



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INDEPENDENT/POLITICAL
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

3. This Statement covers From: 1/1/20 To 10/18/20

1. Committee I.D. Number

139111

4. Committee's Mailing Address

13843 Timberline Dr.

Shelby Twp MI 48315

Area Code and Phone 586-232-4550

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.

2. Committee Name

Moore's Families & Business
Coalition

5. Treasurer's Name and Residential Address

Vincent Viviano

6905 St Andrew Dr.

Shelby Twp. MI 48315

Area Code and Phone 586-588-4754

6. Treasurer's Business Address

N/A

Area Code and Phone

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

N/A

Area Code and Phone

8. TYPE OF STATEMENT:

APPLICABLE TO INDEPENDENT AND POLITICAL
COMMITTEES REGISTERED ON STATE LEVEL

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ON COUNTY LEVEL

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ON

STATE AND COUNTY LEVEL

8a. QUARTERLY STATEMENTS

8c. ☐ ANNUAL STATEMENT
(_____ Coverage Year) Local
Candidates Exempted

8d. ☒ PRE-ELECTION OR

8e. ☐ POST-ELECTION

Pre-Election or Post-Election
Statement relates to:

☐ PRIMARY ☒ GENERAL

☐ CONVENTION ☐ SCHOOL

☐ SPECIAL ☐ CAUCUS

Date of Election, Convention or Caucus:

11/3/20

☐ July 25 Quarterly

☐ October 25 Quarterly

8f. ☐ AMENDMENT TO CAMPAIGN
STATEMENT

(Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h
to indicate which Statement is being
amended)

8g. ☐ DISSOLUTION OF COMMITTEE

Effective Date of Dissolution

By checking this item, I/we certify that
the committee has no asset or outstanding
debts, including late filing fees. Further, I
request that if the dissolution cannot be
granted, that this be considered a request for
the Reporting Waiver.

Note: The disposition of residual funds must
be reported on Schedule 2B and the
Summary Page.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record Keeper

Vince Viviano

Type or Print Name

Signature

Date

10-22-20



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139111

2. Committee Name Macomb Families & Business Coalition

SUMMARY PAGE
INDEPENDENT OR POLITICAL COMMITTEE

RECEIPTS		Column I This Period	Column II Cumulative for Calendar Year
3. Contributions			
a. Itemized Contributions (Schedule 2A, Column 8 + Schedule 2A-2, Column 8)	(3a.) \$	<u>9,210</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>9210</u>	(18.) \$ <u>15,535</u>
4. Other Receipts (Schedule 2A-1, Column 8)	(4.) \$	<u>0</u>	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)		(5.) \$ <u>9210</u>	(20.) \$ <u>15,535</u>
IN-KIND CONTRIBUTIONS			
6. In-Kind Contributions			
a. Itemized (Schedule 2-ik, Column 7)	(6a.) \$		
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$	<u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)		(7.) \$	(21.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized Direct (Schedule 2B, Column 7)	(8a.) \$	<u>8,938.35</u>	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 8)	(8b.) \$		
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(8c.) \$		
d. Unitemized (less than \$50.01 each - no Schedule)	(8d.) \$	<u>20</u>	
e. Subtotal of Expenditures	(8e.) \$	<u>8,958.35</u>	(22.) \$ <u>17,279.87</u>
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$		(23.) \$
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)		(10.) \$ <u>8,958.35</u>	(24.) \$ <u>17,279.87</u>
IN-KIND EXPENDITURES			
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)			
		(11.) \$	(25.) \$
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 2E)	(12a.) \$	<u>8150</u>	
b. Owed to the Committee (Schedule 2E)	(12b.) \$		
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>229.91</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) +	<u>9210</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) =	<u>9,439.91</u>	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) -	<u>8958.35</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>481.56</u>	

*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 139111

2. Committee Name Macomb Families + Business Coalition

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 1/6/20

Name & Address:

Rick Stallakis

13883 Tribowien

Shelby Twp. MI 48315

\$ 160

\$ 160

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

Occupation Supervisor

Employer Shelby Twp.

Business Address 52700 Van Orde, Shelby Twp. MI 48316

Type of Contribution: ☒ Direct

☒ Loan from a person

☐ Fund Raiser

Click Here for Memo Itemization Type

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 1/27/20

Name & Address:

LI

II

\$ 200

\$ 360

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 Type

3. Contribution # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 2/11/20

Name & Address:

TAMROS Tamou

3102 Fremdale Ave.

Steeles Heights, MI 48314

\$ 500

\$ 500

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

Occupation owner

Employer Pro Wash Laundry

Business Address " "

Type of Contribution: ☒ Direct

☐ Loan from a person

☒ Fund Raiser

Click Here for Memo Itemization Type

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 2/11/20

Name & Address:

Lisa Hanna

30834 Clubhouse Ln

Farmington Hills, MI 48334

\$ 250

\$ 250

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

Occupation Housewife

Employer " "

Business Address " "

Type of Contribution: ☒ Direct

☐ Loan from a person

☒ Fund Raiser

Click Here for Memo Itemization Type

Page Subtotal

1,110

Grand Total of All Schedules 2A
(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 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 13711

2. Committee Name Maccour's Families + Business Coalitions

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)

3. Contribution #1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 2/11/20

Name & Address:

Raymond DeBuck Jr.
67587 Hidden Oak Ln.
Washington, MI 48095

\$ 100

\$ 100

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

Click Here for Memo Itemization Type

Occupation

Employer

Business Address

Type of Contribution: ☒ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution #2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 5/12/20

Name & Address:

Phillip Ruggieri
55764 Saint Regis Dr.
Shelby Twp. MI 48316

\$ 1000

\$ 1000

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

Click Here for Memo Itemization Type

Occupation Principal

Employer Philip Ruggieri & Associates

Business Address

" "

Type of Contribution: ☒ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution #3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 6/12/20

Name & Address:

Sam Madorsky
576 Vinewood Ave.
Birmingham, MI 48009

\$ 2000

\$ 2000

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

Click Here for Memo Itemization Type

Occupation Dir. Acquisitions

Employer M. Shapiro Development Co.

Business Address 31550 Northwestern Hwy, Farmington Hills, MI 48334

Type of Contribution: ☒ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution #4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 8/12/20

Name & Address:

Emilisa Douda
7437 Sauterne St.
W. Bloomfield, MI 48322

\$ 1000

\$ 1000

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

Click Here for Memo Itemization Type

Occupation Housewife

Employer

Business Address

Type of Contribution: ☒ Direct

☐ Loan from a person

☒ Fund Raiser

Page Subtotal

4100

Grand Total of All Schedules 2A
(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 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 139111

2. Committee Name Macomb Families + Business Coalition

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)

3. Contribution #1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 8/12/20

Name & Address:

Mario Yono
51715 Baker Rd.
Chesterfield MI 48047

\$ 1500

\$ 1500

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

Occupation owner Employer Re do it Remodeling + Capital

Business Address " "

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

[Click Here for Memo Itemization Type](#)

3. Contribution #2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 8/12/20

Name & Address:

Manal Yono
6256 Quakerhill
W. Bloomfield, MI 48322

\$ 2500

\$ 2500

[Click Here for Memo Itemization Type](#)

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

Occupation owner Employer Re do it Modeling + Capital

Business Address " "

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

3. Contribution #3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt _____

Name & Address:

\$ _____

\$ _____

[Click Here for Memo Itemization Type](#)

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

Occupation _____ Employer _____

Business Address _____

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

3. Contribution #4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt _____

Name & Address:

\$ _____

\$ _____

[Click Here for Memo Itemization Type](#)

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

Occupation _____ Employer _____

Business Address _____

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

Page Subtotal

4000

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

9,210

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 13911
2. Committee Name Macomb Families & Business Coalition

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: <u>Shelby Township</u> <u>52700 Van Dyke</u> <u>Shelby Twp. MI 48316</u> 4. Purpose: <u>Christmas Lunch</u> ☐ Fund Raiser	5. <u>Name of Candidate</u> <u>Office Sought & District # or Jurisdiction</u> <u>County</u> ☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>1/6/20</u> Date	<u>\$ 166.49</u>	<u>\$ 166.49</u>
Expenditure #2 Name & Address: <u>Austrian Society</u> <u>56200 Hayes Rd.</u> <u>Macomb, MI 48064</u> 4. Purpose: <u>Donation</u> ☐ Fund Raiser	5. <u>Name of Candidate</u> <u>Office Sought & District # or Jurisdiction</u> <u>County</u> ☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>1/10/20</u> Date	<u>\$ 160</u>	<u>\$ 160</u>
Expenditure #3 Name & Address: <u>Shelby Township</u> <u>52700 VAN DYKE</u> <u>Shelby Twp. MI 48316</u> 4. Purpose: <u>Staff Lunch</u> ☐ Fund Raiser	5. <u>Name of Candidate</u> <u>Office Sought & District # or Jurisdiction</u> <u>County</u> ☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>1/27/20</u> Date	<u>\$ 165.89</u>	<u>\$ 165.89</u>
Expenditure #4 Name & Address: <u>Joe Rozell</u> <u>10785 Kingston Ave</u> <u>Huntington Woods, MI 48070</u> 4. Purpose: <u>Consulting</u> ☐ Fund Raiser <u>no other vendor</u>	5. <u>Name of Candidate</u> <u>Office Sought & District # or Jurisdiction</u> <u>County</u> ☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>1/31/20</u> Date	<u>\$ 95</u>	<u>\$ 95</u>

Subtotal this page

587.37

Grand Total of all Schedules 2B
(Complete on last page of Schedule)

Enter this total
on line 8a of the
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 139111

2. Committee Name Macomb Families + Business Coalition

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: <u>American Speedy Printing</u> <u>46723 Van Dyke</u> <u>Shelby Twp. MI 48316</u> 4. Purpose: <u>Fundraiser Tickets</u> ☒ Fund Raiser ☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>3/4/20</u> Date	<u>\$ 306.98</u>	<u>\$ 306.98</u>
Expenditure #2 Name & Address: <u>American Speedy Printing</u> <u>" "</u> 4. Purpose: <u>Fundraiser Response Cards</u> ☒ Fund Raiser ☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>3/6/20</u> Date	<u>\$ 219.86</u>	<u>\$ 526.84</u>
Expenditure #3 Name & Address: <u>American Speedy Printing</u> <u>" "</u> 4. Purpose: <u>Fundraiser Printing</u> ☒ Fund Raiser ☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>3/13/20</u> Date	<u>\$ 264.14</u>	<u>\$ 790.98</u>
Expenditure #4 Name & Address: <u>Rock Statlakii</u> <u>13883 Timberline</u> <u>Shelby Twp. MI 48315</u> 4. Purpose: <u>Loan Repayment</u> ☐ Fund Raiser ☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>5/21/20</u> Date	<u>\$ 360</u>	<u>\$ 360</u>

Subtotal this page

1,150.98

Grand Total of all Schedules 2B
(Complete on last page of Schedule)

Enter this total
on line 8a of the
Summary Page

**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number 139111

2. Committee Name Macomb Family & Business Coalition

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: <u>Joe Rucell</u> <u>10785 Engstar Ave.</u> <u>Huntington Woods, MI 48070</u>	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>7/14/20</u> Date	<u>\$ 350</u>	<u>\$ 445</u>
4. Purpose: <u>Consulting</u> ☐ Fund Raiser <u>no other vendor</u>	Click Here for Memo Itemization Type			
Expenditure #2 Name & Address: <u>Rick Stathakis</u> <u>13883 Timberline</u> <u>Shelby Twp. MI 48315</u>	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal ☒ Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>8/5/20</u> Date	<u>\$ 1000</u>	<u>\$ 1000</u>
4. Purpose: <u>Loan Repayment</u> ☐ Fund Raiser	Click Here for Memo Itemization Type			
Expenditure #3 Name & Address: <u>Tim Cooke</u> <u>2700 Lake Pine Path</u> <u>St. Joseph, MI 49085</u>	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>9/14/20</u> Date	<u>\$ 1000</u>	<u>\$ 1000</u>
4. Purpose: <u>Website Design</u> ☐ Fund Raiser	Click Here for Memo Itemization Type			
Expenditure #4 Name & Address: <u>Tingle Bell Run</u> <u>52700 Van Dyke</u> <u>Shelby Twp. MI 48316</u>	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>10/1/20</u> Date	<u>\$ 100</u>	<u>\$ 100</u>
4. Purpose: <u>Donation</u> ☐ Fund Raiser	Click Here for Memo Itemization Type			

Subtotal this page

2450

**Grand Total of all Schedules 2B
(Complete on last page of Schedule)**

**Enter this total
on line 8a of the
Summary Page**



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 139111

2. Committee Name Macomb Families + Business Coalition

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: <u>Joe Raul</u> <u>10785 Kingston Ave</u> <u>Hampton Woods, MI 48070</u>	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____	<u>8/29/20</u> Date	<u>\$ 500</u>	<u>\$ 945</u>
4. Purpose: <u>Consulting</u> ☐ Fund Raiser <u>no other vendor</u>	☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	Click Here for Memo Itemization Type		
Expenditure #2 Name & Address: <u>Ricki Stathakis</u> <u>13873 Timberline</u> <u>Shelby Twp MI 48315</u>	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____	<u>8/29/20</u> Date	<u>\$ 2500</u>	<u>\$ 2500</u>
4. Purpose: <u>Loan Repayment</u> ☐ Fund Raiser	☒ Ballot Proposal ☒ Check box if expenditure is payment of Debt or Obligation reported on previous statement	Click Here for Memo Itemization Type		
Expenditure #3 Name & Address: <u>Goodlife Community Partnership</u> <u>3773 Candler Rd.</u> <u>Ann Arbor, MI 48105</u>	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____	<u>8/24/20</u> Date	<u>\$ 1000</u>	<u>\$ 1000</u>
4. Purpose: <u>Donation</u> ☐ Fund Raiser	☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	Click Here for Memo Itemization Type		
Expenditure #4 Name & Address: <u>Joe Raul</u> <u>10785 Kingston Ave</u> <u>Hampton Woods MI 48070</u>	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____	<u>8/26/20</u> Date	<u>\$ 500</u>	<u>\$ 1445</u>
4. Purpose: <u>Consulting</u> ☐ Fund Raiser <u>no other vendor</u>	☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	Click Here for Memo Itemization Type		

Subtotal (this page)

4500

Grand Total of all Schedules 2B
(Complete on last page of Schedule)

Enter this total
on line 8a of the
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 2E

POLITICAL OR INDEPENDENT COMMITTEE

1. Committee I.D. Number 139111

2. Committee Name Macomb Family + Business Coalition

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 Owed to or by: Corp? ☐ Yes <u>Rick Stathakis</u> <u>13843 Timberline</u> <u>Shelby Twp. MI 48315</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>7/17/16</u> 6. Original Amount of Debt: <u>\$ 3000</u>	8/17/20 \$ 1000 \$ \$ \$ \$	\$ 1000	\$ 2000 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: Corp? ☐ Yes <u>"</u> <u>"</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>11/25/16</u> 6. Original Amount of Debt: <u>\$ 1500</u>	8/24/20 \$ 1500 \$ \$ \$ \$	\$ 1500	\$ <u>0</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: Corp? ☐ Yes <u>"</u> <u>"</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>6/26/17</u> 6. Original Amount of Debt: <u>\$ 200</u>	8/24/20 \$ 200 \$ \$ \$ \$	\$ 200	\$ <u>0</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

2000

Grand Total of all Schedules 2E

(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

Page 1 of 6



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 139111

2. Committee Name Macomb Families & Business Coalition

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: <u>CTE DAVID BRATTO</u> <u>39020 PARKWAY CIRCLE</u> <u>HARRISON TWP. MI 48045</u>	5. <u>DAVID BRATTO</u> Name of Candidate <u>Trustee, Harrison Twp.</u> Office Sought & District # or Jurisdiction <u>Macomb</u> County	<u>8/25/20</u> Date	<u>\$ 250</u>	<u>\$ 250</u>
4. Purpose: <u>Contribution</u> ☐ Fund Raiser	☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	Click Here for Memo Itemization Type		
Expenditure #2 Name & Address:	5. Name of Candidate Office Sought & District # or Jurisdiction County	Date	\$	\$
4. Purpose:	☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	Click Here for Memo Itemization Type		
Expenditure #3 Name & Address:	5. Name of Candidate Office Sought & District # or Jurisdiction County	Date	\$	\$
4. Purpose:	☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	Click Here for Memo Itemization Type		
Expenditure #4 Name & Address:	5. Name of Candidate Office Sought & District # or Jurisdiction County	Date	\$	\$
4. Purpose:	☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	Click Here for Memo Itemization Type		

Subtotal this page

250

Grand Total of all Schedules 2B
(Complete on last page of Schedule)

8,938.35

Enter this total
on line 8a of the
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 2E

POLITICAL OR INDEPENDENT COMMITTEE

1. Committee I.D. Number 139111

2. Committee Name Moments Families & Business Coalition

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 Owed to or by: <u>Rick Stathakis</u> Corp? ☐ Yes	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>10/17/17</u> 6. Original Amount of Debt: <u>\$ 150</u>	8/24/20 \$ 150 \$ \$ \$ \$	\$ 150	\$ <u>0</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: <u>" "</u> Corp? ☐ Yes	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>12/20/17</u> 6. Original Amount of Debt: <u>\$ 600</u>	8/24/20 \$ 600 \$ \$ \$ \$	\$ 600	\$ <u>0</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: <u>" "</u> Corp? ☐ Yes	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>11/17/16</u> 6. Original Amount of Debt: <u>\$ 600</u>	8/24/20 \$ 50 \$ 50 \$ 500 \$ \$	\$ 600	\$ <u>0</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) 0

Grand Total of all Schedules 2E
(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

AMERICAN DEPARTMENT OF STATE
BUREAU OF CLERICAL

DEBTS AND OBLIGATIONS
SCHEDULE 28

POLITICAL OR INDEPENDENT COMMITTEE

1. Committee ID Number 139111

2. Committee Name Marcel Faidy + Friends Committee

The Debtor Name

1. ☒ Debtor obligation owed by or to the member

2. ☐ Debt and obligation owed by or to the committee

3. Name and address of person, number of shares owned or interest in debt	4. Type of obligation (describe)	5. Date and amount of each payment	6. Date and amount of each payment	7. (Estimated) balance of debt or obligation at close of reporting period
Check box to indicate whether debt is on long-term basis. If debt is a short-term, please give the date when the debt is due or matures, if any. Deb is ☒ Yes Deb is or is not ☐ No <u>Mr. Stallak's</u> <u>1343 Tindall</u> <u>Stallak, Inc. in 1985</u>	1. Type <u>Loan</u> 2. Date and amount of each payment 3. Original amount of debt 4. <u>250</u>	1. <u>1</u> 2. <u>1</u> 3. <u>1</u> 4. <u>1</u> 5. <u>1</u>	1. <u>1</u> 2. <u>1</u> 3. <u>1</u> 4. <u>1</u> 5. <u>1</u>	1. <u>300</u> ☐ Forfeited

If bankrupt, name of creditor or guarantor

Amount Estimated

8. Name and address of creditor or guarantor	9. Type of obligation (describe)	10. Date and amount of each payment	11. Date and amount of each payment	12. (Estimated) balance of debt or obligation at close of reporting period
Deb is ☒ Yes Deb is or is not ☐ No <u>1111</u>	1. Type <u>Loan</u> 2. Date and amount of each payment 3. Original amount of debt 4. <u>300</u>	1. <u>1</u> 2. <u>1</u> 3. <u>1</u> 4. <u>1</u> 5. <u>1</u>	1. <u>1</u> 2. <u>1</u> 3. <u>1</u> 4. <u>1</u> 5. <u>1</u>	1. <u>300</u> ☐ Forfeited

If bankrupt, name of creditor or guarantor

Amount Estimated

8. Name and address of creditor or guarantor	9. Type of obligation (describe)	10. Date and amount of each payment	11. Date and amount of each payment	12. (Estimated) balance of debt or obligation at close of reporting period
Deb is ☒ Yes Deb is or is not ☐ No <u>Miss Anne's</u> <u>120 N. Main St.</u> <u>in 1983, at 1983</u>	1. Type <u>Loan</u> 2. Date and amount of each payment 3. Original amount of debt 4. <u>300</u>	1. <u>1</u> 2. <u>1</u> 3. <u>1</u> 4. <u>1</u> 5. <u>1</u>	1. <u>1</u> 2. <u>1</u> 3. <u>1</u> 4. <u>1</u> 5. <u>1</u>	1. <u>300</u> ☐ Forfeited

If bankrupt, name of creditor or guarantor

Amount Estimated

Page Number (including this)

850

Grand Total of all Schedules 28

(Carry over to last page of Schedules 28 and 29 of the reporting period)

A debt or obligation must be reported on this Schedule 28 if it is an obligation that is due or payable on the closing date of the reporting period or if it is an obligation that is due or payable during the period covered by the reporting period.

Enter the total of the debt or obligation on the front of, or the back of, or the inside of the reporting page.

306

UNITED STATES DEPARTMENT OF STATE
OFFICE OF PLANNING

DATA AND CALCULATIONS

ANNUAL DATA

POLITICAL AND ECONOMIC CONDITIONS

1. Country: USA 1971

2. Country: France 1971

POLITICAL AND ECONOMIC CONDITIONS		POLITICAL AND ECONOMIC CONDITIONS		POLITICAL AND ECONOMIC CONDITIONS	
1. Name of country	2. Type of government	3. Date and amount of aid	4. Country of origin of aid	5. Name of aid agency	6. Amount of aid
USA	1. Type of government: <u>Presidential</u> 2. Date and amount of aid: <u>1971</u> 3. Country of origin of aid: <u>USA</u> 4. Name of aid agency: <u>State Dept.</u> 5. Amount of aid: <u>1.500</u>				
France	1. Type of government: <u>Parliamentary</u> 2. Date and amount of aid: <u>1971</u> 3. Country of origin of aid: <u>France</u> 4. Name of aid agency: <u>Ministry of Foreign Affairs</u> 5. Amount of aid: <u>2.500</u>				
USA	1. Type of government: <u>Presidential</u> 2. Date and amount of aid: <u>1971</u> 3. Country of origin of aid: <u>USA</u> 4. Name of aid agency: <u>State Dept.</u> 5. Amount of aid: <u>1.500</u>				
France	1. Type of government: <u>Parliamentary</u> 2. Date and amount of aid: <u>1971</u> 3. Country of origin of aid: <u>France</u> 4. Name of aid agency: <u>Ministry of Foreign Affairs</u> 5. Amount of aid: <u>2.500</u>				

A report of the results of the study of the political and economic conditions of the country of origin of the aid is to be submitted to the Director of the Office of Planning.

Page 4 of 6

State Dept. of State
Office of Planning
Washington, D.C.
20520



ORDER AND ORIGINATIONS
SECTION 1

RELATIONSHIP BETWEEN CONSCIOUSNESS

6. Quoted as being **DRY**

2. Describe the Month: First, Last, and Gold?

[illegible]

A COPY OF THIS FORM IS DUE ON THE DATE OF THE FILING OF THE RETURN TO THE COUNTY CLERK AS THE CLERK'S DUTY TO ACCEPT AND FILE THE RETURN. THE CLERK'S OFFICE IS NOT RESPONSIBLE FOR THE RETURN'S COMPLETION OR FILING DATE.

- 5 - 16

THE UNIVERSITY OF CHICAGO
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 2E

POLITICAL OR INDEPENDENT COMMITTEE

1. Committee I.D. Number 139111

2. Committee Name Macomb Families & Business Coalition

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: <u>Rick Stathakis</u> <u>13883 Timberline</u> <u>Shelby Twp. MI 48315</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>1/6/20</u> 6. Original Amount of Debt: \$ <u>160</u>	<u>5/24/20</u> \$ <u>160</u> \$ \$ \$ \$	\$ <u>160</u>	\$ <u>0</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: <u>Rick Stathakis</u> <u>13883 Timberline</u> <u>Shelby Twp. MI 48315</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>1/27/20</u> 6. Original Amount of Debt: \$ <u>200</u>	<u>8/27/20</u> \$ <u>200</u> \$ \$ \$ \$	\$ <u>200</u>	\$ <u>0</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

0

Grand Total of all Schedules 2E
(Complete on last page of Schedule showing amounts owed by or to the committee.)

8,150

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

**FUND RAISER SCHEDULE 2F
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number 139111

2. Committee Name Macon's Family + Business Center

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>VARIOUS</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>0</u>	5. Type of Fund Raising Activity <u>Fundraising Market</u>	6. Address and Name (if any) of the place where the activity was held <u>N/A</u> ☐ Private Residence
--	--	---	---

7. Total Contributions

8850

8. Other Receipts

0

9. Gross Receipts (Add lines 7 and 8)

8850

10. Total Cost of Event

1624.80

*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 Direct Contributions Schedule (2A), Itemized In-Kind Contributions Schedule (2-1K), Itemized Expenditures Schedule (2B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.