



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INDEPENDENT/POLITICAL
COMMITTEE COVER PAGE**

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

FOR OFFICIAL USE ONLY

3. This Statement covers From: <u>10/24/22</u> To <u>11/28/22</u>	
1. Committee I.D. Number <u>136701</u>	4. Committee's Mailing Address <u>22514 Wildwood ST</u> <u>St Clair Shores MI 48081</u> Area Code and Phone <u>586-764-2187</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 <u>Warren Danford</u> <u>22514 Wildwood</u> <u>St Clair Shores MI 48081</u> Area Code and Phone <u>586-764-2187</u>	
6. Treasurer's Business Address Area Code and Phone	7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) Area Code and Phone
8. TYPE OF STATEMENT: APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>STATE LEVEL</u>	
8a. <u>QUARTERLY STATEMENTS</u> ☐ February 15 ☐ July 25 ☐ April 25 ☐ October 25 8b. ☐ SPECIAL ELECTION INDEPENDENT EXPENDITURE REPORT	APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>COUNTY LEVEL</u> 8c. ☐ ANNUAL STATEMENT (_____ Coverage Year) 8d. ☐ PRE-ELECTION OR 8e. ☒ POST-ELECTION Pre-Election or Post-Election Statement relates to: ☐ PRIMARY ☒ GENERAL ☐ CONVENTION ☐ SCHOOL ☐ SPECIAL ☐ CAUCUS Date of Election, Convention or Caucus: <u>Nov 8, 2022</u> ☐ July 25 Quarterly ☐ October 25 Quarterly APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>STATE AND COUNTY LEVEL</u> 8f. ☐ AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h to indicate which Statement is being amended) 8g. ☐ DISSOLUTION OF COMMITTEE Effective Date of Dissolution _____ By checking this item, I/We certify that the committee has no asset or outstanding debts, including late filing fees. Further, I request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 2B and the Summary Page.
9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.	
Current Treasurer or Designated Record Keeper <u>Warren C Danford Jr</u> Type or Print Name <u>Warren C Danford Jr</u> Signature Date <u>Dec 7, 2022</u>	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number

136701

2. Committee Name

St Clair Shores Democratic Club

SUMMARY PAGE
INDEPENDENT OR POLITICAL COMMITTEE

RECEIPTS	Column I This Period	Column II Cumulative for Calendar Year
3. Contributions		
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)	(3a.) \$ 22.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 22.00	(18.) \$ 2,422
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$ 0	(19.) \$ 0
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)	(5.) \$ 22.00	(20.) \$ 2,422
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized (Schedule 2-IK, Column 7)	(6a.) \$ 0	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ NOT APPLICABLE	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ 0	(21.) \$ 0
EXPENDITURES		
8. Expenditures		
a. Itemized Direct (Schedule 2B, Column 7)	(8a.) \$ 4.48	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(8b.) \$ 0	
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(8c.) \$ 0	
d. Unitemized (less than \$50.01 each - no Schedule)	(8d.) \$ 0	
e. Subtotal of Expenditures	(8e.) \$ 4.48	(22.) \$ 54.60
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$ 0	(23.) \$ 0
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ 4.48	(24.) \$ 54.60
IN-KIND EXPENDITURES		
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)	(11.) \$ 0	(25.) \$ 0
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 2E)	(12a.) \$ 0	
b. Owed to the Committee (Schedule 2E)	(12b.) \$ 0	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ 6,551.65	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) + 22.00	
15. SUBTOTAL Add lines 13 and 14	(15.) = 6,573.65	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) - 4.48	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 6,569.17	

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

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MICHIGAN DEPARTMENT OF STATE
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ITEMIZED CONTRIBUTIONS
SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 136701

2. Committee Name St Clair Shores Democratic Club

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 10/24/22

Name & Address:

Daniel Colling
22204 Martin
St Clair Shores MI 48082

\$ 8.00 \$ 36.00

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 10/29/22

Name & Address:

David Micallef
22419 Alger
St Clair Shores MI 48080

\$ 10.00 \$ 55.00

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 10/29

Name & Address:

Dennis Nelson
3609 Country Club Dr
St Clair Shores MI 48082

\$ 4.00 \$ 10.00

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 _____

Name & Address:

\$ _____ \$ _____

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

22.00

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

22.00

Enter this total
on line 3a of
Summary Page



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ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 136 701
2. Committee Name St Clair Shores Democratic Club

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: <u>Vantiv, LLC</u> <u>8500 Governors Hill Dr</u> <u>Symmes TWP, OH 45249</u>	5. _____ Name of Candidate Office Sought & District # or Jurisdiction County	<u>11/24/22</u> Date	<u>4.48</u> \$ <u>39.66</u>	
4. Purpose: _____ ☐ Fund Raiser	☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	Click Here for Memo Itemization Type		
Expenditure #2 Name & Address:	5. _____ Name of Candidate Office Sought & District # or Jurisdiction County	_____ \$ _____ Date		
4. Purpose: _____ ☐ Fund Raiser	☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	Click Here for Memo Itemization Type		
Expenditure #3 Name & Address:	5. _____ Name of Candidate Office Sought & District # or Jurisdiction County	_____ \$ _____ Date		
4. Purpose: _____ ☐ Fund Raiser	☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	Click Here for Memo Itemization Type		
Expenditure #4 Name & Address:	5. _____ Name of Candidate Office Sought & District # or Jurisdiction County	_____ \$ _____ Date		
4. Purpose: _____ ☐ Fund Raiser	☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	Click Here for Memo Itemization Type		

Subtotal this page

4.48

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

4.48

Enter this total
on line 8a of the
Summary Page