



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

20 JUL 2022 PM 02:29

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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**CANDIDATE COMMITTEE
COVER PAGE**

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

3. This Statement covers From: 01/01/2022 to 07/17/2022

1. Committee I.D. Number 139814	4. Candidate Last Name XIONG	First Name MAI	M.I. H
2. Committee Name MAI XIONG FOR COUNTY COMMISSIONER	4a. Office Sought Including District # or Community Served (If applicable) 11 COUNTY COMMISSIONER, MACOMB COUNTY		
	4b. County of Residence MACOMB COUNTY		

5. Committee's Mailing Address P.O. BOX 5385 WARREN, MI 48090	6. Treasurer's Name & Residential Address MAI XIONG 32820 NEWCASTLE DRIVE WARREN, MI 48093
Area Code and Phone <u>(586) 782-2298</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.	Area Code & Phone <u>(586) 782-2298</u>

7. Treasurer's Business Address 32820 NEWCASTLE DRIVE WARREN, MI 48093	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
Area Code and Phone <u>(586) 782-2298</u>	Area Code and Phone _____

9. TYPE OF STATEMENT 9a. ☒ Pre-Election OR 9b. ☐ Post-Election Pre-Election or Post-Election Statement relates to: ☒ Primary ☐ General ☐ Convention ☐ Special ☐ School ☐ Caucus Date of Election, Convention or Caucus <u>08/02/2022</u>	Required ONLY if candidate is not on the ballot for the current year: ☐ July Quarterly ☐ October Quarterly 9c. ☐ Annual Statement () Coverage Year 9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	9e. Dissolution of Candidate Committee ☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution _____ Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
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10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.	
Current Treasurer or Designated Record keeper _____ Type or Print Name Signature	Submitted electronically, signature on file Date <u>07/20/2022</u>
Candidate _____ Type or Print Name Signature	Submitted electronically, signature on file Date <u>07/20/2022</u>



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139814

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name MAI XIONG FOR COUNTY COMMISSIONER

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>14,305.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>14,305.00</u>	(18.) \$ <u>16,782.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>14,305.00</u>	(20.) \$ <u>16,782.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>13,086.66</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>13,086.66</u>	(23.) \$ <u>15,164.82</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>2,500.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>989.68</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>14,305.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>15,294.68</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>13,086.66</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2,208.02</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139814
2. Committee Name MAI XIONG FOR COUNTY COMMISSIONER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/10/2022</u>	
Name & Address: PAUL WOJNO 32025 MARGARET CT WARREN, MI 48093		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STATE SENATOR</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>6300 BINSFELD BLDG, POST OFFICE BOX 30036, LANSING, MI 48909</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/14/2022</u>	
Name & Address: ALLY LEE 57539 RIDGEWOOD DR WASHINGTON, MI 48094		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROGRAM MANAGER</u> Employer <u>HENRY FORD HEALTH SYSTEMS</u> Business Address <u>1 FORD PLACE DR, DETROIT, MI 48201</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/14/2022</u>	
Name & Address: DWAYNE WILLIAMS 24521 PINEHURST AVE OAK PARK, MI 48237		\$ <u>5.00</u>	\$ <u>5.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/12/2022</u>	
Name & Address: BRIDGET HUFF 3696 KRAFFT RD FORT GRATIOT TWP, MI 48059		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **455.00**

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

Enter this total on
line 3a of Summary
Page.



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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/12/2022</u>	
Name & Address: DAN MOEN 34311 COASTAL DR STERLING HEIGHTS, MI 48310		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/12/2022</u>	
Name & Address: STEPHANIE CHANG 2900 E JEFFERSON #C1 DETROIT, MI 48207		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/12/2022</u>	
Name & Address: JOEL RUTHERFORD 5683 STORROW CT WARREN, MI 48092		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/15/2022</u>	
Name & Address: HENRY NEWNAN 27156 GAIL DR WARREN, MI 48093		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 250.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/25/2022</u>	
Name & Address: ED BRULEY 38157 RADDE ST CLINTON TWP, MI 48036		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/25/2022</u>	
Name & Address: MAYSEE NOU 5242 N GEORGETOWN RD GRAND BLANC, MI 48439		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/25/2022</u>	
Name & Address: GOWHNOU LEE 7035 TEN HL RD WEST BLOOMFIELD, MI 48322		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RESTAURANT MANAGER</u> Employer <u>GO SY THAI</u> Business Address <u>4240 CASS AVE, STE 103, DETROIT, MI 48201</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/26/2022</u>	
Name & Address: CAROLINE POLLY 6556 VALLEY FORGE DR WASHINGTON, MI 48094		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HR DIRECTOR</u> Employer <u>BANGKOK 96 FOODSERVICE</u> Business Address <u>2450 S TELEGRAPH RD, DEARBORN, MI 48124</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 600.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2022</u>	
Name & Address: DAN COLLING 22616 RAYMOND ST ST CLAIR SHORES, MI 48082		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2022</u>	
Name & Address: DONNA CANGEMI 11235 HEMLOCK DR STERLING HEIGHTS, MI 48312		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2022</u>	
Name & Address: FRED MILLER 162 RIVERSIDE DR MT CLEMENS, MI 48043		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/28/2022</u>	
Name & Address: CHOU XIONG 2313 E BALDWIN RD GRAND BLANC, MI 48439		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 275.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/29/2022</u>	
Name & Address: LARRY LIPTON 2543 ESSEX LN BLOOMFIELD HILLS, MI 48304		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/02/2022</u>	
Name & Address: ANGELA XIONG 1161 VALLEYVIEW DR CLARKSTON, MI 48348		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DESIGNER</u> Employer <u>INALFA ROOF SYSTEMS</u> Business Address <u>1161 VALLEYVIEW DR, CLARKSTON, MI 48348</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/03/2022</u>	
Name & Address: EARL CLARK 4649 E THIRTEEN MILE RD WARREN, MI 48092		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/04/2022</u>	
Name & Address: BRITTNEY ELLIS 12311 WINDCLIFF DR DAVISBURG, MI 48350		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 400.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/05/2022</u>	
Name & Address: ROGER HOLTSLANDER 23140 WELLINGTON CRESCENT CLINTON TWP, MI 48036		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/05/2022</u>	
Name & Address: DOUACHY LOR 8100 DEMETRE AVE SACRAMENTO, CA 95828		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>8100 DEMETRE AVE, SACRAMENTO, CA 95828</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/05/2022</u>	
Name & Address: PETER TRANCHIDA 80 BELLE MEADE RD GROSSE POINTE SHORES, MI 48236		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>30061 SCHOENHERR RD, WARREN, MI 48088</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/05/2022</u>	
Name & Address: STEPHEN FINN 32631 DESMOND DR WARREN, MI 48093		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 900.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/05/2022</u>	
Name & Address: GARY CYNOWA 45451 FIELDING ST MACOMB, MI 48042		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/05/2022</u>	
Name & Address: SHONG DEMATTOS 6933 OLDFIELDS LN ZIONSVILLE, IN 46077		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/08/2022</u>	
Name & Address: JEANNE HUNTON 8831 INDEPENDENCE DR STERLING HEIGHTS, MI 48313		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/12/2022</u>	
Name & Address: MAY XIONG 16575 WASHINGTON SQUARE APT L CLINTON TWP, MI 48035		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LENDING ASSISTANT</u> Employer <u>JP MORGAN CHASE</u> Business Address <u>33051 SCHOENHERR RD, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 440.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/12/2022</u>	
Name & Address: JOHNNY VANG 813 HILLTOP DR DEFOREST, WI 53532		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/16/2022</u>	
Name & Address: LINDA KOCH 30563 RIDGEFIELD AVE WARREN, MI 48088		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/16/2022</u>	
Name & Address: FRED BARBRET 27844 BOHN ST ROSEVILLE, MI 48066		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/16/2022</u>	
Name & Address: JAMES KOPAS 126 NEW ST MT CLEMENS, MI 48043		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 250.00

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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/16/2022</u> Name & Address: CHARLES KOERBER 28660 ARMANDA DR WARREN, MI 48088		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/19/2022</u> Name & Address: MICHAEL CHEHAB 38410 WESTCHESTER RD STERLING HEIGHTS, MI 48310		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/20/2022</u> Name & Address: JASON TOWLER 643 HILLSDALE ST Whitmore Lake, MI 48189		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/21/2022</u> Name & Address: JOEL RUTHERFORD 5683 STORROW CT WARREN, MI 48092		\$ <u>25.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 125.00

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

1. Committee I.D. Number 139814
2. Committee Name MAI XIONG FOR COUNTY COMMISSIONER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/24/2022</u>	
Name & Address: AISHA FAROOQI 5204 BRYCE CT STERLING HEIGHTS, MI 48310		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/24/2022</u>	
Name & Address: RHONDA POWELL 365 CLINTON RIVER DR MT CLEMENS, MI 48043		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/24/2022</u>	
Name & Address: JULIE MATUZAK 38250 FAIRWAY CT CLINTON TWP, MI 48038		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/24/2022</u>	
Name & Address: KRISTINE YOUSIF 34676 FONTANA DR STERLING HEIGHTS, MI 48312		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **350.00**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139814
2. Committee Name MAI XIONG FOR COUNTY COMMISSIONER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/24/2022</u>	
Name & Address: PAULA MOUA 29535 PALOMINO AVE. WARREN, MI 48093		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/24/2022</u>	
Name & Address: DIANE YOUNG 13250 IRVINGTON DR WARREN, MI 48088		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL PLANNER</u> Employer <u>ARROWROOT</u> Business Address <u>705 BARCLAY CIR, ROCHESTER HILLS, MI 48307</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/24/2022</u>	
Name & Address: TERI DENNINGS 25196 INDEPENDENCE TR WARREN, MI 48089		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/24/2022</u>	
Name & Address: VERONICA KLINEFELT 16143 WILSON AVE EASTPOINTE, MI 48021		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 425.00

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

1. Committee I.D. Number 139814
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3. Contribution # 1	PAC Receipt? ☒ YES	4. Date of Receipt <u>05/24/2022</u>	
Name & Address: COLEMAN YOUNG FOR DETROIT 269 WALKER STREET #438 DETROIT, MI 48207		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/24/2022</u>	
Name & Address: COURTNEY FLYNN 19917 CALIFORNIA ST ST CLAIR SHORES, MI 48080		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/24/2022</u>	
Name & Address: ALLY LEE 57539 RIDGEWOOD DR WASHINGTON, MI 48094		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROGRAM MANAGER</u> Employer <u>HENRY FORD HEALTH SYSTEMS</u> Business Address <u>1 FORD PL, DETROIT, MI 48202</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/24/2022</u>	
Name & Address: LOR LEE 13175 WINDHAM DR WASHINGTON, MI 48094		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 500.00

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

1. Committee I.D. Number 139814
2. Committee Name MAI XIONG FOR COUNTY COMMISSIONER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/24/2022</u> Name & Address: HENRY YANEZ 14052 BERY DR STERLING HEIGHTS, MI 48312		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/25/2022</u> Name & Address: KARSHIA LY 125 STATE RD RICHFIELD, NC 28137		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/25/2022</u> Name & Address: GENEVIVE VANG 28553 STEELE DR WARREN, MI 48088		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>BANGKOK 96 STREET FOOD</u> Business Address <u>474 PETERBORO ST, DETROIT, MI 48201</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/28/2022</u> Name & Address: ASHLEY BRASWELL 5940 BURNHAM RD BLOOMFIELD TWP, MI 48302		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,150.00**

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

1. Committee I.D. Number 139814
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/06/2022</u>	
Name & Address: CHRISTINA HWANG 17914 MAPLE HILL DR NORTHVILLE, MI 48168		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/06/2022</u>	
Name & Address: ROLAND HWANG 17914 MAPLE HILL DR NORTHVILLE, MI 48168		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LECTURER</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>505 S STATE ST, ANN ARBOR, MI 48109</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/08/2022</u>	
Name & Address: MOR XIONG 94 MARQUETTE ST PONTIAC, MI 48342		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANICURIST</u> Employer <u>SELF EMPLOYED</u> Business Address <u>94 MARQUETTE ST, PONTIAC, MI 48342</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/11/2022</u>	
Name & Address: TONI MOCERI 2948 N SEATON CIRCUIT ST WARREN, MI 48091		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 700.00

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

1. Committee I.D. Number 139814
2. Committee Name MAI XIONG FOR COUNTY COMMISSIONER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/23/2022</u> Name & Address: CARLI FETTIG 250 PROMENADE PL LAS VEGAS, NV 89106		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/25/2022</u> Name & Address: MEGAN SWEET 301 BROADWAY AVE ALAMEDA, CA 94501		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/25/2022</u> Name & Address: THERESA ORLASKE-RICH 34067 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/26/2022</u> Name & Address: KHALID TURK 3071 SILVA WAY SAN RAMON, CA 94582		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 275.00

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

1. Committee I.D. Number 139814
2. Committee Name MAI XIONG FOR COUNTY COMMISSIONER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/26/2022</u>	
Name & Address: LAROME MYRICK 12 EAGLE ST PROVIDENCE, RI 02908		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/26/2022</u>	
Name & Address: MARWAN KHALIFA 1687 MONARCH COSTA MESA, CA 92627		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/26/2022</u>	
Name & Address: BETHLEEN MCCALL 37946 COUNTY ROAD L YUMA, CO 80759		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/26/2022</u>	
Name & Address: MATTHEW LUNN 12771 BUFFINGTON TRL PARKER, CO 80134		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **175.00**

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

1. Committee I.D. Number 139814
2. Committee Name MAI XIONG FOR COUNTY COMMISSIONER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/26/2022</u>	
Name & Address: SHANNON DOUVIER 41663 COUNTY RD 2 RICE, MN 56367		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/26/2022</u>	
Name & Address: CARRIE WARREN-GULLY 7009 S STEELE ST CENTENNIAL, CO 80122		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/26/2022</u>	
Name & Address: ARCHIE GRAY 4135 N ARROWLEAF LP POST FALLS, ID 83854		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/26/2022</u>	
Name & Address: ANNE HAIRSTON-STRANG 4780 BAR NECK RD TILGHMAN ISLAND, MD 21671		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 300.00

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

1. Committee I.D. Number 139814
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/27/2022</u> Name & Address: KINGSLEY SEARS 5634 HARTLEIN DR WARREN, MI 48092		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☒ YES 4. Date of Receipt <u>06/28/2022</u> Name & Address: MICHIGAN REGIONAL COUNCIL OF CARPENTERS 11687 AMERICAN ST SUITE 200 DETROIT, MI 48204		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
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 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/01/2022</u> Name & Address: DANIEL UNSWORTH 77 HOLT ST WATERTOWN, MA 02472		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/01/2022</u> Name & Address: JEFFERSON CHENG 5680 HUMMER LAKE RD OXFORD, MI 48371		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,400.00**

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

1. Committee I.D. Number 139814
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/02/2022</u>	
Name & Address: YER VANG 12413 MOCERI DR GRAND BLANC, MI 48439		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/06/2022</u>	
Name & Address: VERONICA KLINEFELT 16143 WILSON AVE EASTPOINTE, MI 48021		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/06/2022</u>	
Name & Address: LARRY LIPTON 2543 ESSEX LN BLOOMFIELD HILLS, MI 48304		\$ <u>10.00</u>	\$ <u>35.00</u>
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	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/09/2022</u>	
Name & Address: STEVEN VANG 1750 BEECH LN DR TROY, MI 48083		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CO-OWNER</u> Employer <u>BANGKOK96 RESTAURANT</u> Business Address <u>2450 S TELEGRAPH RD, DEARBORN, MI 48124</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 360.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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1. Committee I.D. Number 139814
2. Committee Name MAI XIONG FOR COUNTY COMMISSIONER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/09/2022</u>	
Name & Address: IA VANG 8035 HIGH POINT TRL WHITE LAKE, MI 48386		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>POLISHED LOUNGE LLC</u> Business Address <u>4417 2ND AVE, DETROIT, MI 48201</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/09/2022</u>	
Name & Address: YING VANG 17211 MARTIN RD ROSEVILLE, MI 48066		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STORE DIRECTOR</u> Employer <u>MEIJER</u> Business Address <u>25225 SCHOENHERR RD, WARREN, MI 48089</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2022</u>	
Name & Address: GUY VANG 28553 STEELE DR WARREN, MI 48088		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CO-OWNER</u> Employer <u>BANGKOK 96 STREET FOOD</u> Business Address <u>474 PETERBORO ST, DETROIT, MI 48201</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2022</u>	
Name & Address: GAO VANG 39809 ERIE ST HARRISON TWP, MI 48045		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,550.00**

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

1. Committee I.D. Number 139814
2. Committee Name MAI XIONG FOR COUNTY COMMISSIONER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2022</u>	
Name & Address: KIA VANG 30978 SUTHERLAND AVE WARREN, MI 48088		\$ <u>175.00</u>	\$ <u>175.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>K VITALITY SPA</u> Business Address <u>13775 E THIRTEEN MILE RD, WARREN, MI 48088</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2022</u>	
Name & Address: YANG SHOUA 27329 ROAN DR WARREN, MI 48093		\$ <u>175.00</u>	\$ <u>175.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF-EMPLOYED</u> Employer <u>SSTARDUST NAILS</u> Business Address <u>13775 13 MILE RD, WARREN, MI 48088</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2022</u>	
Name & Address: CHOUA THAO 63703 PROVIDENCE DR WASHINGTON, MI 48095		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2022</u>	
Name & Address: SUSAN YANG 1859 PAGEL AVE LINCOLN PARK, MI 48146		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTANT</u> Employer <u>SELF-EMPLOYED</u> Business Address <u>1859 PAGEL AVE, LINCOLN PARK, MI 48146</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 650.00

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

1. Committee I.D. Number 139814
2. Committee Name MAI XIONG FOR COUNTY COMMISSIONER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/11/2022</u>	
Name & Address: BECKY MOUA 7265 ARBOR TRAIL APT 105 WATERFORD TWP, MI 48327		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/11/2022</u>	
Name & Address: LOURDES SOTO 1A GIBSON BLVD VALLEY STREAM, NY 11581		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/11/2022</u>	
Name & Address: EMILY LOCO 6427 BEACON HILL DR WASHINGTON, MI 48094		\$ <u>20.00</u>	\$ <u>20.00</u>
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	PAC Receipt? ☒ YES	4. Date of Receipt <u>07/13/2022</u>	
Name & Address: UAW MICHIGAN V-PAC 8000 E JEFFERSON DETROIT, MI 48214		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 1,100.00

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

1. Committee I.D. Number 139814
2. Committee Name MAI XIONG FOR COUNTY COMMISSIONER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/14/2022</u>	
Name & Address: MICHAEL WANT 45 MARGARET ROAD ABINGTON, MA 02451		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/14/2022</u>	
Name & Address: SHERRELLE EVANS-JONES 936 S OLD ORCHARD LN LEWISVILLE, TX 75067		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/14/2022</u>	
Name & Address: STEPHEN J DOHERTY JR PO BOX 53 HAVERHILL, MA 01831		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/14/2022</u>	
Name & Address: PACHIA RAHAL 822 N MILDRED ST Dearborn, MI 48128		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 250.00

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

1. Committee I.D. Number 139814
2. Committee Name MAI XIONG FOR COUNTY COMMISSIONER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/14/2022</u>	
Name & Address: SHARON SUBAAN 3321 NOOR WAY DOUGLASVILLE, GA 30135		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/14/2022</u>	
Name & Address: DAVID KING 103 CUSHING AVE BELMONT, MA 02478		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/14/2022</u>	
Name & Address: MARY HALL-RAYFORD 17101 VERONICA AVE EASTPOINTE, MI 48021		\$ <u>10.00</u>	\$ <u>10.00</u>
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	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/14/2022</u>	
Name & Address: PATRICE TONEY 1032 TIMBERLINE RIDGE CT WINSTON-SALEM, NC 27106		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **160.00**

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

1. Committee I.D. Number 139814
2. Committee Name MAI XIONG FOR COUNTY COMMISSIONER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2022</u>	
Name & Address: TONY VUE 4033 APRIL DR UNIONTOWN, OH 44685		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2022</u>	
Name & Address: SYEDA ARBAB 1221 S EADS ST ARLINGTON, VA 22202		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2022</u>	
Name & Address: AAMINA AHMED 336 LENOX DR CANTON, MI 48188		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2022</u>	
Name & Address: BEN TISDEL P.O. BOX 1076 OURAY, CO 81427		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 300.00

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

1. Committee I.D. Number 139814
2. Committee Name MAI XIONG FOR COUNTY COMMISSIONER

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2022</u>	
Name & Address: MELODY MAGEE 25800 TIMBERLINE DR WARREN, MI 48091		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2022</u>	
Name & Address: ARMEEN MISTRY 54 WEBBER PL GROSSE POINTE SHORES, MI 48236		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/16/2022</u>	
Name & Address: JEANNAE LEGER 1424 REYNOSA LOOP SE RIO RANCHO, NM 87124		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/16/2022</u>	
Name & Address: JEFFREY VANG 32822 GREENWOOD CHESTERFIELD, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **300.00**

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

1. Committee I.D. Number 139814
2. Committee Name MAI XIONG FOR COUNTY COMMISSIONER

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/16/2022</u>	
Name & Address: MICHAEL MCGILL 1501 E 4TH ST AUSTIN, TX 76702		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2022</u>	
Name & Address: IA KUE 35806 STOERKEL ST HARRISON TWP, MI 48045		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>LIFETIME FAMILY CARE</u> Business Address <u>26393 DEQUINDRE RD, MADISON HEIGHTS, MI 48071</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2022</u>	
Name & Address: CLIFFORD PATTON 39150 AYNESLEY ST CLINTON TWP, MI 48038		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2022</u>	
Name & Address: JOHN BRANNIGAN GORTSKEAGH CAVAN, H12TX43 IRELAND,		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **665.00**

Grand Total of All Schedules 1A
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14,305.00

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **139814**
2. Committee Name **MAI XIONG FOR COUNTY COMMISSIONER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name VANTIV Address 8500 GOVERNORS HILL DR SYMMES TOWNSHIP, OH 45249 ☐ Fund Raiser	Purpose: <u>ACTBLUE TRANSACTION FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/09/2022</u> Date	\$ <u>0.50</u>
Expenditure #2 Name ACT BLUE Address PO BOX 441146 SOMMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/16/2022</u> Date	\$ <u>0.50</u>
Expenditure #3 Name ACT BLUE Address PO BOX 441146 SOMMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/04/2022</u> Date	\$ <u>3.83</u>
Expenditure #4 Name VANTIV Address 8500 GOVERNORS HILL DR SYMMES TOWNSHIP, OH 45249 ☐ Fund Raiser	Purpose: <u>ACTBLUE TRANSACTION FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/11/2022</u> Date	\$ <u>9.13</u>
Expenditure #5 Name MICHIGAN DEMOCRATIC PARTY Address 606 TOWNSEND ST LANSING, MI 48933 ☐ Fund Raiser	Purpose: <u>VAN VOTER FILE ACCESS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/12/2022</u> Date	\$ <u>150.00</u>

Subtotal this page

163.96

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **139814**
2. Committee Name **MAI XIONG FOR COUNTY COMMISSIONER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SIERRA CLUB Address 2101 WEBSTER ST OAKLAND, CA 94612 ☐ Fund Raiser	Purpose: <u>MEMBERSHIP DONATION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/13/2022</u> Date	\$ <u>39.00</u>
Expenditure #2 Name WARREN STERLING HEIGHTS AREA DEMOCRATIC CLUB Address 31428 SARATOGA AVE WARREN, MI 48093 ☐ Fund Raiser	Purpose: <u>DINNER TICKET</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/13/2022</u> Date	\$ <u>75.00</u>
Expenditure #3 Name USPS Address 28401 MOUND RD WARREN, MI 48090 ☐ Fund Raiser	Purpose: <u>POSTAGE STAMPS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/13/2022</u> Date	\$ <u>11.60</u>
Expenditure #4 Name USPS Address 28401 MOUND RD WARREN, MI 48090 ☐ Fund Raiser	Purpose: <u>POSTAGE STAMPS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/18/2022</u> Date	\$ <u>58.00</u>
Expenditure #5 Name ACT BLUE Address PO BOX 441146 SOMMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/04/2022</u> Date	\$ <u>16.52</u>

Subtotal this page

200.12

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **139814**
2. Committee Name **MAI XIONG FOR COUNTY COMMISSIONER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name VANTIV Address 8500 GOVERNORS HILL DR SYMMES TOWNSHIP, OH 45249 ☐ Fund Raiser	Purpose: <u>ACTBLUE TRANSACTION FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/10/2022</u> Date	\$ <u>32.34</u>
Expenditure #2 Name MASS MAILING Address 35468 MOUND RD STERLING HEIGHTS, MI 48310 ☐ Fund Raiser	Purpose: <u>MOTHERS DAY MAILER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/12/2022</u> Date	\$ <u>1,100.40</u>
Expenditure #3 Name AMERICAN GRAPHICS PRINTING CO Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: <u>LITERATURE HANDOUT PRINTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/23/2022</u> Date	\$ <u>546.96</u>
Expenditure #4 Name AMERICAN GRAPHICS PRINTING CO Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: <u>MOTHERS DAY CARDS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/24/2022</u> Date	\$ <u>2,361.68</u>
Expenditure #5 Name THE DOVETAIL Address 29200 HOOVER RD WARREN, MI 48093 ☒ Fund Raiser	Purpose: <u>COFFEE FUNDRAISER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/25/2022</u> Date	\$ <u>86.25</u>

Subtotal this page **4,127.63**

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **139814**
2. Committee Name **MAI XIONG FOR COUNTY COMMISSIONER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name USPS Address 28401 MOUND RD WARREN, MI 48090 ☐ Fund Raiser	Purpose: POSTAGE STAMPS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/26/2022 Date	\$ 41.80
Expenditure #2 Name USPS Address 28401 MOUND RD WARREN, MI 48090 ☐ Fund Raiser	Purpose: POSTAGE STAMPS FOR POSTCARDS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/26/2022 Date	\$ 160.40
Expenditure #3 Name MAI XIONG Address 32820 NEWCASTLE DR WARREN, MI 48093 ☐ Fund Raiser	Purpose: DEBT PAYMENT ☒ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/27/2022 Date	\$ 555.00
Expenditure #4 Name MAI XIONG Address 32820 NEWCASTLE DRIVE WARREN, MI 48093 ☐ Fund Raiser	Purpose: DEBT PAYMENT ☒ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/27/2022 Date	\$ 500.00
Expenditure #5 Name USPS Address 28401 MOUND RD WARREN, MI 48090 ☐ Fund Raiser	Purpose: POSTAGE STAMPS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/28/2022 Date	\$ 800.00

Subtotal this page **2,057.20**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **139814**
2. Committee Name **MAI XIONG FOR COUNTY COMMISSIONER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACT BLUE Address PO BOX 441146 SOMMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: PROCESSING FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/03/2022 Date	\$ 34.75
Expenditure #2 Name AMERICAN GRAPHICS PRINTING CO Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: YARD SIGNS PRINTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/03/2022 Date	\$ 490.25
Expenditure #3 Name VANTIV Address 8500 GOVERNORS HILL DR SYMMES TOWNSHIP, OH 45249 ☐ Fund Raiser	Purpose: ACTBLUE TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/09/2022 Date	\$ 59.56
Expenditure #4 Name MAI XIONG Address 32820 NEWCASTLE DRIVE WARREN, MI 48093 ☐ Fund Raiser	Purpose: DEBT PAYMENT ☒ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/21/2022 Date	\$ 1,000.00
Expenditure #5 Name ACT BLUE Address PO BOX 441146 SOMMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: PROCESSING FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/07/2022 Date	\$ 25.51

Subtotal this page

1,610.07

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

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Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **139814**
2. Committee Name **MAI XIONG FOR COUNTY COMMISSIONER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name AMERICAN GRAPHICS PRINTING CO Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: YARD SIGNS PRINTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/08/2022 Date	\$ 233.20
Expenditure #2 Name AMERICAN GRAPHICS PRINTING CO Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: 5X7 POSTCARDS PRINTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/08/2022 Date	\$ 509.86
Expenditure #3 Name MAI XIONG Address 32820 NEWCASTLE DRIVE WARREN, MI 48093 ☐ Fund Raiser	Purpose: DEBT PAYMENT ☒ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/10/2022 Date	\$ 476.00
Expenditure #4 Name VANTIV Address 8500 GOVERNORS HILL DR SYMMES TOWNSHIP, OH 45249 ☐ Fund Raiser	Purpose: ACTBLUE TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/11/2022 Date	\$ 46.16
Expenditure #5 Name MAI XIONG Address 32820 NEWCASTLE DRIVE WARREN, MI 48093 ☐ Fund Raiser	Purpose: DEBT PAYMENT ☒ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/11/2022 Date	\$ 260.00

Subtotal this page

1,525.22

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

Enter this total
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Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **139814**
2. Committee Name **MAI XIONG FOR COUNTY COMMISSIONER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MAI XIONG Address 32820 NEWCASTLE DRIVE WARREN, MI 48093 ☐ Fund Raiser	Purpose: DEBT PAYMENT ☒ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/12/2022 Date	\$ 1,000.00
Expenditure #2 Name AMERICAN GRAPHICS PRINTING CO Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: 4X6 POSTCARDS PRINTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/13/2022 Date	\$ 114.48
Expenditure #3 Name MAI XIONG Address 32820 NEWCASTLE DRIVE WARREN, MI 48093 ☐ Fund Raiser	Purpose: DEBT PAYMENT ☒ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/14/2022 Date	\$ 500.00
Expenditure #4 Name MASS MAILING Address 35468 MOUND RD STERLING HEIGHTS, MI 48310 ☐ Fund Raiser	Purpose: POSTCARD MAILING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/14/2022 Date	\$ 1,187.98
Expenditure #5 Name MAI XIONG Address 32820 NEWCASTLE DRIVE WARREN, MI 48093 ☐ Fund Raiser	Purpose: DEBT PAYMENT ☒ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/17/2022 Date	\$ 500.00

Subtotal this page **3,302.46**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **139814**
2. Committee Name **MAI XIONG FOR COUNTY COMMISSIONER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name JOHN BRANNIGAN Address GORTSKEAGH CAVAN, H12TX43 IRELAND, ☐ Fund Raiser	Purpose: REFUND ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/17/2022 Date	\$ 100.00
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type

Subtotal this page **100.00**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **13,086.66**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139814
2. Committee Name MAI XIONG FOR COUNTY COMMISSIONER

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: MAI XIONG 32820 NEWCASTLE DRIVE WARREN, MI 48093	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> <u>01/28/2020</u> 6. <u>Original Amount of Debt:</u> \$ <u>555.00</u>	05/27/22 \$ <u>555.00</u> _____ \$ _____ _____ \$ _____ _____	\$ <u>555.00</u>	\$ <u>0.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? ☐ Yes Owed to or by: MAI XIONG 32820 NEWCASTLE DRIVE WARREN, MI 48093	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> <u>02/11/2020</u> 6. <u>Original Amount of Debt:</u> \$ <u>2,000.00</u>	06/21/22 \$ <u>1,000.00</u> 07/12/22 \$ <u>1,000.00</u> _____ \$ _____ _____ \$ _____ _____	\$ <u>2,000.00</u>	\$ <u>0.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #3 Corp? ☐ Yes Owed to or by: MAI XIONG 32820 NEWCASTLE DRIVE WARREN, MI 48093	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> <u>05/12/2020</u> 6. <u>Original Amount of Debt:</u> \$ <u>6.00</u>	07/10/22 \$ <u>6.00</u> _____ \$ _____ _____ \$ _____ _____	\$ <u>6.00</u>	\$ <u>0.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				

Page Subtotal (Outstanding debt)

0.00

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

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

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139814
2. Committee Name MAI XIONG FOR COUNTY COMMISSIONER

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: MAI XIONG 32820 NEWCASTLE DRIVE WARREN, MI 48093	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> <u>06/17/2020</u> 6. <u>Original Amount of Debt:</u> \$ <u>3,260.00</u>	07/11/22 \$ <u>260.00</u> 07/17/22 \$ <u>500.00</u> \$ _____ \$ _____ \$ _____	\$ <u>760.00</u>	\$ <u>2,500.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? ☐ Yes Owed to or by: MAI XIONG 32820 NEWCASTLE DRIVE WARREN, MI 48093	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> <u>08/05/2020</u> 6. <u>Original Amount of Debt:</u> \$ <u>500.00</u>	05/27/22 \$ <u>500.00</u> \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>500.00</u>	\$ <u>0.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #3 Corp? ☐ Yes Owed to or by: MAI XIONG 32820 NEWCASTLE DRIVE WARREN, MI 48093	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> <u>07/19/2021</u> 6. <u>Original Amount of Debt:</u> \$ <u>470.00</u>	07/10/22 \$ <u>470.00</u> \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>470.00</u>	\$ <u>0.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				

Page Subtotal (Outstanding debt)

2,500.00

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

2,500.00

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

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



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **139814**
2. Committee Name **MAI XIONG FOR COUNTY COMMISSIONER**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 05/24/2022	4. Number of Individuals Attending or Participating (whichever is greater) 15	5. Type of Fund Raising Activity COFFEE FUNDRAISER	6. Address and Name (If any) of the place where the activity was held. THE DOVETAIL 29200 HOOVER RD WARREN, MI 48093 ☐ Private Residence
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7. Total Contributions **2,090.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **2,090.00**
10. Total Cost of Event **86.25**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **139814**
2. Committee Name **MAI XIONG FOR COUNTY COMMISSIONER**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 07/10/2022	4. Number of Individuals Attending or Participating (whichever is greater) 30	5. Type of Fund Raising Activity KOI POND FUNDRAISER	6. Address and Name (If any) of the place where the activity was held. 6556 VALLEY FORGE DR WASHINGTON, MI 48094 ☐ Private Residence
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7. Total Contributions **4,010.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **4,010.00**
10. Total Cost of Event **0.00**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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