



**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

139981

2. Committee Name

Friends of Pamela David

5. Committee's Mailing Address

36818 Putnam  
Clinton Township Michigan 48035

Area Code and Phone (586) 484-8751

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.

7. Treasurer's Business Address

16558 Woodlane  
Fraser MI 48026

Area Code and Phone (586) 484-1636

3. This Statement covers From: 05/01/20 to 07/24/20

4. Candidate Last Name

David

First Name

Pamela

M.I.

4a. Office Sought Including District # or Community Served (If applicable)

Macomb County Commissioner Dist. #12

4b. County of Residence

6. Treasurer's Name & Residential Address

Marilyn Lane  
16558 Woodlane  
Fraser Michigan 48026

Area Code & Phone (586) 484-1636

8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)

MACOMB COUNTY CLERK  
MT. CLEMENS, MICHIGAN

20 JUL 24 AM 10:17

FILED

**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

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.)

Date of Election, Convention or Caucus

08/04/20

**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

Marilyn Lane

Type or Print Name

Signature

Date

07/22/20

Candidate

Pamela David

Type or Print Name

Signature

Date

07/22/20



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 139981

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Friends of Pamela David

| RECEIPTS                                                                                        |            | Column I<br>This Period | Column II<br>Cumulative this election cycle |
|-------------------------------------------------------------------------------------------------|------------|-------------------------|---------------------------------------------|
| <b>3. Contributions</b>                                                                         |            |                         |                                             |
| a. Itemized (Schedule 1A - Column 6)                                                            | (3a.) \$   | <u>13,125.00</u>        |                                             |
| b. Unitemized (less than \$20.01 each - no Schedule)                                            | (3b.) \$   | <u>NOT APPLICABLE</u>   |                                             |
| c. Subtotal of "Contributions"                                                                  | (3c.) \$   | <u>\$13,125.00</u>      | (18.) \$ <u>\$13,125.00</u>                 |
| 4. Other Receipts (Schedule 1A -1, Column 6)                                                    | (4.) \$    | <u>\$10,000.00</u>      | (19.) \$ <u>\$10,000.00</u>                 |
| <b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b><br>(Add Line 3c + Line 4)                      | (5.) \$    | <u>\$23,125.00</u>      | (20.) \$ <u>\$23,125.00</u>                 |
| <b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>                                                 |            |                         |                                             |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7)                                              | (6.) \$    | <u>\$0.00</u>           | (21.) \$ <u>\$0.00</u>                      |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6)                                              | (7.) \$    | <u>\$0.00</u>           | (22.) \$ <u>\$0.00</u>                      |
| <b>EXPENDITURES</b>                                                                             |            |                         |                                             |
| <b>8. Expenditures</b>                                                                          |            |                         |                                             |
| a. Itemized (Schedule 1B, Column 6)                                                             | (8a.) \$   | <u>\$22,792.46</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>           |                                             |
| <b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)                                  | (9.) \$    | <u>\$22,792.46</u>      | (23.) \$ <u>\$22,792.46</u>                 |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Officeholders Only)                                 |            |                         |                                             |
| <b>10. Disbursements</b>                                                                        |            |                         |                                             |
| 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>           |                                             |
| <b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Add Line 10a + Line 10b)                  | (11.) \$   | <u>\$0.00</u>           | (24.) \$ _____                              |
| <b>DEBTS AND OBLIGATIONS</b>                                                                    |            |                         |                                             |
| <b>12. Debts and Obligations</b>                                                                |            |                         |                                             |
| a. Owed by the Committee (Schedule 1E)                                                          | (12a.) \$  | <u>\$10,000.00</u>      |                                             |
| b. Owed to the Committee (Schedule 1E)                                                          | (12b.) \$  | _____                   |                                             |
| <b>BALANCE STATEMENT</b>                                                                        |            |                         |                                             |
| 13. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.) | (13.) \$   | <u>\$0.00</u>           |                                             |
| 14. Amount received during reporting period<br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ | <u>\$23,125.00</u>      |                                             |
| 15. SUBTOTAL Add lines 13 and 14                                                                | (15.) = \$ | <u>\$23,125.00</u>      |                                             |
| 16. Amount expended during reporting period<br>(Add lines 9 and 11)                             | (16.) - \$ | <u>\$22,792.46</u>      |                                             |
| <b>17. ENDING BALANCE</b><br>(Subtract line 16 from line 15)                                    | (17.) \$   | <u>\$332.54</u>         | *                                           |



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139981  
2. Committee Name Friends Of Pamela David

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 04/23/20

Name & Address:

Christina D'Alessandro  
17909 Gardenia Ln  
Clinton Township MI 48036

\$ 500.00

\$ \_\_\_\_\_

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

Occupation Realtor Employer C21

[Click Here for Memo Itemization](#)

Business Address 39750 Garfield Clinton Township MI 4808

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/09/20

Name & Address:

Doug Hagerty  
31048 Richert  
Fraser MI 48026

\$ 100.00

\$ \_\_\_\_\_

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

Occupation Security Employer Audio Sentry

[Click Here for Memo Itemization](#)

Business Address 31807 Utica Road Fraser MI 48026

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/09/20

Name & Address:

Karen Hagerty  
31048 Richert  
Fraser MI 48026

\$ 100.00

\$ \_\_\_\_\_

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

Occupation Teacher Employer Fraser School

[Click Here for Memo Itemization](#)

Business Address 34270 Garfield Fraser MI 48026

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

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

Name & Address:

Jeri Berkowitz  
7241 Inkster RD  
Bloomfield Hills MI 48301

\$ 100.00

\$ \_\_\_\_\_

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

Occupation Doctor Employer Beaumont

[Click Here for Memo Itemization](#)

Business Address 1555 E South Blvd. Rochester Hills MI 48037

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

Page Subtotal

800.00

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 139981  
2. Committee Name Friends Of Pamela David

| 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) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------|---------------------------------------------------------------------------------|
| <p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/20/20</u></p> <p>Name &amp; Address:<br/><u>Denise Sowter</u><br/><u>11892 Sara LN</u><br/><u>Washington Michigan 48094</u></p> <p>5. If over \$100.00 cumulative, please provide:<br/>Occupation <u>retired</u>      Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>                                                                                        |  | \$ <u>50.00</u>  | \$ _____                                                                        |
| <p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/07/20</u></p> <p>Name &amp; Address:<br/><u>Mark Mueller</u><br/><u>1250 Oxford</u><br/><u>Grosse Point woods Mi 48236</u></p> <p>5. If over \$100.00 cumulative, please provide:<br/>Occupation <u>Healthcare</u>      Employer <u>Owner</u></p> <p>Business Address <u>601 abbott Detroit Mi 48226</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>                                        |  | \$ <u>250.00</u> | \$ _____                                                                        |
| <p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/07/20</u></p> <p>Name &amp; Address:<br/><u>Scott Sobczyk</u><br/><u>19641 Hanna</u><br/><u>Melvindale MI 48122</u></p> <p>5. If over \$100.00 cumulative, please provide:<br/>Occupation <u>IWS sales</u>      Employer <u>Results Marketing</u></p> <p>Business Address <u>19641 Hanna Melvidale MI 48122</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>                                |  | \$ <u>250.00</u> | \$ _____                                                                        |
| <p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/07/20</u></p> <p>Name &amp; Address:<br/><u>Brian Tomlinson</u><br/><u>17140 Clinton River RD</u><br/><u>Clinton Township MI 48038</u></p> <p>5. If over \$100.00 cumulative, please provide:<br/>Occupation <u>Employment services</u>      Employer <u>Lake Shore Public School</u></p> <p>Business Address <u>28850 Harper SCS MI 48081</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p> |  | \$ <u>25.00</u>  | \$ _____                                                                        |

Page Subtotal 575.00

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 139981  
2. Committee Name Friends of Pamela David

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:

Paul Blake  
72834 Teal ct  
Bruce Twp MI 48065

\$ 1000.00

\$ \_\_\_\_\_

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

Occupation Owner Employer Blakes Orchard

Click Here for Memo Itemization

Business Address 17985 Armada Center Armada MI 48005

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

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

Name & Address

Peter Blake  
645 Sheldon Ct  
Oakland MI 48306

\$ 1000.00

\$ \_\_\_\_\_

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

Occupation Owner Employer Blakes Orchard

Click Here for Memo Itemization

Business Address 17985 Armada Center Armada MI 48005

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

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

Name & Address:

Raymond Contesti  
39209 Columbia  
Harrison Twp MI 48045

\$ 1000.00

\$ \_\_\_\_\_

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

Occupation Construction Management Employer Roncelli Inc

Click Here for Memo Itemization

Business Address 6471 metro Parkway sterling Heights MI 48312

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

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

Name & Address

Yvonne Contesti  
39209 Columbia  
Harrison Twp MI 48045

\$ 1000.00

\$ \_\_\_\_\_

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

Occupation Manager Employer Vintage House

Click Here for Memo Itemization

Business Address 31816 Utica Road Fraser MI 48026

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

Page Subtotal 4000.00

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

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ITEMIZED CONTRIBUTIONS  
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CANDIDATE COMMITTEE

1. Committee I.D. Number 139981  
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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:

Andrew Blake  
68862 Wolcott Rd  
Ray Twp MI 48096

\$ 1000.00

\$ \_\_\_\_\_

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

Occupation Owner Employer Blakes Orchard

Click Here for Memo Itemization

Business Address 17985 Arnada Center Armads MI 48005

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/21/20

Name & Address:

Thomas Wickersham  
14863 Towering Oaks Dr  
shelby Twp MI 48315

\$ 1000.00

\$ \_\_\_\_\_

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

Occupation CFO Employer Roncelli Inc

Click Here for Memo Itemization

Business Address 6471 Metro Parkway Sterling Heights MI 48312

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

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 06/21/20

Name & Address:

Linda Wickersham  
14863 Towering Oaks  
Shelby Twp MI 48315

\$ 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 06/18/20

Name & Address:

Gary Roncelli  
69900 Hickes  
Armada MI 48005

\$ 1000.00

\$ \_\_\_\_\_

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

Occupation Owner Employer Roncelli Inc

Click Here for Memo Itemization

Business Address 6471 Metro Parkway Sterling Heights MI 48312

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

Page Subtotal

4000.00

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

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Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139981  
2. Committee Name Friends of Pamela David

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6. Amount

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

3. Contribution # 1 PAC Receipt? ☒ YES 4. Date of Receipt 06/02/20

Name & Address:

Michael Aaron  
Laborers' Local Union 1191  
1118 Centennial Way Ste 100  
Lansing Michigan 48917

\$ 500.00

\$ \_\_\_\_\_

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

Occupation Business Manager Employer Laboers' Local Union 1191

[Click Here for Memo Itemization](#)

Business Address 2161 West Grand Blvd detroit MI 48208

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

3. Contribution #2 PAC Receipt? ☒ YES 4. Date of Receipt \_\_\_\_\_

Name & Address

Lisa Canada  
MI Reg. council of Carpenters  
400 Tower Renaissance center Ste 1010  
Detroit MI 48243

\$ 1000.00

\$ \_\_\_\_\_

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

Occupation Political Director Employer MI Reg. Council of Carpenters

[Click Here for Memo Itemization](#)

Business Address 400 Tower Renaissance Center Ste 1010 Det. MI 48243

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 06/25/20

Name & Address:

Benjamin Hoppe  
45830 Lookout  
Macomb MI 48044

\$ 200.00

\$ \_\_\_\_\_

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

Occupation Public Safety Office Employer City of Fraser

[Click Here for Memo Itemization](#)

Business Address 33000 Garfield Fraser MI 48026

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 07/13/20

Name & Address

Jill Alper  
17000 Kercheval Ave  
Grosse Pointe MI 48230

\$ 50.00

\$ \_\_\_\_\_

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

Occupation Owner Employer Alper Strategies

[Click Here for Memo Itemization](#)

Business Address 17000 Kercheval Ave Ste 211 Grosse Pointe MI 48230

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

Page Subtotal

1750-

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 139981  
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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:

Sharon Roncelli  
69900 Hicks Road  
Armada MI 48005

\$ 1000.00

\$ \_\_\_\_\_

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

Occupation Owner Employer Roncelli Inc

Click Here for Memo Itemization

Business Address 6471 Metro Parkway Sterling Heights MI 48312

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

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

Name & Address

Hank Riberas  
4607 Barcroft  
sterling Heights MI 48310

\$ 1000.00

\$ \_\_\_\_\_

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

Occupation R.E. Manager Employer Roncelli Inc.

Click Here for Memo Itemization

Business Address 6471 metro Parkway Sterling Heights MI 48312

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

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

Name & Address:

Pamela David  
36818 Putnam  
Clinton Township MI 48035

\$ 10000.00

\$ \_\_\_\_\_

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

Occupation Teacher Employer MISD

Click Here for Memo Itemization

Business Address 44001 Garfield Clinton Township MI 48038

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

12,000 -

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139981  
2. Committee Name Friends of Pamela David

| 3. Name and address of person or vendor to whom paid                                                                                                                           | 4. Purpose (Required Information)                                                                                                                          | 5. Date                 | 6. Amount                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------------------------|
| <b>Expenditure #1</b><br>Name <b>CVS</b><br><br>Address<br><b>33021 Garfield<br/>Fraser MI 48026</b><br><br><input type="checkbox"/> Fund Raiser                               | Purpose: <u>Face Mask</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement    | <u>07/16/20</u><br>Date | \$ <u>59.06</u><br><br>Click Here for Memo Itemization Type   |
| <b>Expenditure #2</b><br>Name <b>Salt Fee</b><br><br>Address<br><b>17986 Klein<br/>Fraser MI 48026</b><br><br><input type="checkbox"/> Fund Raiser                             | Purpose: <u>Web Designer</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>06/29/20</u><br>Date | \$ <u>780.00</u><br><br>Click Here for Memo Itemization Type  |
| <b>Expenditure #3</b><br>Name <b>06/23/20</b><br><br>Address<br><b>Inland Press<br/>2001 W Lafayette Blvd<br/>Detroit MI 48216</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>Mailers</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement      | <u>06/23/20</u><br>Date | \$ <u>3824.22</u><br><br>Click Here for Memo Itemization Type |
| <b>Expenditure #4</b><br>Name <b>Inland Press</b><br><br>Address<br><b>2001 W Lafayette Blvd<br/>Detroit MI 48216</b><br><br><input type="checkbox"/> Fund Raiser              | Purpose: <u>Mailers</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement      | <u>06/15/20</u><br>Date | \$ <u>4205.68</u><br><br>Click Here for Memo Itemization Type |
| <b>Expenditure #5</b><br>Name <b>C&amp;G Publishing</b><br><br>Address<br><b>13650 11 Mile Road<br/>Warren MI 48089</b><br><br><input type="checkbox"/> Fund Raiser            | Purpose: <u>Ad</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement           | <u>06/17/20</u><br>Date | \$ <u>884.00</u><br><br>Click Here for Memo Itemization Type  |

Subtotal this page

9752.96

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 139981  
 2. Committee Name Friends of Pamela David

| 3. Name and address of person or vendor to whom paid                                                                                                       | 4. Purpose (Required Information)                                                                                                                     | 5. Date                 | 6. Amount                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| Expenditure #1<br>Name <b>American Graphics</b><br><br>Address<br>34895 Groesbeck<br>Clinton Township MI 48035<br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>Signs</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement   | <u>06/17/20</u><br>Date | <u>\$ 980.50</u><br><br>Click Here for Memo Itemization Type     |
| Expenditure #2<br>Name <b>Inland Press</b><br><br>Address<br>2001 W Lafayette Blvd<br>Detroit MI 48216<br><br><input type="checkbox"/> Fund Raiser         | Purpose: <u>Mailers</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>06/25/20</u><br>Date | <u>\$ 3806.15</u><br><br>Click Here for Memo Itemization Type    |
| Expenditure #3<br>Name <b>Inland Press</b><br><br>Address<br>2001 W Lafayette Blvd<br>Detroit MI 48216<br><br><input type="checkbox"/> Fund Raiser         | Purpose: <u>Mailer</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement  | <u>07/13/20</u><br>Date | <u>\$ 4075.69</u><br><br>Click Here for Memo Itemization Type  |
| Expenditure #4<br>Name <b>American Graphics</b><br><br>Address<br>34895 Groesbeck<br>Clinton Township MI 48035<br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>Mailing</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>07/19/20</u><br>Date | <u>\$ 2885.02</u><br><br>Click Here for Memo Itemization Type  |
| Expenditure #5<br>Name <b>American Graphics</b><br><br>Address<br>34895 Groesbeck<br>Clinton Township MI 48035<br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>Mailing</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>07/19/20</u><br>Date | <u>\$ 1292.14</u><br><br>Click Here for Memo Itemization Type  |

Subtotal this page 13039.50  
 Grand Total of all Schedules 1B  
 (Complete on last page of Schedule)

Enter this total  
 on line 8a of  
 Summary Page



**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 139981  
2. Committee Name Friends of Pamela David

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.<br><br>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)<br>5. Indicate date debt was incurred<br>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? <input type="checkbox"/> Yes<br>Owed to or by:<br>Pamela David<br>36818 Putnam<br>Clinton Township Mi 48035                                                                                                                                                    | 4. Type: <u>Personal Loan</u><br>5. <u>Date Debt Was Incurred:</u><br><u>06/11/20</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>10,000.00</u> | \$<br>\$<br>\$<br>\$<br>\$         | \$                                    | \$ <u>10,000.00</u><br><input type="checkbox"/> FORGIVEN             |
| If bank loan, name of endorser or guarantor: _____                                                                                                                                                                                                                           |                                                                                                                                                    | Amount Endorsed: \$ _____          |                                       |                                                                      |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:                                                                                                                                                                                                                 | 4. Type: _____<br>5. <u>Date Debt Was Incurred:</u><br>_____<br>6. <u>Original Amount of Debt:</u><br>\$ _____                                     | \$<br>\$<br>\$<br>\$<br>\$         | \$                                    | \$<br><input type="checkbox"/> FORGIVEN                              |
| If bank loan, name of endorser or guarantor: _____                                                                                                                                                                                                                           |                                                                                                                                                    | Amount Endorsed: \$ _____          |                                       |                                                                      |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:                                                                                                                                                                                                                 | 4. Type: _____<br>5. <u>Date Debt Was Incurred:</u><br>_____<br>6. <u>Original Amount of Debt:</u><br>\$ _____                                     | \$<br>\$<br>\$<br>\$<br>\$         | \$                                    | \$<br><input type="checkbox"/> FORGIVEN                              |
| If bank loan, name of endorser or guarantor: _____                                                                                                                                                                                                                           |                                                                                                                                                    | Amount Endorsed: \$ _____          |                                       |                                                                      |

Page Subtotal (Outstanding debt)

**\$10,000.00**

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

**\$10,000.00**

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.