



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE
COVER PAGE

FOR OFFICIAL USE ONLY

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

1. Committee I.D. Number 139870		3. This Statement covers From: 8-25-2020 to 10-18-2020	
2. Committee Name Mary A Chrzanowski For Prosecutor		4. Candidate Last Name Chrzanowski First Name Mary M.I. A 4a. Office Sought Including District # or Community Served (If applicable) Prosecuting Attorney	
5. Committee's Mailing Address 74 Market St Mt. Clemens, MI 48043 Area Code and Phone (586) 246-7459 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		4b. County of Residence MACOMB 6. Treasurer's Name & Residential Address Stephen Becker 74 Market St Mt. Clemens, MI 48043 Area Code & Phone (586) 615-5617	
7. Treasurer's Business Address 74 Market St Mt. Clemens, MI 48043 Area Code and Phone (586) 615-5617		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. ☒ Pre-Election OR 9b. ☐ Post-Election Pre-Election or Post-Election Statement relates to: ☐ Primary ☒ General ☐ Convention ☐ Special ☐ School ☐ Caucus Date of Election, Convention or Caucus 11-3-2020		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 Stephen Becker Type or Print Name		Signature _____ Date _____	
Candidate Mary A Chrzanowski Type or Print Name		Signature _____ Date 10-21-2020	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139870

2. Committee Name Mary A Chrzanowski for Prosecutor

**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>43,235.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$43,235.00</u>	(18.) \$ <u>\$117,125.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>\$0.00</u>	(19.) \$ <u>\$1,029.05</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$43,235.00</u>	(20.) \$ <u>\$118,154.05</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$439.00</u>	(21.) \$ <u>\$1,259.65</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$23,633.70</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>\$23,633.70</u>	(23.) \$ <u>\$89,463.98</u>
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.) \$ <u>\$0.00</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$50,320.23</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>\$9,088.77</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$43,235.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$52,322.77</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$23,633.70</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$28,690.07</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

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

6. Amount

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

3. Contribution #1 PAC Receipt? ☐ YES

4. Date of Receipt 10/14/20

Name & Address:

Labuhn, Michael
57248 White Oaks
Washington, MI 48094

\$ 25.00

\$ _____

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 #2 PAC Receipt? ☒ YES

4. Date of Receipt _____

Name & Address

UAW Michigan V-PAC
8000 E Jefferson
Detroit, MI 48214

\$ 10,000.00

\$ _____

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 09/25/20

Name & Address:

Sheet Metal Workers Local 80 PAC
17100 West Twelve Mile Rd, 2nd FL
Southfield, MI 48076

\$ 500.00

\$ _____

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 #4 PAC Receipt? ☒ YES

4. Date of Receipt 10/06/20

Name & Address

Sheet Metal Workers Local 80 PAC
17100 West Twelve Mile Rd, 2nd FL
Southfield, MI 48076

\$ 1000.00

\$ 1500.00

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

Page Subtotal

11525.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☒ YES 4. Date of Receipt <u>10/06/20</u> Name & Address: <u>Utica Public Affairs Committee</u> <u>13969 Plumbrook</u> <u>Sterling Hts., MI 48312</u>		\$ <u>500.00</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 v	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/24/20</u> Name & Address: <u>Lacey, Michael J</u> <u>66 Market St., Ste 200</u> <u>Mt Clemens, MI 48043</u>		\$ <u>100.00</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 v	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/07/20</u> Name & Address: <u>FEMS FOR DEMS PAC</u> <u>2590 Kent Ridge Ct</u> <u>Bloomfield, MI 48301</u>		\$ <u>500.00</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 v	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/04/20</u> Name & Address: <u>Sabaugh, Carmella</u> <u>4133 Norwich Court</u> <u>Rochester Hills, MI 48306</u>		\$ <u>1000.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>N/A</u> Business Address <u>N/A</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization v	

Page Subtotal \$2,100.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/15/20</u> Name & Address: <u>Frontczak, Frank M</u> <u>53618 Paul Wood Dr</u> <u>Macomb, MI 48042</u>		\$ <u>500.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>50258 Van Dyke Ave., Shelby Twp., MI 48317</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>09/11/20</u> Name & Address: <u>Fischer, Christopher</u> <u>48 Market St., Ste 2B</u> <u>Mt. Clemens, MI 48043</u>		\$ <u>500.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Fishcer, Hoyumpa, Garon</u> Business Address <u>48 Market St., Ste 2B, Mt. Clemens, MI 48043</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>09/14/20</u> Name & Address: <u>Chiamp, Carole L</u> <u>31175 Fromm Ct</u> <u>Bingham Farms, MI 48025</u>		\$ <u>200.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Chiamp & Associates PC</u> Business Address <u>607 Shelby St. Ste 550, Detroit, MI 48226</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>09/12/20</u> Name & Address: <u>Andorfer, Corina P</u> <u>P.O. Box 248</u> <u>Remus, MI 49340</u>		\$ <u>100.00</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 **\$1,300.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/14/20</u>	
Name & Address: <u>LALONDE, Joyce</u> <u>24801 Rosalind Ave</u> <u>Eastpointe, MI 48021</u>		\$ <u>100.00</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 v	
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/17/20</u>	
Name & Address: <u>LALONDE, Leo</u> <u>24801 Rosalind Ave</u> <u>Eastpointe, MI 48021</u>		\$ <u>250.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>N/A</u> Business Address <u>N/A</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/07/20</u>	
Name & Address: <u>SLAGER, Drew</u> <u>28225 Mound</u> <u>Warren, MI 48092</u>		\$ <u>500.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Mancine, Schreuder, Kline PC</u> Business Address <u>28225 Mound Rd, Warren, MI 48092</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/07/20</u>	
Name & Address: <u>Dennis, Michael</u> <u>32406 Birkshire</u> <u>St. Clair Shores, MI 48082</u>		\$ <u>500.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Mancini, Schreuder, Kline PC</u> Business Address <u>28225 Mound Rd, Warren, MI 48092</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization v	

Page Subtotal **\$1,350.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report 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 10/07/20

Name & Address:

Sophiea, David
27586 David Givens Street
Warren, MI 48092

\$ 250.00

\$ _____

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

Occupation Accounting Controller Employer Mancini, Schreuder, Kline PC

Click Here for Memo Itemization ☐

Business Address 28225 Mound Rd, Warren, MI 48092

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/07/20

Name & Address

Schreuder, Ellen G
5290 Grayton St
Detroit, MI 48224

\$ 750.00

\$ 1750.00

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

Occupation Attorney Employer Mancini, Schreuder Kline PC

Click Here for Memo Itemization ☐

Business Address 28225 Mound Rd., Warren, MI 48092

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/07/20

Name & Address:

Manna, Jibran
33060 Northwestern Highway
West Bloomfield, MI 48322

\$ 1000.00

\$ 1200.00

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

Occupation Real Estate Broker Employer Self

Click Here for Memo Itemization ☐

Business Address 33060 Northwestern Highway, West Bloomfield, MI 48322

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/07/20

Name & Address

Mancini, Donna
3170 Jefferson Ave
St Clair Shores, MI 48082

\$ 1000.00

\$ _____

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

Occupation Retired Employer N/A

Click Here for Memo Itemization ☐

Business Address N/A

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

Page Subtotal **\$3,000.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

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

6. Amount

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

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/29/20

Name & Address:

Portuesi, David
62000 Kunstman Rd
Ray, MI 48096

\$ 200.00

\$ _____

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

Occupation Attorney Employer Self

Click Here for Memo Itemization

Business Address 62000 Kunstman Rd, Ray, MI 48096

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 09/01/20

Name & Address

Strunk, Sheila
24106 Meadowbridge
Clinton Township, MI 48035

\$ 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 08/27/20

Name & Address:

Manna, Jibran
33060 Northwestern Highway
West Bloomfield, MI 48322

\$ 200.00

\$ _____

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

Occupation Real Estate Broker Employer Self

Click Here for Memo Itemization

Business Address 33060 Northwestern Highway, West Bloomfield, MI 48322

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 09/02/20

Name & Address

Miller, James T
22837 Amherst St
St Clair Shores, MI 48081

\$ 300.00

\$ _____

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

Occupation Attorney Employer Self

Click Here for Memo Itemization

Business Address 22837 Amherst St, St. Clair Shores, MI 48081

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

Page Subtotal \$750.00

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/02/20</u> Name & Address: <u>Dorian, Carolyn M</u> <u>35900 Gratiot</u> <u>Clinton Township, MI 48035</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner/Dorian Ford</u> Employer <u>Mike Dorian Ford</u> Business Address <u>35900 Gratiot Ave, Clinton Township, MI 48035</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>500.00</u>	\$ _____
		Click Here for Memo Itemization v	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/02/20</u> Name & Address: <u>Dorian, Michael V</u> <u>2215 N Vermont Ave</u> <u>Royal Oak, MI 48073</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner/Dorian Ford</u> Employer <u>Mike Dorian Ford</u> Business Address <u>35900 Gratiot Ave, Clinton Township, MI 48035</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>500.00</u>	\$ _____
		Click Here for Memo Itemization v	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/12/20</u> Name & Address: <u>Chrzanowski, Robert J</u> <u>11359 Greentree Dr</u> <u>Warren, MI 48093</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>N/A</u> Business Address <u>N/A</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>300.00</u>	\$ <u>600.00</u>
		Click Here for Memo Itemization v	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/21/20</u> Name & Address: <u>Davidson, Lynn</u> <u>20800 Parkplace Ln</u> <u>Clinton Township, MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>N/A</u> Business Address <u>N/A</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>250.00</u>	\$ <u>500.00</u>
		Click Here for Memo Itemization v	

Page Subtotal \$1,550.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

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 09/20/20

Name & Address:

Beasley, Karen L
1157 Sandy Ridge
Rochester Hills, MI 48306

\$ 500.00

\$ 1000.00

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

Occupation Medical Doctor Employer Comerstone-Schoenherr Famly Practice

Business Address 13350 24 Mile Rd., Shelby Township, MI 48315

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

Name & Address

Sellers, Rebekah
38431 Foxcroft
Harrison Township, MI 48043

\$ 150.00

\$

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

Occupation Attorney Employer Macomb County Friend of Court

Business Address 1 S Main St, Mt Clemens, MI 48043

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 09/12/20

Name & Address:

Tirrell, David
292 Jones St
Mt Clemens, MI 48043

\$ 250.00

\$ 375.00

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

Occupation Manager Employer Macomb County Habitat For Humanity

Business Address 25 N Main Street, Mt Clemens, MI 48043

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 09/07/20

Name & Address

Harrison, Culver
430 Cloverly
Grosse Pointe Farms, MI 48236

\$ 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

Page Subtotal \$925.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/20</u> Name & Address: <u>Tolla, Sammer</u> <u>7106 Park Terrace Ln</u> <u>Utica, MI 48317</u>		<u>\$ 500.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Realtor</u> Employer <u>Community Choice Realty</u> Business Address <u>2107 E 14 Mile Rd., Suite 100, Sterling Hts., MI 48310</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/20</u> Name & Address: <u>Mansour, Sam</u> <u>3743 New Boston Dr</u> <u>Sterling Hts., MI 48310</u>		<u>\$ 150.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Residential & Commercial Specialist</u> Employer <u>Century 21</u> Business Address <u>40682 Ryan Rd., Sterling Hts., MI 48310</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/20</u> Name & Address: <u>Nick Najjar</u> <u>436 Mayapple Ct</u> <u>Rochester Hills, MI</u>		<u>\$ 250.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Real Estate Professional</u> Employer <u>New Michigan Realty</u> Business Address <u>850 Stephenson Hwy., Suite 115, Troy, MI 48083</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/20</u> Name & Address: <u>Arthur Choulagh</u> <u>3072 Mangrove Dr</u> <u>Sterling Hts., MI 48314</u>		<u>\$ 150.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>N/A</u> Business Address <u>N/A</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization v	

Page Subtotal **\$1,050.00**

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

Enter this total on
line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

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>09/26/20</u> Name & Address: Samira N Choulagh 43798 Holmes Dr Sterling Hts., MI 48314 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>N/A</u> Business Address <u>N/A</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>200.00</u>	\$ _____
		Click Here for Memo Itemization ▼	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/20</u> Name & Address: Abeer Choulagh 38970 Faith Dr Sterling Hts., MI 48310 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>North Vally Liquor</u> Business Address <u>25950 S Knollwood Dr., Chesterfield, MI 48051</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>250.00</u>	\$ _____
		Click Here for Memo Itemization ▼	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/20</u> Name & Address: Marvin Karana 4430 Woodridge Ct Waterford, MI 48328 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self/Karana Law</u> Business Address <u>29500 Telegraph Rd., Ste. 250, Southfield, MI 48034</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>500.00</u>	\$ _____
		Click Here for Memo Itemization ▼	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/20</u> Name & Address: Mark Dabish 6705 Carlyle Ct West Bloomfield, MI 48322 5. If over \$100.00 cumulative, please provide: Occupation <u>Real Estate Investment</u> Employer <u>MDMS Group LLC</u> Business Address <u>6705 Carlyle Ct., West Bloomfield, MI 48322</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>200.00</u>	\$ _____
		Click Here for Memo Itemization ▼	

Page Subtotal **\$1,150.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/18/20</u>	
Name & Address: <u>Kyle Paskulovich</u> <u>20859 Summerfield</u> <u>Macomb, MI 48044</u>		\$ <u>20.00</u>	\$ <u>40.00</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 v	
3. Contribution # 2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/14/20</u>	
Name & Address: <u>Carole Chi</u> <u>35325 Moravian Dr</u> <u>Sterling Hts., MI 48312</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 v	
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/13/20</u>	
Name & Address: <u>Brian Nicholas</u> <u>160 W Tacoma</u> <u>Clawson, MI 48017</u>		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Macomb County</u> Business Address <u>10 North Main St., Mt. Clemens, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/12/20</u>	
Name & Address: <u>Carol Hogan</u> <u>26653 Tom Allen Drive</u> <u>Warren, MI 48089</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 v	

Page Subtotal **\$170.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/11/20</u> Name & Address: Judy Pritchett 62823 Tournament Dr Washington Twp., MI 48094		\$ 50.00	\$ _____
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 # 2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/11/20</u> Name & Address: Jeffifer Nowaczok-Miller 162 Riverside Dr. Mt. Clemens, MI 48043		\$ 250.00	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>MEA</u> Business Address <u>1350 Kendale Blvd., East Lansing, MI 48223</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>10/11/20</u> Name & Address: Jennifer Goulah 3756 Norbert Warren, MI 48091		\$ 100.00	\$ _____
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 <u>10/10/20</u> Name & Address: James Kopas 126 New Street Mt. Clemens, MI 48043		\$ 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 ▼	

Page Subtotal **\$425.00**

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

Enter this total on
line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/06/20</u> Name & Address: McNeely, Christopher 1700 W. Hamlin Rd., Suite 100 Rochester Hills, MI 49309		\$ 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 v	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/06/20</u> Name & Address: Kniaz, Leon 14016 Pernell Sterling Hts., MI 48313		\$ 250.00	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Not Employed</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/06/20</u> Name & Address: May, Jeff 24146 Patricia Ave Warren, MI 48091		\$ 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 v	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/05/20</u> Name & Address: Cynowa, Gary 45451 Fielding St Macomb, MI 48042		\$ 100.00	\$ _____
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 v	

Page Subtotal **\$400.00**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/05/20</u> Name & Address: Sabaugh, Richard 14712 Emerson Drive Sterling, Hts., MI 48312		\$ <u>100.00</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 v	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/05/20</u> Name & Address: Colling, Dan 22616 Raymond St St Clair Shores, MI 48082		\$ <u>100.00</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 v	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/05/20</u> Name & Address: DeMonaco, Cardi 23225 Oakwood Eastpointe, MI 48021		\$ <u>100.00</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 v	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/04/20</u> Name & Address: Ciechorski, Tim 227E. 12 Mile #8 Royal Oak, MI 48073		\$ <u>100.00</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 v	

Page Subtotal **\$400.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/18/20</u> Name & Address: <u>Rice, Katrina</u> <u>39 Canfield</u> <u>Mt Clemens, MI 48043</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>09/17/20</u> Name & Address: <u>Diegel, Mary Jo</u> <u>3270 Grandview Court</u> <u>Shelby Township, MI 48316</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>09/14/20</u> Name & Address: <u>Schmitz, Diane</u> <u>799 Chippewa</u> <u>Mt Clemens, MI 48043</u>		\$ <u>100.00</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>09/14/20</u> Name & Address: <u>Al Chiamp</u> <u>7912 Glacier Club Drive</u> <u>Washington, MI 48094</u>		\$ <u>250.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>N/A</u> Business Address <u>N/A</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization ▼	

Page Subtotal **\$425.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/20</u> Name & Address: <u>Quinn, John</u> <u>2003 Military Street</u> <u>Detroit, MI 48209</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>09/25/20</u> Name & Address: <u>Breckenridge, Marc</u> <u>3332 Endsleigh Lane</u> <u>Ypsilanti, MI 48197</u>		\$ <u>100.00</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>09/22/20</u> Name & Address: <u>Lyon, Jennifer</u> <u>20924 Ivy Circle</u> <u>Macomb, MI 48044</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>09/21/20</u> Name & Address: <u>Galen, Kathleen</u> <u>28479 Hoover</u> <u>Warren, MI 48093</u>		\$ <u>150.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>28479 Hoover, Warren, MI 48093</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization ▼	

Page Subtotal **\$325.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/04/20</u> Name & Address: Feringa, Craig 59 North Walnut St, Suite 201 Mt Clemens, MI 48043		\$ <u>100.00</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>09/04/20</u> Name & Address: Dsouza, Lloyd 5555 Melrose Manhattan Beach, CA 90038		\$ <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 <u>09/04/20</u> Name & Address: Ho, Judy 655 24th Pl Hermosa Beach, CA 90254		\$ <u>1000.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Psychologist</u> Employer <u>Self</u> Business Address <u>655 24th Pl., Hermosa Beach, CA 90254</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>10/07/20</u> Name & Address: AFSCME 1625 L Street N.W. Washington, DC 20036		\$ <u>5000.00</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 **\$6,125.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/25/20</u> Name & Address: Urbani & Marshall, PC Anthony Urbani 42500 Hayes Rd., Ste 100 Clinton Township, MI 48038		\$ <u>100.00</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>09/01/20</u> Name & Address: Femminineo Attorneys, PLLC David Femminineo 110 South Main St Mt Clemens, MI 48043		\$ <u>250.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Femminineo Attorneys, PLLC</u> Business Address <u>110 South Main St, Mt Clemens, MI 48043</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>10/01/20</u> Name & Address: Laura K McLennan 27331 El Capitan Dr Warren, MI 48092		\$ <u>1500.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Secretary</u> Employer <u>Mortgage One Financing</u> Business Address <u>44456 Mound Rd., Sterling Hts., MI 48314</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>09/25/20</u> Name & Address: Mark Workens 34083 Lotties Chesterfield, MI 48047		\$ <u>1500.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Mortgage Broker/Owner</u> Employer <u>Mortgage One Financing</u> Business Address <u>44456 Mound Rd., Sterling Hts., MI 48314</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$3,350.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/17/20</u> Name & Address: <u>Hany Gorgis Choulagh</u> <u>48568 Amber Ln</u> <u>Shelby Twp., MI 48315</u>		\$ <u>250.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Language Analyst</u> Employer <u>US Department of Justice</u> Business Address <u>477 Michigan Ave., Suite 2600, Detroit, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/20</u> Name & Address: <u>Hany Gorgis Choulagh</u> <u>48568 Amber Ln</u> <u>Shelby Twp., MI 48315</u>		\$ <u>600.00</u>	\$ <u>1057.22</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Language Analyst</u> Employer <u>US Department of Justice</u> Business Address <u>477 Michigan Ave., Suite 2600, Detroit, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/18/20</u> Name & Address: <u>Adam Roths</u> <u>174 Hale</u> <u>Elmhurst, IL 60126</u>		\$ <u>5.00</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 v	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/18/20</u> Name & Address: <u>Jacomb Hyde</u> <u>21220 Parkstone Drive</u> <u>Macomb, MI 48044</u>		\$ <u>10.00</u>	\$ <u>30.00</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 v	

Page Subtotal **\$865.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/17/20</u> Name & Address: Jerjis, Nawar 7051 Wild Ridge Ln West Bloomfield, MI 48322 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>8th Street Wellness</u> Business Address <u>11129 E 8 Mile, Warren, MI 48089</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>500.00</u>	\$ _____
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/17/20</u> Name & Address: Kado, Steven 6242 Berwick Dr West Bloomfield, MI 48322 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>MNS Stephens Ventures</u> Business Address <u>13159 Stephen, Warren MI 48089</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>500.00</u>	\$ _____
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/17/20</u> Name & Address: Papandrea, Ronald 30315 Austin Dr Warren, MI 48092 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>30315 Austin Dr., Warren, MI 48092</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>100.00</u>	\$ <u>323.20</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/17/20</u> Name & Address: Saco, Sandino 8143 Promenade Dr Shelby Twp., MI 48316 5. If over \$100.00 cumulative, please provide: Occupation <u>Sales</u> Employer <u>Hot Wheel City</u> Business Address <u>33925 Gratiot Ave., Clinton Township, MI 48035</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>500.00</u>	\$ _____

Page Subtotal **\$1,600.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <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>09/04/20</u> Name & Address: <u>Mirza, Bilal</u> <u>43702 Grouse Dr</u> <u>Clinton Township, MI 48038</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 v	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/04/20</u> Name & Address: <u>Miller, Sheila</u> <u>17671 Maisons Dr</u> <u>Clinton Township, MI 48036</u>		\$ <u>100.00</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 v	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/04/20</u> Name & Address: <u>Steinberg, Michael</u> <u>319 N Gratiot Ave</u> <u>Mt Clemens, MI 48043</u>		\$ <u>100.00</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 v	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/04/20</u> Name & Address: <u>Walton, Paul</u> <u>1200 N Telegraph Rd</u> <u>Pontiac, MI 48341</u>		\$ <u>500.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Assistant Prosecuting Attorney</u> Employer <u>Oakland County Michigan</u> Business Address <u>1200 N Telegraph Rd, Pontiac, MI 48341</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization v	

Page Subtotal **\$725.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <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>09/02/20</u> Name & Address: <u>Servitto, Deborah</u> <u>201 W Big Beaver Rd., Suite 800</u> <u>Troy, MI 48084</u>		\$ <u>750.00</u>	\$ <u>1500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Judge</u> Employer <u>MI Court of Appeals</u> Business Address <u>201 W Big Beaver Rd., Suite 800, Troy, MI 48084</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/02/20</u> Name & Address: <u>Cassidy, Paul</u> <u>4685 Green Dr.</u> <u>Harsens Island, MI 48028</u>		\$ <u>1000.00</u>	\$ <u>2000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>51150 Washington, New Baltimore, MI 48047</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>09/04/20</u> Name & Address: <u>McIntosh, Melissa</u> <u>4740 12th Ave N</u> <u>St Petersburg, FL 33713</u>		\$ <u>300.00</u>	\$ <u>550.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Administrative Law Judge</u> Employer <u>United States of America</u> Business Address <u>4925 Independence Pkwy., Ste., 200, Tampa, FL 33634</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>09/05/20</u> Name & Address: <u>McIntosh, Melissa</u> <u>4740 12th Ave N</u> <u>St Petersburg, FL 33713</u>		\$ <u>200.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Administrative Law Judge</u> Employer <u>United States of America</u> Business Address <u>4925 Independence Pkwy., Ste., 200, Tampa, FL 33634</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$2,250.00**

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 139870
2. Committee Name Mary A Chrzanowski for Prosecutor

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/10/20</u> Name & Address: <u>Iacobelli, Wendy</u> <u>53639 Christy Dr</u> <u>Chesterfield, MI 48051</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Homemaker</u> Employer <u>Self</u> Business Address <u>N/A</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>1000.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/09/20</u> Name & Address: <u>Mark Makoski</u> <u>28479 Hoover Rd.</u> <u>Warren, MI 48093</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>	\$ _____ Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/12/20</u> Name & Address: <u>Shirely Swieczkowski</u> <u>26301 Cubberness</u> <u>St Clair Shores, MI 48081</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>25.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/14/20</u> Name & Address: <u>David Tirsell</u> <u>292 Jones St</u> <u>Mt Clemens, MI 48043</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Manager</u> Employer <u>Macomb County Habitat for Humanity</u> Business Address <u>25 N Main St., Mt Clemens, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>350.00</u>	\$ <u>725.00</u> Click Here for Memo Itemization

Page Subtotal **\$1,475.00**

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

\$43,235.00

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line 3a of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 139870

2. Committee Name Mary A Chrzanowski for Prosecutor

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: Papandrea, Ronald 30315 Austin Dr Warren, MI 48092 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: Self Employed Attorney 30315 Austin Dr Warren, MI 48092 ☒ 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>Cost of Breakfast held 09-17-2020</u> 5. Date Of Receipt: <u>09/17/20</u> 6. Vendor Name & Address: Simple Palate 27380 Van Dyke Ave Warren, MI 48093 Click Here for Memo Itemization	\$ <u>232.20</u>	\$ <u>323.20</u>
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: Hany Gorgis Choulagh 48568 Amber Ln Shelby Twp., MI 48315 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: US Department of Justice 477 Michigan Ave., Suite 2600 Detroit, MI 48226 ☒ 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>Cost of Breakfast held 09-26-2020</u> 5. Date Of Receipt: <u>09/26/20</u> 6. Vendor Name & Address: Honey Tree Restaurant 44667 Mound Rd Sterling Hts., MI 48314 Click Here for Memo Itemization	\$ <u>207.22</u>	\$ <u>1057.22</u>
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 **\$439.42** **\$1,380.42**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **\$439.42**

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Macomb County Democratic Party Address P.O. Box 46699 Mt Clemen, MI 48046 ☐ Fund Raiser	Purpose: <u>Donation</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/08/20</u> Date	<u>\$ 10000.00</u> Click Here for Memo Itemization Type ☐
Expenditure #2 Name Act Blue Address 366 Summer St Somerville, MA 02144 ☐ Fund Raiser	Purpose: <u>Service Fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/05/20</u> Date	<u>\$ 31.89</u> Click Here for Memo Itemization Type ☐
Expenditure #3 Name Lake Breeze Family Resturant Address 35450 Jefferson Ave Harrison Township, MI 48045 ☐ Fund Raiser	Purpose: <u>Committee Lunch</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/07/20</u> Date	<u>\$ 29.56</u> Click Here for Memo Itemization Type ☐
Expenditure #4 Name American Graphics Address 34895 Groesbeck Clinton Township, MI 48035 ☐ Fund Raiser	Purpose: <u>Mailer, Letterhead, Envelopes</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/18/20</u> Date	<u>\$ 1869.84</u> Click Here for Memo Itemization Type ☐
Expenditure #5 Name American Graphics Address 34895 Groesbeck Clinton Township, MI 48035 ☐ Fund Raiser	Purpose: <u>Signs</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/18/20</u> Date	<u>\$ 2915.00</u> Click Here for Memo Itemization Type ☐

Subtotal this page **\$14,846.29**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Dollar Tree Address 33818 Gratiot Ave Clinton Township, MI 48035 ☐ Fund Raiser	Purpose: Bags for Literature Drop ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/20 Date	\$ 24.38 Click Here for Memo Itemization Type v
Expenditure #2 Name Karas Family Restaurant Address 27414 Harper Ave St Clair Shores, MI 48081 ☐ Fund Raiser	Purpose: Committee Lunch ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/10/20 Date	\$ 26.29 Click Here for Memo Itemization Type v
Expenditure #3 Name Constant Contact Address 1601 Trapelo Rd Waltham, MA 40451 ☐ Fund Raiser	Purpose: Media Ads ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/13/20 Date	\$ 20.00 Click Here for Memo Itemization Type v
Expenditure #4 Name Vantiv eCommerce Address 8500 Governor's Hill Drive Symmes Township Cincinnati, OH 45249 ☐ Fund Raiser	Purpose: Service Fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/09/20 Date	\$ 52.50 Click Here for Memo Itemization Type v
Expenditure #5 Name Paw Graphics Group Address 214 Crocker Blvd Mt Clemens, MI 48043 ☐ Fund Raiser	Purpose: Graphics for Literature ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/08/20 Date	\$ 300.00 Click Here for Memo Itemization Type v

Subtotal this page **\$423.17**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)
Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name American Graphics Address 34895 Grosebeck Clinton Township, MI 48035 ☐ Fund Raiser	Purpose: <u>Lawn signs, stakes, mail piece</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/25/20</u> Date	\$ <u>3115.34</u> Click Here for Memo Itemization Type v
Expenditure #2 Name Menards Address 45500 Market Place Chesterfield, MI 48051 ☐ Fund Raiser	Purpose: <u>Cable Tie, Cut Pliers</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/29/20</u> Date	\$ <u>23.27</u> Click Here for Memo Itemization Type v
Expenditure #3 Name Jet's Pizza Address 37525 Harper Ave Clinton Twp., MI 48036 ☐ Fund Raiser	Purpose: <u>Pizza Committee Meeting</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/26/20</u> Date	\$ <u>62.47</u> Click Here for Memo Itemization Type v
Expenditure #4 Name Home Depot Address 20777 Hall Road Macomb, MI 48044 ☐ Fund Raiser	Purpose: <u>Cable Ties</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/31/20</u> Date	\$ <u>98.17</u> Click Here for Memo Itemization Type v
Expenditure #5 Name Facebook Inc Address 1 Hacker Way Menlo Park, CA 94025 ☐ Fund Raiser	Purpose: <u>Ads</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/16/20</u> Date	\$ <u>75.00</u> Click Here for Memo Itemization Type v

Subtotal this page

\$3,374.25

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

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Home Depot Address 20777 Hall Rd Macomb, MI 48044 ☐ Fund Raiser	Purpose: Containers For Literature ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/16/20 Date Click Here for Memo Itemization Type ▼	\$ 60.36
Expenditure #2 Name Jet's Pizza Address 37525 Harper Ave Clinton Township, MI 48036 ☐ Fund Raiser	Purpose: Pizza Literature Drop Workers ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/20 Date Click Here for Memo Itemization Type ▼	\$ 57.27
Expenditure #3 Name Sam's Club Address 31720 Gratiot Ave Roseville, MI 48066 ☐ Fund Raiser	Purpose: Office Supplies/ Water ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/16/20 Date Click Here for Memo Itemization Type ▼	\$ 45.26
Expenditure #4 Name US Post Office Address 155 S Main St Mt Clemens, MI 48046 ☐ Fund Raiser	Purpose: Stamps ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/20 Date Click Here for Memo Itemization Type ▼	\$ 132.00
Expenditure #5 Name Sam's Club Address 31720 Gratiot Ave Roseville, MI 48066 ☐ Fund Raiser	Purpose: Water, Snacks, Office Supplies ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/20 Date Click Here for Memo Itemization Type ▼	\$ 118.68

Subtotal this page **\$413.57**

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

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Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Constant Contact Address 1601 Trapelo Rd Waltham, MA 40451 ☐ Fund Raiser	Purpose: <u>Media Ads</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/10/20</u> Date	\$ <u>20.00</u>
Expenditure #2 Name Tractor Supply Co Address 57155 Gratiot Ave New Haven, MI 48048 ☐ Fund Raiser	Purpose: <u>Sign Posts</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/15/20</u> Date	\$ <u>418.49</u>
Expenditure #3 Name Weebly Address 1455 Market Street, Suite 600 San Francisco, CA 94103 ☐ Fund Raiser	Purpose: <u>Media Ads</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/22/20</u> Date	\$ <u>16.00</u>
Expenditure #4 Name Hoo*Hootsuite, Inc. Address 580 Howard St San Francisco, CA 94105 ☐ Fund Raiser	Purpose: <u>Media Ads</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/23/20</u> Date	\$ <u>45.00</u>
Expenditure #5 Name Vasi's Cafe and Bake Shop Address 23000 Harper Ave St. Clair Shores, MI 48080 ☐ Fund Raiser	Purpose: <u>Donuts for Meeting</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/25/20</u> Date	\$ <u>12.17</u>

Subtotal this page

\$511.66

Grand Total of all Schedules 1B
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Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Macomb County Democratic Party Address P.O. Box 46699 Mt Clemens, MI 48046 ☐ Fund Raiser	Purpose: <u>Donation</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/03/20</u> Date	\$ <u>4000.00</u>
Expenditure #2 Name Stripe Address 510 Townsend Street San Francisco, CA 94103 ☐ Fund Raiser	Purpose: <u>Service Fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/19/20</u> Date	\$ <u>64.76</u>
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
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 **\$4,064.76**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **23,633.70**
Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.

Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.

Debt #1 Corp? ☐ Yes
Owed to or by:
Mary A Chrzanowski
39292 Chart St
Harrison Township, MI 48045

4. Type of Obligation (Description)
5. Indicate date debt was incurred
6. Indicate original amount of debt

4. Type: Loan to Committee
5. Date Debt Was Incurred:
08/01/20
6. Original Amount of Debt:
\$ 106.54

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)

\$ 106.54
☐ FORGIVEN

If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Debt #2 Corp? ☐ Yes
Owed to or by:
Mary A Chrzanowski
39292 Chart St
Harrison Township, MI 48045

4. Type: Loan to Committee
5. Date Debt Was Incurred:
07/31/2020
6. Original Amount of Debt:
\$ 37.62

\$
\$
\$
\$
\$

\$

\$ 37.62
☐ FORGIVEN

If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Debt #3 Corp? ☐ Yes
Owed to or by:
Mary A Chrzanowski
39292 Chart St
Harrison Township, MI 48045

4. Type: Loan to Committee
5. Date Debt Was Incurred:
07/31/2020
6. Original Amount of Debt:
\$ 78.27

\$
\$
\$
\$
\$

\$

\$ 78.27
☐ FORGIVEN

If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt)

\$222.43

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

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

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: Stephen Becker 74 Market St Mt Clemens, MI 48043	4. Type: <u>Loan to Committee</u> 5. <u>Date Debt Was Incurred:</u> <u>08/04/20</u> 6. <u>Original Amount of Debt:</u> <u>\$ 32.36</u>	\$ \$ \$ \$ \$	\$	\$ 32.36 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: Mary A Chrzanowski 39292 Chart St Harrison Township, MI 48045	4. Type: <u>Loan to Committee</u> 5. <u>Date Debt Was Incurred:</u> <u>04/21/2020</u> 6. <u>Original Amount of Debt:</u> <u>\$ 25,000.00</u>	\$ \$ \$ \$ \$	\$	\$ 25,000.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: Mary A Chrzanowski 39292 Chart St Harrison Township, MI 48045	4. Type: <u>Loan to Committee</u> 5. <u>Date Debt Was Incurred:</u> <u>06/19/2020</u> 6. <u>Original Amount of Debt:</u> <u>\$ 25,000.00</u>	\$ \$ \$ \$ \$	\$	\$ 25,000.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$50,032.36**

Grand Total of all Schedules 1E
(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.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes:

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

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

\$65.44

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

\$50,320.23

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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>09/26/20</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>13</u>	5. Type of Fund Raising Activity <u>Breakfast</u>	6. Address and Name (if any) of the place where the activity was held. <u>Honey Tree Restaurant</u> <u>44667 Mound Road</u> <u>Sterling Hts., MI 48314</u> ☐ Private Residence
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7. Total Contributions \$2,800.00
8. Other Receipts \$0.00
9. Gross Receipts (Add lines 7 and 8) \$2,800.00
10. Total Cost of Event \$207.22
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-1K), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>09/17/20</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>11</u>	5. Type of Fund Raising Activity <u>Breakfast</u>	6. Address and Name (If any) of the place where the activity was held. <u>Simple Palate</u> <u>27380 Van Dyke Ave</u> <u>Warren, MI 48093</u> ☐ Private Residence
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7. Total Contributions \$1,850.00
8. Other Receipts \$0.00
9. Gross Receipts (Add lines 7 and 8) \$1,850.00
10. Total Cost of Event \$223.20
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.