



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.

3. This Statement covers From: 10-19-2020 to 11-23-2020

1. Committee I.D. Number

139870

4. Candidate Last Name First Name M.I.

Chrzanowski Mary A

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

Prosecuting Attorney

4b. County of Residence **MACOMB**

2. Committee Name

Mary A Chrzanowski For Prosecutor

5. Committee's Mailing Address

**74 Market St
Mt. Clemens, MI 48043**

6. Treasurer's Name & Residential Address

**Stephen Becker
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.

Area Code & Phone **(586) 615-5617**

7. Treasurer's Business Address

**74 Market St
Mt. Clemens, MI 48043**

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

Area Code and Phone **(586) 615-5617**

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

11-03-2020

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 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

11-24-2020

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

11-24-2020

Candidate **Mary A Chrzanowski**

Type or Print Name

Signature

Date

11-24-2020



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139870

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Mary A Chrzanowski for Prosecutor

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>3,530.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$3,530.00</u>	(18.) \$ <u>\$120,655.00</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>\$3,530.00</u>	(20.) \$ <u>\$121,684.05</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$0.00</u>	(21.) \$ <u>\$1,259.65</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>\$0.00</u>	(22.) \$ _____
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$32,220.07</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>\$32,220.07</u>	(23.) \$ <u>\$121,684.05</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>\$30,476.11</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u> </u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$28,690.07</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$3,530.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$32,220.07</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$32,220.07</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$0.00</u>	*



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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>10/19/20</u> Name & Address: Nancy Duemling 20776 Moxon Clinton Township, MI 48036 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ 50.00	\$ _____
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/20/20</u> Name & Address: Ken DeBeaussaert 39856 Brylor Court Clinton Township, MI 48038 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ 50.00	\$ _____
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/20/20</u> Name & Address: Joellyn Ellis 21700 Statler St. Clair Shores, MI 48081 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ 75.00	\$ _____
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/20</u> Name & Address: James Kopas 126 New Street Mt Clemens, MI 48043 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ 25.00	\$ 50.00

Page Subtotal **\$200.00**

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>10/19/20</u> Name & Address: <u>LaLonde, Joyce</u> <u>24801 Rosalind Ave</u> <u>Eastpointe, MI 48021</u>		\$ <u>150.00</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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/19/20</u> Name & Address: <u>LaLonde, Leo</u> <u>24801 Rosalind Ave</u> <u>Eastpointe, MI 48021</u>		\$ <u>150.00</u>	\$ <u>400.00</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>10/19/20</u> Name & Address: <u>Bruck, Dennis</u> <u>19637 Llyod St</u> <u>Clinton Township, MI 48038</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>10/26/20</u> Name & Address: <u>Pellechia, Mark</u> <u>43233 Hillcrest Drive</u> <u>Sterling Hts., MI 48313</u>		\$ <u>150.00</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., 12th Floor, Mt Clemens, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization v	

Page Subtotal **\$550.00**

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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>10/23/20</u> Name & Address: <u>Murray, Carole</u> <u>42489 Clinton Place Drive</u> <u>Clinton Township, MI 48038</u>		\$ <u>300.00</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	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/20</u> Name & Address: <u>Cynowa, Gary</u> <u>45451 Fielding St</u> <u>Macomb, MI 48042</u>		\$ <u>100.00</u>	\$ <u>200.00</u>
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	
3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/20</u> Name & Address: <u>Trickey III, Charles</u> <u>49228 Mallorie Court</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>14 First Street, Mt. Clemens, MI 48043</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>10/24/20</u> Name & Address: <u>Webber, Wayne</u> <u>44710 Morley Dr</u> <u>Clinton Township, MI 48036</u>		\$ <u>500.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Philanthropist/Owner</u> Employer <u>Webber General Properties</u> Business Address <u>44710 Morley Dr., Clinton Township, MI 48036</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$1,400.00

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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>10/22/20</u> Name & Address: <u>Metry, Dean</u> <u>81 N Main</u> <u>Mt Clemens, MI 48043</u>		\$ <u>200.00</u>	\$ <u>300.00</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>81 N Main, Mt. Clemens, MI 48043</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>10/22/20</u> Name & Address: <u>Reid, Caroline</u> <u>38652 Sycamore Meadow Drive</u> <u>Clinton Township, MI 48036</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	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/20</u> Name & Address: <u>Brian Legghio</u> <u>575 Lakeland</u> <u>Grosse Pointe, MI 48230</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>10/22/20</u> Name & Address: <u>Rick Flynn</u> <u>43225 Charbonnay Dr</u> <u>Sterling Hts., MI 48314</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 v	

Page Subtotal **\$380.00**

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>11/02/20</u>	
Name & Address: Gregory Buss 12900 Hall Rd., Ste. 322 Sterling Hts., MI 48313		\$ <u>\$200</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Buss & Buss PC</u> Business Address <u>12900 Hall Rd., Ste. 322, Sterling Hts, MI 48313</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>11/02/20</u>	
Name & Address: Timothy Wegmeyer PO Box 596 Marine City, MI 48039		\$ <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>11/02/20</u>	
Name & Address: Alex Bronson 34475 Jefferson, Apt 2 Harrison Township, MI 48045		\$ <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 _____	
Name & Address: 		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$350.00**

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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>10/26/20</u> Name & Address: <u>Kimberly Brown</u> <u>1300 E. Lafayette # 2201</u> <u>Detroit, MI 48207</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 v	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/02/20</u> Name & Address: <u>Scott Luedke</u> <u>17452 Contesti Drive</u> <u>Clinton Township, MI 48035</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Luedke Law Group</u> Business Address <u>13854 Lakeside Circle, Sterling Hts., MI 48313</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>250.00</u>	\$ _____
		Click Here for Memo Itemization v	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/30/20</u> Name & Address: <u>Penelope A Sakis</u> <u>1898 Dunham Dr</u> <u>Rochester, MI 48306</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>N/A</u> Business Address <u>N/A</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>200.00</u>	\$ _____
		Click Here for Memo Itemization v	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/27/20</u> Name & Address: <u>Sharon Gire</u> <u>37567 Radde St</u> <u>Clinton Twp., MI 48036</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 v	

Page Subtotal \$650.00

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

3530.00

Enter this total on
line 3a 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 Graphic Address 34895 Groesbeck Clinton Township, MI 48035 ☐ Fund Raiser	Purpose: <u>Walking Cards</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/19/20</u> Date	\$ <u>3434.40</u> Click Here for Memo Itemization Type
Expenditure #2 Name Sam's Club Address 31720 Gratiot Ave Roseville, MI 48066 ☐ Fund Raiser	Purpose: <u>Snacks/Office Supplies</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/20/20</u> Date	\$ <u>133.77</u> Click Here for Memo Itemization Type
Expenditure #3 Name Weebly Address 1455 Market Street, Suite 600 San Francisco, CA 94103 ☐ Fund Raiser	Purpose: <u>Social Media Ads</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/22/20</u> Date	\$ <u>16.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name Jet's Pizza Address 37525 Harper Ave Clinton Township, MI 48036 ☐ Fund Raiser	Purpose: <u>Food for workers</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/21/20</u> Date	\$ <u>21.07</u> Click Here for Memo Itemization Type
Expenditure #5 Name Facebook Inc Address 1 Hacker Way Menlo Park, CA 94025 ☐ Fund Raiser	Purpose: <u>Social Media/ADS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/22/20</u> Date	\$ <u>22.79</u> Click Here for Memo Itemization Type

Subtotal this page **\$3,628.03**

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 Sterling Sanitation, Inc Address 48655 Gratiot Ave Chesterfield, MI 48051 ☐ Fund Raiser	Purpose: <u>Dumpster for Signs</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/03/20</u> Date	\$ <u>300.00</u> Click Here for Memo Itemization Type v
Expenditure #2 Name Hertz Address 20820 Hall Rd Clinton Township, MI 48038 ☐ Fund Raiser	Purpose: <u>Truck Rental for sign removal</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/03/20</u> Date	\$ <u>173.28</u> Click Here for Memo Itemization Type v
Expenditure #3 Name Golden Greek Restaurant Address 180 N Groesbeck Mt Clemens, MI 48043 ☐ Fund Raiser	Purpose: <u>Food for Workers</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/22/20</u> Date	\$ <u>42.24</u> Click Here for Memo Itemization Type v
Expenditure #4 Name Hoo*Hootsuite, Inc Address 580 Howard St 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>11/08/20</u> Date	\$ <u>45.00</u> Click Here for Memo Itemization Type v
Expenditure #5 Name American Graphics Address 34895 Groesbeck Clinton Township, MI 48035 ☐ Fund Raiser	Purpose: <u>Printing Walking Lists</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/20/20</u> Date	\$ <u>194.62</u> Click Here for Memo Itemization Type v
Subtotal this page			\$ 755.14
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 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>11/04/20</u> Date	\$ <u>41.44</u> Click Here for Memo Itemization Type v
Expenditure #2 Name White Castle Address 36850 Groesbeck Hwy Clinton, Twp., MI 48035 ☐ Fund Raiser	Purpose: <u>Food for Workers</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/03/20</u> Date	\$ <u>36.02</u> Click Here for Memo Itemization Type v
Expenditure #3 Name Harbor Freight Tools Address 34900 Groesbeck Hwy Clinton Township, MI 48035 ☐ Fund Raiser	Purpose: <u>Gloves and Clippers for sign removal</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/04/20</u> Date	\$ <u>16.40</u> Click Here for Memo Itemization Type v
Expenditure #4 Name Sam's Club Address 31720 Gratiot Ave Roseville, MI 48066 ☐ Fund Raiser	Purpose: <u>Beverages for Workers</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/02/20</u> Date	\$ <u>45.63</u> Click Here for Memo Itemization Type v
Expenditure #5 Name International Union UAW Address 27800 George Merrelli Dr Warren, MI 48092 ☐ Fund Raiser	Purpose: <u>Parking Lot Rental</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/24/20</u> Date	\$ <u>50.00</u> Click Here for Memo Itemization Type v

Subtotal this page **\$189.49**

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 21st Century Media New York Address PO Box 8003 Willoughby, OH 44096 ☐ Fund Raiser	Purpose: <u>Macomb Daily Ad</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/28/20</u> Date	\$ <u>1700.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name Vantiv eCommerce Address 8500 Governor's Hill Drive Symmes Township Cincinnati, OH 45249 ☐ Fund Raiser	Purpose: <u>Service Fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/20/20</u> Date	\$ <u>83.29</u> Click Here for Memo Itemization Type
Expenditure #3 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>11/10/20</u> Date	\$ <u>20.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name Macomb County Democratic Party Address PO 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>10/22/20</u> Date	\$ <u>6000.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name Mary A Chrzanowski Address 38292 Chart St Harrison Township, MI 48045 ☐ Fund Raiser	Purpose: <u>Loan Repayment</u> ☒ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11-13-20</u> Date	\$ <u>1984.12</u> Click Here for Memo Itemization Type

Subtotal this page	\$27,647.41
Grand Total of all Schedules 1B (Complete on last page of Schedule)	\$32,220.07

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 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 endorsers 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>08/01/20</u> 6. <u>Original Amount of Debt:</u> <u>\$ 106.54</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>106.54</u> ☒ 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>07/31/2020</u> 6. <u>Original Amount of Debt:</u> <u>\$ 37.62</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>37.62</u> ☒ 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>07/31/2020</u> 6. <u>Original Amount of Debt:</u> <u>\$ 78.27</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>78.27</u> ☒ 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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>32.36</u> ☒ 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>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>25,000.00</u> ☒ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: Mary A Chrzanowski 39292 Chart St Harrison Township, MI 48045	4. Type: <u>Loan to Committee</u> 5. <u>Date Debt Was Incurred:</u> <u>06-08-2020</u> 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>65.44</u> ☒ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$25,097.80**

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>06/19/20</u> 6. <u>Original Amount of Debt:</u> <u>\$ 25,000.00</u>	<u>11-13-20</u> \$ <u>19,844.12</u> \$ \$ \$ \$	\$ <u>19,844.12</u>	\$ <u>5,155.88</u> ☒ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$5,155.88**

Grand Total of all Schedules 1E **\$30,476.11**
(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.