

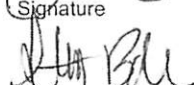


MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 139882		3. This Statement covers From: <u>07/20/20</u> to <u>08/24/20</u>	
2. Committee Name Committee to Elect Stacy Bahri		4. Candidate Last Name Bahri First Name Stacy M.I. S 4a. Office Sought Including District # or Community Served (If applicable) Macomb County Commissioner, District 5 4b. County of Residence MACOMB	
5. Committee's Mailing Address 5325 Vineyards Blvd. Sterling Heights, MI 48314 Area Code and Phone <u>(586) 489-8862</u> 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 Sylvia Bahri 5325 Vineyards Blvd. Sterling Heights, MI 48314 Area Code & Phone <u>(586) 709-5596</u>	
7. Treasurer's Business Address N/A Area Code and Phone _____		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) N/A 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 <u>08/04/20</u>		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 Sylvia Bahri Type or Print Name		Signature  Date <u>9/3/2020</u>	
Candidate Stacy Bahri Type or Print Name		Signature  Date <u>9-3-2020</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139882

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Stacy Bahri

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1,875.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1,875.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>1,875.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$324.00</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>1,304.65</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>1,304.65</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>\$5,000.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>\$0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$2,799.84</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1,875.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>4,674.84</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1,304.65</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$3,370.19</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139882
2. Committee Name Committee to Elect Stacy Bahri

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>07/20/20</u> Name & Address: <u>Leila Kello</u> <u>5735 Forman Dr.</u> <u>Bloomfield Hills, MI 48301</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Director of Development</u> Employer <u>Chaldean Community Foundation</u> Business Address <u>3601 15 Mile Rd. Sterling Heights, MI 48310</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>900.00</u>	\$ <u>1,000.00</u>
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/20/20</u> Name & Address: <u>Naim Younan</u> <u>2776 Addison Circle S.</u> <u>Rochester, MI 48306</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Fakhoury Law Firm</u> Business Address <u>225 South Main Street Floor 3, Royal Oak, MI 48067</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>500.00</u>	\$ <u>500.00</u>
		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/21/20</u> Name & Address: <u>Elias Kattoula</u> <u>7811 Turrillium Lane</u> <u>Waterford, MI 48327</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/22/20</u> Name & Address: <u>Ashley Attisha</u> <u>1570 Cass Lake Rd.</u> <u>Keego Harbor, MI 48320</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
		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 139882
2. Committee Name Committee to Elect Stacy Bahri

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>07/30/20</u> Name & Address: <u>Edward Bajoka</u> <u>4343 Mankato Ave.</u> <u>Royal Oak, MI 48073</u>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Bajoka Law Group</u> Business Address <u>8424 East 12 Mile Rd. Suite 200, Warren, MI 48093</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>08/02/20</u> Name & Address: <u>Jamie Cernek</u> <u>5050 North Broadway Unit 212</u> <u>Chicago, IL 60640</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 # 3 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	
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 \$275.00

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

\$1,875.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 139882

CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Stacy Bahri

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 <u>all</u> 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: Stacy Bahri 5325 Vineyards Blvd. Sterling Heights, MI 48314 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 <u>CRF Fine (late fee)</u> 5. Date Of Receipt: <u>08/04/20</u> 6. Vendor Name & Address: Macomb County Election Dept. 32 Market Street Mt. Clemens, MI 48043 Click Here for Memo Itemization	\$ <u>50.00</u>	\$ <u>50.00</u>
☐ Fund Raiser Contribution			
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: Stacy Bahri 5325 Vineyards Blvd. Sterling Heights, MI 48314 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 <u>Gift cards for volunteers</u> 5. Date Of Receipt: <u>08/02/20</u> 6. Vendor Name & Address: Target 2310 Metro Pkwy Sterling Heights, MI 48310 Click Here for Memo Itemization	\$ <u>40.00</u>	\$ <u>40.00</u>
☐ Fund Raiser Contribution			
Contribution #3 PAC Receipt? ☐ Yes Name & Address: Stacy Bahri 5325 Vineyards Blvd. Sterling Heights, MI 48314 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 <u>Gift cards for volunteers</u> 5. Date Of Receipt: <u>08/04/20</u> 6. Vendor Name & Address: Starbucks 2148 Metro Pkwy Sterling Heights, MI 48310 Click Here for Memo Itemization	\$ <u>30.00</u>	\$ <u>30.00</u>
☐ Fund Raiser Contribution			
Page Subtotal		\$ <u>120.00</u>	\$ <u>120.00</u>

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 139882

CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Stacy Bahri

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: Stacy Bahri 5325 Vineyards Blvd. Sterling Heights, MI 48314 If over \$100.00 cumulative, please provide: Occupation: Strategic Initiatives Manager Employer Name & Business Address: Chaldean Community Foundation 3601 15 Mile Rd. Sterling Heights, MI 48314 ☐ Fund Raiser Contribution	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 <u>Paper & Ink for Letter to Residents</u> 5. Date Of Receipt: <u>07/27/20</u> 6. Vendor Name & Address: Click Here for Memo Itemization	\$ <u>204.00</u>	\$ <u>204.00</u>
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	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 _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: Click Here for Memo Itemization	\$ _____	\$ _____
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	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 _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: Click Here for Memo Itemization	\$ _____	\$ _____

Page Subtotal \$204.00 \$204.00

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) \$324.00 SB

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139882
2. Committee Name Committee to Elect Stacy Bahri

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Joe DiSano</u> Address <u>2162 Banyon Trail</u> <u>East Lansing, MI 48823</u> ☐ Fund Raiser	Purpose: <u>Graphic Design</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/29/20</u> Date	<u>\$ 1,250.00</u>
Expenditure #2 Name <u>ActBlue Donate</u> Address <u>PO Box 441146</u> <u>Summerville, MA 02144</u> ☐ Fund Raiser	Purpose: <u>Processing Fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/05/20</u> Date	<u>\$ 18.38</u>
Expenditure #3 Name <u>Vantiv Ecommerce</u> Address <u>8500 Governors Hill Dr.</u> <u>Symmes Township, OH 45249</u> ☐ Fund Raiser	Purpose: <u>Processing Fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/11/20</u> Date	<u>\$ 36.27</u>
Expenditure #4 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page	\$1,304.65
Grand Total of all Schedules 1B (Complete on last page of Schedule)	\$1,304.65

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139882
2. Committee Name Committee to Elect Stacy Bahri

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: DiSano Strategies 2162 Banyon Trail East Lansing, MI 48823	4. Type: <u>Consulting</u> 5. <u>Date Debt Was Incurred:</u> <u>07/14/20</u> 6. <u>Original Amount of Debt:</u> \$ <u>5,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>5,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$5,000.00**

Grand Total of all Schedules 1E **\$5,000.00**
(Complete on last page of Schedule showing amounts owed by or to the committee)

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

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.