business Address 7601 E 88th Place Building 5, Indianapolis, IN 46256

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

[Click Here for Memo Itemization](#)

Page Subtotal **2300.00**

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 139908
2. Committee Name Committee to Elect Saima Khalil

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>6.17.2020</u> Name & Address: <u>Habbo, Sara</u> <u>29245 Marshall St.</u> <u>Southfield, MI 48076</u>		<u>50.00</u> \$	<u>50.00</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>6.17.2020</u> Name & Address: <u>Kondek, Katherine</u> <u>28016 Ruehle</u> <u>St. Claire Shores, MI 48081</u>		<u>50.00</u> \$	<u>50.00</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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>6.17.2020</u> Name & Address: <u>Spencer, Sean</u> <u>19906 Shorecrest Dr</u> <u>Clinton Two, MI 48038</u>		<u>25.00</u> \$	<u>25.00</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>6.17.2020</u> Name & Address: <u>Elder, Nuzmeya</u> <u>32480 Winglake</u> <u>Franklin, MI 48025</u>		<u>100.00</u> \$	<u>100.00</u> \$
5. If over \$100.00 cumulative, please provide: Occupation <u>Educator</u> Employer <u>Dearborn Schools</u> Business Address <u>10821 Henson Dearborn, MI 48126</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 225.00

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 139908
2. Committee Name Committee to Elect Saima Khalil

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>6.18.2020</u> Name & Address: <u>Hindichs, Matthew</u> <u>7908 Marie Dr</u> <u>Shelby Two, MI 48316</u>		<u>20.00</u> \$	<u>20.00</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>6.18.2020</u> Name & Address: <u>DeMonaco, Cardi</u> <u>23225 Oakwood Ave.</u> <u>Eastpointe, MI 48021</u>		<u>50.00</u> \$	<u>50.00</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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>6.18.2020</u> Name & Address: <u>Qadie, Taimoor</u> <u>13730 Grey</u> <u>Warren, MI 48089</u>		<u>100.00</u> \$	<u>100.00</u> \$
5. If over \$100.00 cumulative, please provide: Occupation <u>Tech</u> Employer <u>Umicore</u> Business Address <u>2347 Commercial Dr, Auburn Hills, MI 48326</u> 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>6.18.2020</u> Name & Address: <u>Rutherford, Joel</u> <u>5683 Storrow Ct.</u> <u>Warren, MI 48314</u>		<u>25.00</u> \$	<u>25.00</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

195.00

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 139908
2. Committee Name Committee to Elect Saima Khalil

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>6.18.2020</u>	
Name & Address: <u>Elzhenni, Kozeta</u> <u>43334 Chardonnay Dr</u> <u>Sterling Heights, MI 48314</u>		<u>25.00</u>	<u>25.00</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>6.18.2020</u>	
Name & Address: <u>Nesbitt, Abbie</u> <u>13407 Forest Ridge Blvd</u> <u>Sterling Heights, MI 48313</u>		<u>20.00</u>	<u>20.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>6.21.2020</u>	
Name & Address: <u>Khalil, Kamal</u> <u>33663 Vista Dr</u> <u>Farmington Hills, MI 48331</u>		<u>500.00</u>	<u>1500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MSL</u> Employer <u>Acadia</u> Business Address <u>38701 W. 7 Mile Rd., Livonia, MI 48152</u> 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>6.22.2020</u>	
Name & Address: <u>Kelly, Brian</u> <u>49-06 Vernon Blvd, Apt 4</u> <u>Long Island City, NY 11101</u>		<u>20.00</u>	<u>20.00</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 565.00

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 139908
2. Committee Name Committee to Elect Saima Khalil

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>5.8.2020</u> Name & Address: <u>Cadoret, Danielle</u> <u>24037 Fairlane Blvd</u> <u>Woodhaven, MI 48183</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Cadoret Legal Services, PLLC</u> Business Address <u>24037 Fairlane Blvd, Woodhaven, MI 48183</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		300 \$	300 \$
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>5.10.2020</u> Name & Address: <u>Cadoret, Jean-Claude</u> <u>20426 Bourassa</u> <u>Brownstown Charter Two, MI 48183</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Unemployed</u> Employer <u>N/A</u> Business Address <u>N/A</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		100 \$	100 \$
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>5.10.2020</u> Name & Address: <u>Abdrabboh, Omar</u> <u>22826 Law Ave</u> <u>Dearborn, MI 48124</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Territory Manager</u> Employer <u>GSK</u> Business Address <u>5 Crescent Dr, Philadelphia PA 19112</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		250.00 \$	250.00 \$
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>5.11.2020</u> Name & Address: <u>Martin, Shaka</u> <u>708 Samson Way</u> <u>Northbrook, IL 60062</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Medical Director</u> Employer <u>Astellas Pharma</u> Business Address <u>1 Astellas Way, Northbrook, IL 60062</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		100 \$	100 \$

Page Subtotal 750.00

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 139908
2. Committee Name Committee to Elect Saima Khalil

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>5.11.2020</u> Name & Address: <u>Malone, Barry</u> <u>3627 Hutchins Hill Dr.</u> <u>West Bloomfield Two, MI 48323</u>	100.00 \$ _____	100.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Lawyer</u> Employer <u>Lakeshore Legal Aid</u> Business Address <u>13310 Northland Dr, Southfield, MI 48075</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>5.11.2020</u> Name & Address: <u>Daniels, Andre</u> <u>32044 Canterhill Place</u> <u>Westlake Village, CA 91361</u>	50.00 \$ _____	50.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Unemployed</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		
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>5.12.2020</u> Name & Address: <u>Rana, Haris</u> <u>2 Galligen Drive</u> <u>Hillsborough, NJ 08844</u>	1000.00 \$ _____	1000.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Physician</u> Employer <u>St. Peters University Hospital</u> Business Address <u>254 East Ave, New Brunswick, NJ 08901</u> 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>5.12.2020</u> Name & Address: <u>Wood, Kathy</u> <u>446 Amanda Drive</u> <u>Mars Hill, NC 28754</u>	50.00 \$ _____	50.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Accountant</u> Employer <u>Lakeshore Legal Aid</u> Business Address <u>13310 Northland Dr., Southfield, MI 48075</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		
Click Here for Memo Itemization		

Page Subtotal **1200.00**

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 139908
2. Committee Name Committee to Elect Saima Khalil

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>5.13.2020</u>	
Name & Address: <u>Tayyab, Muhammad</u> <u>4224 Winslet Dr</u> <u>Smyrna, TN 37167</u>		500.00 \$	500.00 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>MIRA</u> Business Address <u>486 Bell Rd. Ste B, Nashville, TN 37127</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>5.15.2020</u>	
Name & Address: <u>Boyd, Tracie</u> <u>23312 Recreation Street</u> <u>St. Claire Shores, MI 48082</u>		100.00 \$	100.00 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Lakeshore Legal Aid</u> Business Address <u>13310 Northland Dr., Southfield, MI 48075</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>5.16.2020</u>	
Name & Address: <u>Sheukh, Usman</u> <u>18721 Wigeon Dr</u> <u>Clinton Two, MI 48038</u>		10.00 \$	10.00L \$
5. If over \$100.00 cumulative, please provide: Occupation <u>Global Program Leader</u> Employer <u>General Motors</u> Business Address <u>300 Renaissance Center, Detroit, MI 48243</u> 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>5.16.2020</u>	
Name & Address: <u>Lavoie, C.</u> <u>1223 Kirts Blvd. Unit C</u> <u>Troy, MI 48084</u>		200.00 \$	200.00 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>Legal</u> Employer <u>Xcellence, Inc</u> Business Address <u>5800 Foxridge Dr., Ste 406, Shawnee Mission, KS 66202</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **810.00**

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 139908
2. Committee Name Committee to Elect Saima Khalil

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>5.17.2020</u>	
Name & Address: <u>Haider, Tanzeen</u> <u>Rochester, MI 48309</u> <u>(505) 450.2537</u>		\$ <u>10.00</u>	\$ <u>10.00</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>5.18.2020</u>	
Name & Address: <u>Khalil, Kamal</u> <u>33663 Vista Dr.</u> <u>Farmington Hills, MI 48331</u>		\$ <u>1000.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MSL</u> Employer <u>Acadia</u> Business Address <u>38701 W. Seven Mile Rd, Livonia, MI 48152</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>5.18.2020</u>	
Name & Address: <u>Ford, Lauren</u> <u>9217 Smithies St</u> <u>Orlando, FL 32827</u>		\$ <u>25.00</u>	\$ <u>25.00</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>5.19.2020</u>	
Name & Address: <u>Bazzi, Hafez</u> <u>1100 Falcon St.</u> <u>Dearborn, MI 48128</u>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Doctor</u> Employer <u>Teamhealth</u> Business Address <u>36123 Schoolcraft, Livonia, MI 48150</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 1285.00

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 139908
2. Committee Name Committee to Elect Saima Khalil

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 5.24.2020

Name & Address:

Khalil, Mohammed
12101 Volpe
Sterling Heights, MI 48312

1500.00
\$

1500.00
\$

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

Occupation Physician Employer Astellas

[Click Here for Memo Itemization](#)

Business Address 1 Astellas Way, Northbrook, IL 60062

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 5.27.2020

Name & Address

Frazier, Michael
7739 Broadbridge
St. Clair County, MI 48023

50.00
\$

50.00
\$

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 5.30.2020

Name & Address:

Rehman, Asma
2315 Chestnut
Glenview, IL 60026

1000.00
\$

1000.00
\$

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

Occupation Retired 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 5.31.2020

Name & Address

Khan, Shahida
7194 Pine Knob Rd
Clarkston, MI 48348

500.00
\$

500.00
\$

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

Occupation Physician Employer Self-Employed

[Click Here for Memo Itemization](#)

Business Address 428 S. Grove St., Ypsilanti, MI 48198

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

Page Subtotal **3050.00**

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 139908

2. Committee Name Committee to Elect Saima Khalil

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 5.31.2020 Name & Address: Rajput, Manzar 3517 Northbrooke Dr. Superior Charter Two, MI 48198		200.00 \$	200.00 \$
5. If over \$100.00 cumulative, please provide: Occupation Physician Employer Self-Employed Business Address 205 N East Ave, Jackson, MI 49201 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 6.1.2020 Name & Address: Smith, Taylor 21700 Winshall St. St. Claire Shore, MI 48081		15.00 \$	15.00 \$
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 6.2.2020 Name & Address: Fathy, Sayf 2119 Ardmore Park Dr. St. Claire Shores, MI 48081		100.00 \$	100.00 \$
5. If over \$100.00 cumulative, please provide: Occupation Lawyer Employer UPG Business Address 1650 Maple Rd., Troy, MI 48084 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 6.3.2020 Name & Address: Ashfaque, Shahid 14719 Chisolm Landing Way North Potomac, MD 20878		500.00 \$	500.00 \$
5. If over \$100.00 cumulative, please provide: Occupation Scientist Employer UCB Business Address 8010 Arco Corporate Drive USA - Raleigh, North Carolina 27617 Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 815.00

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 139908
2. Committee Name Committee to Elect Saima Khalil

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>7e. 26. 2020</u> Name & Address: <u>Ahmed, Shaffwan</u> <u>12237 Charest</u> <u>Detroit, MI 48212</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>TSM</u> Employer <u>Altria</u> Business Address <u>16601 Broad St, Richmond, VA 23230</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
Click Here for Memo Itemization		
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>6. 26. 2020</u> Name & Address: <u>Zacharski, Ashley</u> <u>13826 Barclay Way</u> <u>Warren, MI 48088</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Lakeshore Legal Aid.</u> Business Address <u>30500 Van Dyke. Ste 201 Warren, 48088</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	\$ <u>25.00</u>	\$ <u>25.00</u>
Click Here for Memo Itemization		
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>6. 27. 2020</u> Name & Address: <u>Aaron Gomez, Aaron</u> <u>26531 Patricia Ave</u> <u>Warren, MI 48091</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>N/A</u> Employer _____ Business Address <u>26531 Patricia Ave. Warren, MI 48091</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	\$ <u>10.00</u>	\$ <u>10.00</u>
Click Here for Memo Itemization		
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>6. 28. 2020</u> Name & Address: <u>Ali Mustafa</u> <u>48548 Din Oak Dr</u> <u>Macomb, MI 48044</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>N/A</u> Employer <u>N/A</u> Business Address <u>N/A</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	\$ <u>5.00</u>	\$ <u>5.00</u>
Click Here for Memo Itemization		

Page Subtotal 140.00

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 139908
2. Committee Name Committee to Elect Saima Khalil

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>7.1.2020</u>	
Name & Address: <u>McBride, Drew</u> <u>2438 N Monticello Ave</u> <u>Chicago, IL 60647</u>		\$ <u>25⁰⁰</u>	\$ <u>25⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Analyst</u> Employer <u>Rally Health</u>		Click Here for Memo Itemization	
Business Address <u>1927 S. May Street, Chicago, IL 60608</u>			
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>7.5.2020</u>	
Name & Address: <u>Amadeo, William</u> <u>2500 Packard St. Ste 106</u> <u>Ann Arbor, MI 48104</u>		\$ <u>500⁰⁰</u>	\$ <u>500⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Lawyer</u> Employer <u>McManus & Amado</u>		Click Here for Memo Itemization	
Business Address <u>2500 Packard St. Ste 106 Ann Arbor, MI 48104</u>			
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #3	PAC Receipt? ☐ YES	4. Date of Receipt <u>7.5.2020</u>	
Name & Address: <u>Biernat, Jon</u> <u>134 Market Street</u> <u>Mount Clemens, MI 48043</u>		\$ <u>250⁰⁰</u>	\$ <u>250⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Biernat Law Group</u>		Click Here for Memo Itemization	
Business Address <u>134 Market, Mt Clemens, 48043</u>			
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #4	PAC Receipt? ☐ YES	4. Date of Receipt <u>7.5.2020</u>	
Name & Address: <u>Dietiker, Theresa</u> <u>6074 Abbot Rd</u> <u>East Lansing, MI 48823</u>		\$ <u>25⁰⁰</u>	\$ <u>25⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>N/A</u> Employer <u>N/A</u>		Click Here for Memo Itemization	
Business Address <u>N/A</u>			
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal

800⁰⁰

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 139908
2. Committee Name Committee to Elect Saima Khalil

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 <u> </u> PAC Receipt? ☐ YES 4. Date of Receipt <u>7.8.2020</u> Name & Address: <u>Lucas Hicks</u> <u>27909 Greater Mack Ave.</u> <u>St. Clair Shores, MI 48081</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>N/A</u> Employer <u>N/A</u> Business Address <u>N/A</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	\$ <u>15.00</u>	\$ <u>25.00</u>
Click Here for Memo Itemization		
3. Contribution #2 <u> </u> PAC Receipt? ☐ YES 4. Date of Receipt <u>7.5.2020</u> Name & Address: <u>Ali, Mustafa</u> <u>48548 Pin Oak Dr.</u> <u>Macomb, MI 48044</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>N/A</u> Employer <u>N/A</u> Business Address <u>N/A</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	\$ <u>3.00</u>	\$ <u>8.00</u>
Click Here for Memo Itemization		
3. Contribution #3 <u> </u> PAC Receipt? ☐ YES 4. Date of Receipt <u>7.6.2020</u> Name & Address: <u>Ahmed, Radeen</u> <u>30337 Bradmore Rd</u> <u>Warren, MI 48092</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>N/A</u> Employer <u>N/A</u> Business Address <u>N/A</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
Click Here for Memo Itemization		
3. Contribution #4 <u> </u> PAC Receipt? ☐ YES 4. Date of Receipt <u>7.7.2020</u> Name & Address: <u>Kilpatrick, Michael</u> <u>43550 Elizabeth, Suite 100</u> <u>Clinton Township, MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self-Employed</u> Business Address <u>Same as above</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
Click Here for Memo Itemization		

Page Subtotal

228.00

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 139908

2. Committee Name Committee to Elect Saima Khalil

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 7.9.2020
Name & Address:

Hammond Rashidw
290 Clinton River Dr
M + Clemens, MI 48043

\$ 40.00

\$ 40.00

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

Occupation Teacher Employer Macomb County
Business Address 1 South Main, M + 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 7.11.2020
Name & Address:

Haar, Michael
8135 Wilson St.
Shelby Twp, MI 48316

\$ 100.00

\$ 100.00

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

Occupation Engineer Employer ZF
Business Address 4505 26 Mile Rd, Washington, MI 48094
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 4.30.2020
Name & Address:

Saima Khalil, Saima
12101 Volpe
Sterling Heights, MI 48312

\$ 1000.00

\$ 1000.00

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

Occupation Attorney Employer Lakeshore Legal Aid
Business Address 13310 Northland Dr., 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 5.6.2020
Name & Address:

Saima Khalil, Saima
12101 Volpe
Sterling Heights, MI 48312

\$ 1000.00

\$ 2000.00

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

Occupation Attorney Employer Lakeshore Legal Aid
Business Address 13310 Northland Dr., Southfield, MI 48075
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal 2140.00

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 139908
2. Committee Name Committee to Elect Saima Khalil

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>6.13.2020</u> Name & Address: <u>Boyd, Tracie</u> <u>23312 Recreation Street</u> <u>St. Claire Shores</u>		<u>100.00</u> \$	<u>200.00</u> \$
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Lakeshore Legal Aide</u> Business Address <u>13310 Northland Dr. Southfield, MI 48075</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>6.13.2020</u> Name & Address: <u>Abdrabboh, Omar</u> <u>22826 Law Ave.</u> <u>Dearborn, MI 48124</u>		<u>100.00</u> \$	<u>350.00</u> \$
5. If over \$100.00 cumulative, please provide: Occupation <u>Territory Manager</u> Employer <u>GSK</u> Business Address <u>5 Crescent Dr. Philadelphia, PA 19112</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>6.13.2020</u> Name & Address: <u>Elder, Niveen</u> <u>270 Merion Dr.</u> <u>Canton, MI 48188</u>		<u>15.00</u> \$	<u>15.00</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>6.13.2020</u> Name & Address: <u>Ghori, Saima</u> <u>22 Ensburry Pl</u> <u>Little Rock, AR 72223</u>		<u>500.00</u> \$	<u>500.00</u> \$
5. If over \$100.00 cumulative, please provide: Occupation <u>Physician</u> Employer <u>Synergy Radiology Associates</u> Business Address <u>7026 Old Katy Rd Suite 276, Houston, TX 77024</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 715.00

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 139908
2. Committee Name Committee to Elect Saima Khalil

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 6.15.2020

Name & Address:

Ward, L. Graham
12164 Tullymore Dr.
Stanwood, MI 49346

100.00

100.00

\$

\$

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

Occupation Law Professor Employer WMU -Cooley Law School

[Click Here for Memo Itemization](#)

Business Address 300 S Capitol Ave, Lansing, MI 48933

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 6.15.2020

Name & Address

Lohr, Kathryn
24833 Murray St
Harrison Charter Two, MI 48046

20.00

20.00

\$

\$

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

Occupation Sr. Office Assistant Employer County of Macomb

[Click Here for Memo Itemization](#)

Business Address 120 N Main St, Mt Clemens, MI 48043

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 6.15.2020

Name & Address:

Palmer, Jeanette
22721 Furton Street
St. Claire Shore, MI 48083

100.00

100.00

\$

\$

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 6.17.2020

Name & Address

Quazi, Wardah
3962 Wrens Nest Blvd
Maumee, OH 43537

100.00

100.00

\$

\$

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

Occupation CNA Employer Promedical

[Click Here for Memo Itemization](#)

Business Address 217 Golden Gate Plaza, Maumee, OH 43537

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

Page Subtotal **320.00**

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 139908
2. Committee Name Committee to Elect Saima Khalil

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>05.19.2020</u>	
Name & Address: <u>Khalil, Saima</u> <u>12101 Volpe</u> <u>Sterling Heights, MI 48312</u>		\$ <u>3100.00</u>	\$ <u>3100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Lakeshore Legal Aid</u> Business Address <u>13310 Northland Dr. Southfield, MI 48075</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>6.25.2020</u>	
Name & Address: <u>Mumen, Rahul</u> <u>29626 Ohmer Dr.</u> <u>Warren, MI 48092</u>		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Michigan Injury Law Group</u> Business Address <u>2649 Caniff St, Hamtramack, MI 48212</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>06.25.2020</u>	
Name & Address: <u>Gay, Steve</u> <u>38 Kendrick St.</u> <u>Mount Clemens, MI 48043</u>		\$ <u>10.00</u>	\$ <u>10.00</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>06.28.2020</u>	
Name & Address: <u>Olson, Felisha</u> <u>19040 Maryland St.</u> <u>Mount Clemens, MI</u>		\$ <u>10.00</u>	\$ <u>10.00</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 3420.00

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 139908
2. Committee Name Committee to Elect Saima Khalil

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>6.29.2020</u> Name & Address: Khan, Waris 36823 Alexis Court Sterling Heights, MI 48312		350.00 \$	350.00 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> 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>06.25.2020</u> Name & Address: Shamsud-Din, MM 23820 Oak Glen Dr. Southfield, MI 48033		25.00 \$	25.00 \$
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 <u>6.25.2020</u> Name & Address: Galant, Daniel 18930 Treyborne Commerce Twp, MI 48390		25.00 \$	25.00 \$
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 _____ Name & Address: 		\$	\$
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 **400.00**

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

19,358.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

139908

1. Committee I. D. Number _____
2. Committee Name Committee to Elect Saima Khalil

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Younique Cards</u> Address <u>42816 Willsharon</u> <u>Sterling Heights, MI 48314</u> ☐ Fund Raiser	Purpose: <u>Graphic Design</u> <u>+Printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7.15.20</u> Date	\$ <u>475.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>Social Simplified.com</u> Address <u>Website (248) 462-4031</u> <u>Birmingham, MI</u> ☐ Fund Raiser	Purpose: <u>Website</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5.12.20</u> Date	\$ <u>224.99</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>Harland Clarke Check Order</u> Address <u>Website</u> ☐ Fund Raiser	Purpose: <u>Check Order</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5.12.20</u> Date	\$ <u>57.26</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>Allegra Print</u> Address <u>42120 Garfield Rd</u> <u>Clinton Twp, MI 48038</u> ☐ Fund Raiser	Purpose: <u>Web Design</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5.15.20</u> Date	\$ <u>79.50</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>NGP Van</u> Address <u>1445 New York Ave. NW Ste. 200</u> <u>Washington, D.C. 20005</u> ☐ Fund Raiser	Purpose: <u>Compliance Operations</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5.19.20</u> Date	\$ <u>600.00</u> Click Here for Memo Itemization Type

Subtotal this page

1430.75

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

139908

1. Committee I. D. Number _____
2. Committee Name Committee to Elect Saima Khalil

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Dawn Townsend</u> Address <u>49237 Limestone Dr.</u> <u>Macomb, MI 48044</u> ☐ Fund Raiser	Purpose: <u>Photographer</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5.26.20</u> Date	<u>\$ 150.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>Office Max / Depot</u> Address <u>37600 Van Dyke Ave</u> <u>Sterling Heights, MI 48312</u> ☐ Fund Raiser	Purpose: <u>Office Supplies</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5.29.20</u> Date	<u>\$ -199.42</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>Dazzle Printing</u> Address <u>29777 Stephenson Hwy. Ste 200</u> <u>Madison Heights, MI 48071</u> ☐ Fund Raiser	Purpose: <u>Printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6.3.20</u> Date	<u>\$ 123.73</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>Five Star</u> Address _____ ☐ Fund Raiser	Purpose: <u>Voting Demographics Platform</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6.4.20</u> Date	<u>\$ 3500.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>Allegra Printing</u> Address <u>42120 Garfield Rd</u> <u>Clinton Twp, MI 48038</u> ☐ Fund Raiser	Purpose: <u>Printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6.4.20</u> Date	<u>\$ 131.25</u> Click Here for Memo Itemization Type

Subtotal this page 4,104.40

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

139908

1. Committee I. D. Number _____
2. Committee Name Committee to Elect Saima Khalil

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name: <u>Office Max / Depot</u> Address: <u>37600 Van Dyke Ave</u> <u>Sterling Heights, MI 48312</u> ☐ Fund Raiser	Purpose: <u>Supplies</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6.8.20</u> Date	\$ <u>29.62</u>
Expenditure #2 Name: <u>You Nique Cards</u> Address: <u>42816 Willsharon</u> <u>Sterling Heights, MI 48314</u> ☐ Fund Raiser	Purpose: <u>Design & Printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6.11.20</u> Date	\$ <u>975.00</u>
Expenditure #3 Name: <u>ACT BLUE - Mich. Demo</u> Address: <u>Software Platform</u> ☐ Fund Raiser	Purpose: <u>Voter Platform for Donations</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6.11.20</u> Date	\$ <u>1500.00</u>
Expenditure #4 Name: <u>Younique Cards</u> Address: <u>See above.</u> ☐ Fund Raiser	Purpose: <u>Design & Printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6.15.20</u> Date	\$ <u>175.00</u>
Expenditure #5 Name: <u>Younique Cards</u> Address: <u>See above.</u> ☐ Fund Raiser	Purpose: <u>Design & Printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6.15.20</u> Date	\$ <u>975.00</u>

Subtotal this page

3694.62

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

139908

1. Committee I. D. Number _____
2. Committee Name Committee to Elect Saima Khalil

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Younique Cards.</u> Address <u>42816 Willsharon</u> <u>Sterling Heights, MI 48314</u> ☐ Fund Raiser	Purpose: <u>Design Graphic</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6.8.20</u> Date	\$ <u>95-</u>
Expenditure #2 Name <u>Younique Cards</u> Address <u>See above.</u> ☐ Fund Raiser	Purpose: <u>Design & Printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6.5.20</u> Date	\$ <u>299-</u>
Expenditure #3 Name <u>Younique Cards</u> Address <u>See above.</u> ☐ Fund Raiser	Purpose: <u>Design & Printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6.15.20</u> Date	\$ <u>325-</u>
Expenditure #4 Name <u>Younique Cards</u> Address <u>See above.</u> ☐ Fund Raiser	Purpose: <u>Design & Printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6.15.20</u> Date	\$ <u>1204.00</u>
Expenditure #5 Name <u>Younique Cards</u> Address <u>See above.</u> ☐ Fund Raiser	Purpose: <u>Design & Printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6.16.20</u> Date	\$ <u>199.00</u>

Subtotal this page

2122.00

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

139908

1. Committee I. D. Number _____
2. Committee Name Committee to Elect Saima Khalil

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Donor Box</u> Address <u>website</u> <u>clonorbox.org</u> ☐ Fund Raiser	Purpose: <u>Donation</u> <u>Platform</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6.16.20</u> Date	<u>\$ 113.30</u>
Expenditure #2 Name <u>Younique Cards</u> Address <u>42816 Willsharon</u> <u>Stering Heights, MI 48314</u> ☐ Fund Raiser	Purpose: <u>Design & Printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6.24.20</u> Date	<u>\$ 1429.00</u>
Expenditure #3 Name <u>Younique Cards</u> Address <u>See Above</u> ☐ Fund Raiser	Purpose: <u>Design + Printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6.29.20</u> Date	<u>\$ 474.00</u>
Expenditure #4 Name <u>Robyn K. Fuller, CPA</u> Address <u>440 Burroughs.</u> <u>Detroit, MI 48201</u> ☐ Fund Raiser	Purpose: <u>Accountant/Finance</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7.2.20</u> Date	<u>\$ 1250.00</u>
Expenditure #5 Name <u>USPS Post Office</u> Address <u>155 S. Main St</u> <u>Mt. Clemens, MI 48046</u> ☐ Fund Raiser	Purpose: <u>Postage</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7.2.20</u> Date	<u>\$ 110.00</u>

Subtotal this page

3376.30

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

139908

1. Committee I. D. Number _____
2. Committee Name Committee to Elect Saima Khalil

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Donor Box Platform</u> Address <u>donorbox.org</u> ☐ Fund Raiser	Purpose: <u>Donation Platform</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7.6.20</u> Date	\$ <u>82.21</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>USPS</u> Address <u>155 S. Main</u> <u>Mt. Clemens, MI 48046</u> ☐ Fund Raiser	Purpose: <u>Postage</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7.6.20</u> Date	\$ <u>70-</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>Younique Cards</u> Address <u>42816 Willsharon</u> <u>Sterling Heights, MI 48314</u> ☐ Fund Raiser	Purpose: <u>Design + Printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7.7.20</u> Date	\$ <u>565-</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>Allegra Printing</u> Address <u>42120 Garfield</u> <u>Clinton Twp, MI 48038</u> ☐ Fund Raiser	Purpose: <u>Printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7.9.20</u> Date	\$ <u>238.50</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>USPS</u> Address <u>See above.</u> ☐ Fund Raiser	Purpose: <u>Postage</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7.13.20</u> Date	\$ <u>116-</u> Click Here for Memo Itemization Type

Subtotal this page

1071.71

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

139908

1. Committee I. D. Number _____
2. Committee Name Committee to Elect Saima Khalil

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Younique Cards</u> Address <u>42816 Willsharon</u> <u>Sterling Heights, MI 48314</u> ☐ Fund Raiser	Purpose: <u>Graphic Design & Printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7.14.20</u> Date	\$ <u>365.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>USPS</u> Address <u>155 . S. Main</u> <u>Mt. Clemens, MI 48046</u> ☐ Fund Raiser	Purpose: <u>Postage</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7.14.20</u> Date	\$ <u>162.-</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>Younique Cards</u> Address <u>See above</u> ☐ Fund Raiser	Purpose: <u>Design & Printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	~~<u>7.15.20</u>~~ Date	~~\$ <u>475.-</u>~~ Click Here for Memo Itemization Type <u>Listed twice</u>
Expenditure #4 Name <u>USPS South Main</u> Address <u>See above</u> ☐ Fund Raiser	Purpose: <u>Postage</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7.17.20</u> Date	\$ <u>70.00</u> 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

597.00

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

16396.78

Enter this total
on line 8a of
Summary Page