



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

1. Committee I.D. Number 136701		3. This Statement covers From: 10/19/2020 To 11/23/2020	
2. Committee Name ST Clair Shores Democratic Club		4. Committee's Mailing Address 22514 Wildwood St Clair Shores MI 48081 Area Code and Phone 586-764-2187 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.	
5. Treasurer's Name and Residential Address Warren C Denford Jr 22514 Wildwood SCS MI 48081 Area Code and Phone			
6. Treasurer's Business Address Area Code and Phone		7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) Area Code and Phone	
8. TYPE OF STATEMENT: APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>STATE LEVEL</u> 8a. <u>QUARTERLY STATEMENTS</u> ☐ February 15 ☐ July 25 ☐ April 25 ☐ October 25 8b. ☐ SPECIAL ELECTION INDEPENDENT EXPENDITURE REPORT		APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>COUNTY LEVEL</u> 8c. ☐ ANNUAL STATEMENT (____ Coverage Year) 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: Nov. 3, 2020 ☐ July 25 Quarterly ☐ October 25 Quarterly	
		APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>STATE AND COUNTY LEVEL</u> 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 Warren C Denford Jr Type or Print Name Warren C Denford Jr Signature Warren C Denford Jr Date 11/27/2020			

20 NOV 30 AM 8:19
FILED



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number

136701

2. Committee Name

St Clair Shores Democratic Club

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 6 + Schedule 2A-2, Column 8)	(3a.) \$ 55.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 55.00	(18.) \$ 3,069.54
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$ 0	(19.) \$ 0
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)	(5.) \$ 55.00	(20.) \$ 3,069.54
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized (Schedule 2-IK, Column 7)	(6a.) \$ 0	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ NOT APPLICABLE	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ 0	(21.) \$ 0
EXPENDITURES		
8. Expenditures		
a. Itemized Direct (Schedule 2B, Column 7)	(8a.) \$ 5.53	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(8b.) \$ 0	
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(8c.) \$ 0	
d. Unitemized (less than \$50.01 each - no Schedule)	(8d.) \$ 5.53	
e. Subtotal of Expenditures	(8e.) \$ 5.53	(22.) \$ 5,057.84
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$ 0	(23.) \$ 0
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ 5.53	(24.) \$ 5,057.84
IN-KIND EXPENDITURES		
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)	(11.) \$ 0	(25.) \$ 0
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 2E)	(12a.) \$ 0	
b. Owed to the Committee (Schedule 2E)	(12b.) \$ 0	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ 1,197.30	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) + 55.00	
15. SUBTOTAL Add lines 13 and 14	(15.) = 1,252.30	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) - 5.53	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 1,246.77	

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

Itemized Contributions Schedule 2A Independent or
Political Committee

1. Committee I.D. Number: 00136701-50

2. Committee Name: St Clair Shores Democratic Club

Report Requested From 10/19/2020 To 11/23/2020

Member Name	Type of Contribution	Address	Date	Amount Paid	Cumulative
1 Beyer, Greg					\$16.00
	Direct	21919 Shady Lane St Clair Shores, MI	10/24/2020	\$4.00	
	Notes Additional Contribution 2020: \$4.00/mo begin 7/24/2020, 8/24, 9/24, 10/24 (Total \$16.00)				
	Additional Contribution 2020: \$12.00				
	Occupation/Employer Name:				
2 Duemling, Fred					\$80.00
	Direct	6795 Fred Moore Hwy China, MI	10/29/2020	\$20.00	
	Notes Additional Contribution 2020: \$20.00/mo begin 7/29/2020, 8/29, 9/29, 10/29 (Total \$80.00)				
	Additional Contribution 2020: \$60.00				
	Occupation/Employer Name: Marketing, Par-Kut International				
	25882 Maritime Circle South Harrison Twp MI 48045				
3 Fresard, Joe					\$83.00
	Direct	21915 Shady Lane St Clair Shores, MI	10/24/2020	\$4.00	
	Notes Additional Contribution 2020: \$20.00 1/10/20, \$27.00 7/16/20, \$20 8/6/20 \$4.00/mo begin 7/24/20,8/24,9/24 (Total \$83.00)				
	Additional Contribution 2020: \$79.00				
	Occupation/Employer Name: Attorney, UAW Legal Services Plan				
	1400 Woodbridge, 4th Floor Detroit MI 48207				
4 Hatton, Nathan					\$20.00
	Direct	23908 Talbot St Clair Shores, MI	11/12/2020	\$20.00	
	Notes Additional Contribution 2020:				
	Additional Contribution 2020: \$0.00				
	Occupation/Employer Name:				
5 Micallef, David					\$18.34
	Direct	22419 Alger St Clair Shores, MI	11/19/2020	\$5.00	
	Notes Additional Contribution 2020: \$1.67/mo begin 8/18/20, 9/18 (subTotal \$3.34) 9/19 changed to \$5.00/mo. 10/19, 11/19 (Total \$18.34)				
	Additional Contribution 2020: \$13.34				
	Occupation/Employer Name:				

Itemized Contributions Schedule 2A Independent or
Political Committee

1. Committee I.D. Number: 00136701-50

2. Committee Name: St Clair Shores Democratic Club

Report Requested From 10/19/2020 To 11/23/2020

Member Name	Type of Contribution	Address	Date	Amount Paid	Cumulative
6 Settle, Carly					\$8.00

Direct 21919 Shady Lane St Clair Shores, MI

10/24/2020 \$2.00

Notes Additional Contribution 2020: \$2.00/mo begin 7/24 2020, 8/24,9/24, 10/24 (Total \$8.00)

Additional Contribution 2020: \$6.00

Occupation/Employer Name:

Total amount paid for dates requested of 10/19/2020 To 11/23/2020 \$55.00

Total cumulative for dates requested of 10/19/2020 To 11/23/2020 \$225.34

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 136701

2. Committee Name St Clair Shores Democratic Club

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: Vantiv 3500 Governors Hill Dr Symmes Twp, OH 45249	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____	11/10 /Date	\$ 5,53	\$ 45.20
4. Purpose: <u>Fee</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: _____ ☐ 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:	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____	_____ Date	\$ _____	\$ _____
4. Purpose: _____ ☐ 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:	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____	_____ Date	\$ _____	\$ _____
4. Purpose: _____ ☐ Fund Raiser	☐ 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	5.53
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Grand Total of all Schedules 28
(Complete on last page of Schedule) 5,53

Enter this total
on line 8a of the
Summary Page