



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: 7-15-2020 To 12-31-2020

|                                                                         |                                                                                                                                                                       |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Committee I.D. Number<br><u>138970</u>                               | 4. Committee's Mailing Address<br><u>GINA MUSZYNSKI</u><br><u>68757 HARTWAY ROAD</u><br><u>RAY, MI 48096</u><br>Area Code and Phone <u>586 933-3630</u>               |
| 2. Committee Name<br><u>MACOMB TOWNSHIP</u><br><u>LEADERSHIP P.A.C.</u> | 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<br><u>GINA MUSZYNSKI</u><br><u>68757 HARTWAY ROAD</u><br><u>RAY, MI 48096</u><br>Area Code and Phone <u>586 933-3630</u> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                   |                                                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Treasurer's Business Address<br><u>54111 BROUGHTON ROAD</u><br><u>MACOMB, MI 48042</u><br><u>586 992-2900 Ext. 2905</u><br>Area Code and Phone | 7. Designated Record Keeper's Name and Mailing Address (If the Committee has a Designated Record Keeper)<br><u>SHARALYN ARFT</u><br><u>52595 SAWMILL CREEK DR.</u><br><u>MACOMB, MI 48042</u><br>Area Code and Phone <u>586 992-2900 Ext. 2293</u> |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8. TYPE OF STATEMENT:<br><br>APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>STATE LEVEL</u><br><br>8a. <u>QUARTERLY STATEMENTS</u><br><br><input type="checkbox"/> January 31<br><br><input type="checkbox"/> April 25<br><br><input type="checkbox"/> July 25<br><br><input type="checkbox"/> October 25<br><br>8b. <input type="checkbox"/> SPECIAL ELECTION INDEPENDENT EXPENDITURE REPORT | APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>COUNTY LEVEL</u><br><br>8c. <input checked="" type="checkbox"/> ANNUAL STATEMENT<br>( <u>2020</u> Coverage Year) Local Candidates Exempted<br>8d. <input type="checkbox"/> PRE-ELECTION OR<br>8e. <input checked="" type="checkbox"/> POST-ELECTION<br><br>Pre-Election or Post-Election Statement relates to:<br><input type="checkbox"/> PRIMARY <input checked="" type="checkbox"/> GENERAL<br><input type="checkbox"/> CONVENTION <input type="checkbox"/> SCHOOL<br><input type="checkbox"/> SPECIAL <input type="checkbox"/> CAUCUS<br><br>Date of Election, Convention or Caucus:<br><br><input type="checkbox"/> July 25 Quarterly<br><input type="checkbox"/> October 25 Quarterly | APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>STATE AND COUNTY LEVEL</u><br><br>8f. <input type="checkbox"/> AMENDMENT TO CAMPAIGN STATEMENT<br>(Complete Item 8a, 8b, 8c, 8d, 8e, 8f or 8h to indicate which Statement is being amended)<br><br>8g. <input type="checkbox"/> DISSOLUTION OF COMMITTEE<br><br>Effective Date of Dissolution<br><br>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.<br><br><b>Note:</b> The disposition of residual funds must be reported on Schedule 2B and the Summary Page. |
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|                                                                                                                                                                                                                                 |                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 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<br><u>GINA MUSZYNSKI</u><br>Type or Print Name                                                                                                                                    | <u>Gina Muszynski</u> Date <u>1-28-2021</u><br>Signature |



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 138970  
2. Committee Name Macomb Twp. Leadership P.A.C.

**SUMMARY PAGE  
INDEPENDENT OR POLITICAL COMMITTEE**

| RECEIPTS                                                                                                     | Column I<br>This Period        | Column II<br>Cumulative for Calendar Year |
|--------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------|
| 3. Contributions                                                                                             |                                |                                           |
| a. Itemized Contributions<br>(Schedule 2A, Column 6 + Schedule 2A-2, Column 8)                               | (3a.) \$ <u>8,709.68</u>       |                                           |
| b. Unitemized (less than \$20.01 each - no Schedule)                                                         | (3b.) \$ <u>NOT APPLICABLE</u> |                                           |
| c. Subtotal of "Contributions"                                                                               | (3c.) \$ _____                 | (18.) \$ _____                            |
| 4. Other Receipts (Schedule 2A-1, Column 6)                                                                  | (4.) \$ _____                  | (19.) \$ _____                            |
| <b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b><br>(Add line 3c + Line 4)                                   | (5.) \$ <u>8,709.68</u>        | (20.) \$ _____                            |
| <b>IN-KIND CONTRIBUTIONS</b>                                                                                 |                                |                                           |
| 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> |                                           |
| <b>7. TOTAL IN-KIND CONTRIBUTIONS</b> (Add Line 6a + Line 6b)                                                | (7.) \$ _____                  | (21.) \$ _____                            |
| <b>EXPENDITURES</b>                                                                                          |                                |                                           |
| 8. Expenditures                                                                                              |                                |                                           |
| a. Itemized Direct (Schedule 2B, Column 7)                                                                   | (8a.) \$ <u>4,759.00</u>       |                                           |
| b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)                                                        | (8b.) \$ _____                 |                                           |
| c. In-Kind Expenditures- Purchase of Goods or Services<br>(Schedule 2B-2, Column 7)                          | (8c.) \$ _____                 |                                           |
| d. Unitemized (less than \$50.01 each - no Schedule)                                                         | (8d.) \$ _____                 |                                           |
| e. Subtotal of Expenditures                                                                                  | (8e.) \$ _____                 | (22.) \$ _____                            |
| 9. Independent Expenditures (Schedule 2B-1, Column 7)                                                        | (9.) \$ _____                  | (23.) \$ _____                            |
| <b>10. TOTAL EXPENDITURES</b> (Add Line 8e + Line 9)                                                         | (10.) \$ <u>4,759.00</u>       | (24.) \$ _____                            |
| <b>IN-KIND EXPENDITURES</b>                                                                                  |                                |                                           |
| 11. In-Kind Expenditures- Endorsements, Donations or Loans of<br>Goods or Services (Schedule 2B-2, Column 8) | (11.) \$ _____                 | (25.) \$ _____                            |
| <b>DEBTS AND OBLIGATIONS</b>                                                                                 |                                |                                           |
| 12. Debts and Obligations                                                                                    |                                |                                           |
| a. Owed by the Committee (Schedule 2E)                                                                       | (12a.) \$ _____                |                                           |
| b. Owed to the Committee (Schedule 2E)                                                                       | (12b.) \$ _____                |                                           |
| <b>BALANCE STATEMENT</b>                                                                                     |                                |                                           |
| 13. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.)              | (13.) \$ <u>11,738.15</u>      |                                           |
| 14. Amount received during reporting period<br>(Line 5, Total Contributions & Other Receipts - Column I)     | (14.) + <u>8,709.68</u>        |                                           |
| 15. SUBTOTAL Add lines 13 and 14                                                                             | (15.) = <u>20,447.83</u>       |                                           |
| 16. Amount expended during reporting period<br>(Line 10, Total Expenditures - Column I)                      | (16.) - <u>4,759.00</u>        |                                           |
| 17. ENDING BALANCE<br>(Subtract line 16 from line 15)                                                        | (17.) \$ <u>15,688.83</u>      | *                                         |

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

IN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS  
ITEMIZED CONTRIBUTIONS  
SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 138970  
2. Committee Name MACOMB Twp. LEADERSHIP P.A.C.

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 9-10-20

Name & Address:

Pete Barbieri  
52312 Matterhorn  
Macomb, MI 48042

\$ 100.00

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

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 9-10-20

Name & Address:

Chuck Pierce  
39223 Canterbury Dr.  
Harrison Twp. 48045

\$ 100.00

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

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 # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 9-10-20

Name & Address:

Gina Muszynski  
68757 Hartway Rd.  
Ray 48096

\$ 100.00

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

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 # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 9-10-20

Name & Address:

Jim Muszynski  
68757 Hartway Rd.  
Ray 48096

\$ 100.00

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

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

Page Subtotal

400.00

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

Enter this total  
on line 3a of  
Summary Page

U.S. DEPARTMENT OF STATE  
BUREAU OF ELECTIONS  
ITEMIZED CONTRIBUTIONS  
SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 138970  
2. Committee Name MACOMB TWP. LEADERSHIP P.A.C.

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 9-16-20

Name & Address:

Tom Gusmano  
38419 Santa Anna  
Clinton, MI 48036

\$ 100.00

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

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 9-16-20

Name & Address:

Janetie Gusmano  
38419 Santa Anna  
Clinton, MI 48036

\$ 100.00

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

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 # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 9-10-20

Name & Address:

Kristi Pozzi  
47394 Rockwood Dr.  
Macomb, MI 48044

\$ 300.00

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

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

[Click Here for Memo Itemization Type](#)

Occupation Township clerk Employer Macomb, Twp.

Business Address 54111 Brighton Macomb, MI 48042

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

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 9-16-20

Name & Address:

Chris Stepp  
3760 Shouls  
Waterford, MI 48329

\$ 100.00

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

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

Page Subtotal

600.00

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

Enter this total  
on line 3a of  
Summary Page

U.S. DEPARTMENT OF STATE  
BUREAU OF ELECTIONS  
ITEMIZED CONTRIBUTIONS  
SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 138970  
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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 9-10-20

Name & Address: JEFF SPICUZZI  
21050 Young Dr  
MACOMB MI 48044

\$ 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 9-10-20

Name & Address: MARK BENHKE  
27930 Roy St  
ST. CLAIR SHORE, MI 48081

\$ 400.00

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

[Click Here for Memo Itemization Type](#)

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

Occupation Retired Teacher Employer Chippewa Valley High School

Business Address 19120 CASS AVE, CLINTON TWP. MI 48038

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

3. Contribution # 3  
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 9-10-20

Name & Address: HAROLD HAUGH  
19404 CANDLELIGHT  
ROSEVILLE MI 48066

\$ 400.00

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

[Click Here for Memo Itemization Type](#)

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

Occupation Retired from GM Employer General Motors

Business Address 30500 MORRIS RD. WARREN MI 48092

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

3. Contribution # 4  
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 9-10-20

Name & Address: BOB JOHNSTON  
46598 DONAHUE  
MACOMB MI 48044

\$ 400.00

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

[Click Here for Memo Itemization Type](#)

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

Occupation Retired Teacher Employer Grange Reserve Schools

Business Address 24076 FV PARKWAY BLVD CLINTON TWP. MI 48036

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

Page Subtotal

1,300.00

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

—

Enter this total  
on line 3a of  
Summary Page

IN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS  
ITEMIZED CONTRIBUTIONS  
SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 138970  
2. Committee Name MACOMB Twp. LEADERSHIP P.A.C.

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 9-10-20

Name & Address:

Sharon Lyn Arft

52595 Sawmill Creek Dr.  
Macomb, MI 48042

\$ 100.00

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

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 9-10-20

Name & Address:

Kevin Arft

52595 Sawmill Creek Dr.  
Macomb, MI 48042

\$ 100.00

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

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 # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 9-10-20

Name & Address:

John Rose

57427 JEWELL ROAD  
WASHINGTON, MI 48094

\$ 100.00

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

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 # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 9-10-20

Name & Address:

Suzanne Mathews

57427 JEWELL RD.  
WASHINGTON, MI 48094

\$ 100.00

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

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

Page Subtotal

400

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

Enter this total  
on line 3a of  
Summary Page

IN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS  
ITEMIZED CONTRIBUTIONS  
SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 138970  
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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 9-10-00

Name & Address:

Permelia Gross  
36370 Decker Dr.  
Chesterfield, MI 48040

\$ 350.00

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

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

[Click Here for Memo Itemization Type](#)

Occupation Agustine Supervisor Employer Macomb Recreation Center

Business Address 201099 Macomb St Macomb, MI 48042

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

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 9-10-00

Name & Address:

See Gianonni  
36370 Decker Dr.  
Chesterfield, MI 48040

\$ 100.00

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

[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 # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 9-10-00

Name & Address:

John Rak  
49139 Squirewood CT.  
Macomb, MI 48040

\$ 100.00

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

[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 9-10-00

Name & Address:

Rick Simon  
52401 Silent Ridge Dr.  
Chesterfield, MI 48051

\$ 100.00

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

[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

650.00

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

-

Enter this total  
on line 3a of  
Summary Page

IN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS  
ITEMIZED CONTRIBUTIONS  
SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 138970  
2. Committee Name MACOMB TWP. LEADERSHIP P.A.C.

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 9-10-20

Name & Address:

✓ Rick Down  
47195 ADMIRALS COVE LN.  
NEW BALTIMORE, MI 48051

\$ 100.00

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

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 9-10-20

Name & Address:

✓ Matt Markowski  
26130 N Knollwood  
Chesterfield MI 48051

\$ 100.00

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

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 # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 9-10-20

Name & Address:

Ed Carey  
51404 Royal Links Ct.  
Macomb, MI 48042

\$ 100.00

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

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 # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 9-10-20

Name & Address:

Ed Carey III  
51404 Royal Links  
Macomb, MI 48042

\$ 100.00

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

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

Page Subtotal

400.00

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

-

Enter this total  
on line 3a of  
Summary Page

IN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS  
ITEMIZED CONTRIBUTIONS  
SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 138970  
2. Committee Name MACOMB TWP. LEADERSHIP P.A.C.

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 9-10-20

Name & Address:

MIKE BADAMO  
21206 VESPER DR  
MACOMB TWP. MI 48044

\$ 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 9-10-20

Name & Address:

KATHY SMITH  
54917 CABRICK DR  
MACOMB, MI 48042

\$ 150

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

[Click Here for Memo Itemization Type](#)

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

Occupation COURT ADMIN. Employer JUDGE FAUNCE

Business Address 8300 CANNON RD. WARREN MI 48093

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

3. Contribution # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 9-10-20

Name & Address:

ADAM ABRATHAN  
38056 WINKLER ST.  
HARRISON TWP, MI 48045

\$ 400

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

[Click Here for Memo Itemization Type](#)

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

Occupation Recreation Programs Employer NEW BATHURST PARKS & REC

Business Address 35248 CRICKLEWOOD BLVD. NEW BATHURST MI 48051

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

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 9-10-20

Name & Address:

TOM McMANAMAN  
46173 PLUM GROVE  
MACOMB, MI 48044

\$ 400

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

[Click Here for Memo Itemization Type](#)

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

Occupation Retired Fire Fighter Employer CITY OF DETROIT

Business Address 15200 ERWIN AVE, DETROIT, MI 48234

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

Page Subtotal

1,050.00

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

Enter this total  
on line 3a of  
Summary Page

IN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS  
ITEMIZED CONTRIBUTIONS  
SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 138970  
2. Committee Name MACOMB Twp. LEADERSHIP P.A.C.

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 9-10-20

Name & Address:

DENNIS KOCH  
34782 MEYRAVIAN  
STERLING HTS. MI 48312

\$ 400.00

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

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

Occupation ALUMNI ADMINISTRATOR Employer De LA SALLE COLLEGIATE

Business Address 14600 Common Rd, WARREN MI 48088

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 9-10-20

Name & Address:

SAL DiCARO  
54712 CONGARDE DR.  
MACOMB, MI 48042

\$ 100

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

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 9-10-20

Name & Address:

DOUG FOWLER  
22548 AMHERST  
MACOMB MI 48042

\$ 100

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

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 # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 9-10-20

Name & Address:

STEVE ECKHOUT  
19445 CHALK DR.  
MACOMB MI 48044

\$ 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 Type](#)

Page Subtotal

700.00

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

Enter this total  
on line 3a of  
Summary Page

IN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS  
ITEMIZED CONTRIBUTIONS

SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 138970  
2. Committee Name MACOMB Twp. LEADERSHIP P.A.C.

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 9-10-20

Name & Address:

Kathy Western.  
51533 Hickory Lane  
Macomb, MI 48042

\$ 150.00

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

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

[Click Here for Memo Itemization Type](#)

Occupation retired Employer WHA

Business Address 51533 Hickory Lane, Macomb, MI 48042

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

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt \_\_\_\_\_

Name & Address:

Benny Addelia Country Inn.  
51040 Romeo Plank Rd.  
Macomb, MI 48042

\$ 100.00

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

[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 # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 9-10-20

Name & Address:

Benny Addelia  
18524 Sabine  
Macomb, MI 48042

\$ 150.00

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

[Click Here for Memo Itemization Type](#)

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

Occupation Sales Employer Detroit Chemical

Business Address 5601 Enterprise Dr. P.O. Box 1203, Warren, MI 48090

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

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 9-10-20

Name & Address:

Tanya Bulcom  
21912 23 Mile Rd.  
Macomb, MI 48042

\$ 200.00

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

[Click Here for Memo Itemization Type](#)

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

Occupation \_\_\_\_\_ Employer Scoop & Twist of Macomb

Business Address 21912 23 Mile Rd. Macomb, MI 48042

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

Page Subtotal

600.00

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

Enter this total  
on line 3a of  
Summary Page

IN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS  
ITEMIZED CONTRIBUTIONS  
SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 138970  
2. Committee Name MACOMB Twp. LEADERSHIP P.A.C.

Use 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 9-10-20

Name & Address:

Terni Kowal  
16081 Fieldstone Ridge  
Macomb, MI 48042

\$ 100.00

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

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 9-10-20

Name & Address:

Jason Sweikel  
1600 Landmark Drive  
Cottage Grove, WI 53527

\$ 150.00

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

[Click Here for Memo Itemization Type](#)

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

Occupation Sales Employer Matrix Fitness

Business Address 1600 Landmark Drive, Cottage Grove, WI 53527

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

3. Contribution # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 9-10-20

Name & Address:

Eric Wydra  
1806 Pierce St.  
Birmingham, MI 48009

\$ 100.00

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

[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 9-10-20

Name & Address:

Judy Wright  
50938 Drakes Bay Dr.  
Nbu, MI 48374

\$ 100.00

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

[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

450.00

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

—

Enter this total  
on line 3a of  
Summary Page

IN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS  
ITEMIZED CONTRIBUTIONS  
SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 138970  
2. Committee Name MACOMB TWP. LEADERSHIP P.A.C.

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 9-10-20

Name & Address:

Brian Welsh  
181 Touraine Rd.  
Grosse Pte. Farms 48374

\$ 100.00

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

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 9-10-20

Name & Address:

Michael Stearns  
628 Hickory Dr.  
Wayland, MI 49348

\$ 100.00

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

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 # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 9-10-20

Name & Address:

Paul Oetter  
434 Woodgate Court  
Willowbrook, IL 60507

\$ 100.00

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

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 # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 9-10-20

Name & Address:

Peter J. Lucido  
16717 Frapp Ct.  
Macomb, MI 48042

\$ 650.00

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

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

[Click Here for Memo Itemization Type](#)

Occupation Insurance Agent Employer Lucidos Insurance Agency, INC.

Business Address 39999 Garfield Rd Clinton Twp MI 48038

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

Page Subtotal

950.00

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

—

Enter this total  
on line 3a of  
Summary Page

U.S. DEPARTMENT OF STATE  
BUREAU OF ELECTIONS  
ITEMIZED CONTRIBUTIONS  
SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 138970  
2. Committee Name MACOMB TWP. LEADERSHIP P.A.C.

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 9-10-20

Name & Address:

BETH CASE  
23399 COMMERCIAL  
FARMINGTON HILLS, MI 48334

\$ 400.00 \$ \_\_\_\_\_

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

[Click Here for Memo Itemization Type](#)

Occupation OWNER Employer BPE INFORMATION SYSTEMS

Business Address 23875 NORTHWESTERN HWY. SOUTHFIELD, MI 48075

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

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 9-10-20

Name & Address:

SARA BUSCAINO  
49377 BULLDOG DR.  
MACOMB, MI 48044

\$ 100.00 \$ \_\_\_\_\_

[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 # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 9-10-20

Name & Address:

CHIP HENDRICK  
2885 S. GRAHAM RD.  
SAGINAW, MI 48609

\$ 150.00 \$ \_\_\_\_\_

[Click Here for Memo Itemization Type](#)

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

Occupation OWNER Employer R.C. HENDRICK & SON INC

Business Address 2885 S. GRAHAM RD. SAGINAW, MI 48609

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

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 9-10-20

Name & Address:

BILLY CARUSO  
50880 ROMEO PLANK  
MACOMB, MI 48044

\$ 150.00 \$ \_\_\_\_\_

[Click Here for Memo Itemization Type](#)

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

Occupation OWNER Employer THE CONEY GRILLE

Business Address 50880 ROMEO PLANK, MACOMB, MI 48044

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

Page Subtotal

800.00

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

Enter this total  
on line 3a of  
Summary Page

IN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS  
ITEMIZED CONTRIBUTIONS  
SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 138970  
2. Committee Name MACOMB TWP. LEADERSHIP P.A.C.

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 9-10-20

Name & Address: STEVE GRAUS  
52269 MOACO DR.  
MACOMB TWP. MI 48042

\$ 409.68

\$ —

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

[Click Here for Memo Itemization Type](#)

Occupation OWNER Employer D.C. SPORTS

Business Address 14600 LAKESIDE CIRCLE, SEELY HTS. MI 48313

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

3. Contribution # 2  
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 # 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

409.68

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

8,709.68

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 138970  
2. Committee Name MACOMB TWP. LEADERSHIP P.A.C.

| 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                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------|--------------------------------------------------------------------------------|
| <p>Expenditure #1<br/>Name &amp; Address:<br/><b>FERN HILL GOLF CLUB</b><br/><b>17600 CLINTON RIVER ROAD</b><br/><b>CLINTON TWP. MI 48038</b></p> <p>4. Purpose: <u>GOLF OUTING</u></p> <p><input checked="" type="checkbox"/> Fund Raiser</p> | <p>5. _____<br/>Name of Candidate</p> <p>_____</p> <p>Office Sought &amp; District # or Jurisdiction</p> <p>_____</p> <p>County</p> <p>_____</p> <p>Ballot Proposal<br/><input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement</p>                                      | <p><u>9-12-20</u><br/>Date</p>  | <p><u>\$ 3,500</u></p> | <p><u>\$ -</u></p> <p><a href="#">Click Here for Memo Itemization Type</a></p> |
| <p>Expenditure #2<br/>Name &amp; Address:<br/><b>C &amp; G PUBLISHING INC</b><br/><b>13650 11 MILE ROAD</b><br/><b>WARREN, MI 48089</b></p> <p>4. Purpose: <u>NEWS ARTICLE</u></p> <p><input type="checkbox"/> Fund Raiser</p>                 | <p>5. <u>NANCY NEVERS</u><br/>Name of Candidate</p> <p><u>Trustee MACOMB TWP</u><br/>Office Sought &amp; District # or Jurisdiction</p> <p><u>MACOMB</u><br/>County</p> <p>_____</p> <p>Ballot Proposal<br/><input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement</p>  | <p><u>10-7-20</u><br/>Date</p>  | <p><u>\$ 781</u></p>   | <p><u>\$ -</u></p> <p><a href="#">Click Here for Memo Itemization Type</a></p> |
| <p>Expenditure #3<br/>Name &amp; Address:<br/><b>C &amp; G PUBLISHING INC</b><br/><b>13650 11 MILE ROAD</b><br/><b>WARREN, MI 48089</b></p> <p>4. Purpose: <u>NEWS ARTICLE</u></p> <p><input type="checkbox"/> Fund Raiser</p>                 | <p>5. <u>TIM BUSSINEAN</u><br/>Name of Candidate</p> <p><u>Trustee MACOMB Twp</u><br/>Office Sought &amp; District # or Jurisdiction</p> <p><u>MACOMB</u><br/>County</p> <p>_____</p> <p>Ballot Proposal<br/><input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement</p> | <p><u>10-21-20</u><br/>Date</p> | <p><u>\$ 478</u></p>   | <p><u>\$ -</u></p> <p><a href="#">Click Here for Memo Itemization Type</a></p> |
| <p>Expenditure #4<br/>Name &amp; Address:</p> <p>4. Purpose: _____</p> <p><input type="checkbox"/> Fund Raiser</p>                                                                                                                             | <p>5. _____<br/>Name of Candidate</p> <p>_____</p> <p>Office Sought &amp; District # or Jurisdiction</p> <p>_____</p> <p>County</p> <p>_____</p> <p>Ballot Proposal<br/><input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement</p>                                      | <p>_____</p>                    | <p>_____</p>           | <p>_____</p> <p><a href="#">Click Here for Memo Itemization Type</a></p>       |

Subtotal this page

4,759.00

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

4,759.00

Enter this total  
on line 8a of the  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 2F  
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 138970  
2. Committee Name MACOMB TWP LEADERSHIP P.A.C.

- USE A SEPARATE SHEET FOR EACH EVENT -

|                                                    |                                                                                             |                                                            |                                                                                                                                                                                                    |
|----------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. Date Event Was Held<br><br><u>SEPT 12, 2020</u> | 4. Number of Individuals Attending or Participating (whichever is greater)<br><br><u>65</u> | 5. Type of Fund Raising Activity<br><br><u>GOLF OUTING</u> | 6. Address and Name (If any) of the place where the activity was held<br><br><u>17600 CLINTON RIVER RD</u><br><u>CLINTON TWP, MI</u><br><u>48038</u><br><input type="checkbox"/> Private Residence |
|----------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

7. Total Contributions

\$

8. Other Receipts

9. Gross Receipts (Add lines 7 and 8)

\$ 3,500.<sup>00</sup>

10. Total Cost of Event

\*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.