



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED 2023 JAN 6 AM 8:28
MACOMB COUNTY CLERK

**INDEPENDENT/POLITICAL
COMMITTEE COVER PAGE**

FOR OFFICIAL USE ONLY

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

3. This Statement covers From: 1/1/2022 To 12/31/2022

1. Committee I.D. Number

137017

4. Committee's Mailing Address

Same as box 5 →

2. Committee Name

Harrison Township Professional
Firefighters PAC

Area Code and Phone ↓

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

Austin R. Masalskis - Hardie
8665 21 Mile Rd.
Shelby Twp. MI 48317

Area Code and Phone 313 580 8165

6. Treasurer's Business Address

39460 Jefferson Ave
Harrison Twp. MI 48045

Area Code and Phone 586 466 1450

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

N/A

Area Code and Phone

8. TYPE OF STATEMENT:

APPLICABLE TO INDEPENDENT AND POLITICAL
COMMITTEES REGISTERED ON STATE LEVEL

8a. QUARTERLY STATEMENTS

☐ January 31

☐ April 25

☐ July 25

☐ October 25

8b. ☐ SPECIAL ELECTION INDEPENDENT
EXPENDITURE REPORT

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ON COUNTY LEVEL

8c. ☒ ANNUAL STATEMENT
(2022 Coverage Year) Local
Candidates Exempted

8d. ☐ PRE-ELECTION OR

8e. ☐ POST-ELECTION

Pre-Election or Post-Election
Statement relates to:

☐ PRIMARY ☐ GENERAL

☐ CONVENTION ☐ SCHOOL

☐ SPECIAL ☐ CAUCUS

Date of Election, Convention or Caucus:

☐ July 25 Quarterly

☐ October 25 Quarterly

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ON

STATE AND COUNTY LEVEL

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 Austin Masalskis - Hardie , A. Masalskis - Hardie Date 12/31/22
Designated Record Keeper Type or Print Name Signature

8

COMPLETING INDEPENDENT AND POLITICAL (PAC) CAMPAIGN STATEMENT COVER PAGE

- ITEM 3: CAMPAIGN STATEMENT COVERAGE PERIOD:** Enter the dates covered by this campaign statement.
- ITEM 4: COMMITTEE MAILING ADDRESS:** Enter the committee's mailing address and telephone number.
- ITEM 5: TREASURER'S NAME AND RESIDENTIAL ADDRESS:** Enter the committee treasurer's full name, residential address and home phone number.
- ITEM 6: TREASURER'S BUSINESS ADDRESS:** Enter the committee treasurer's business address and phone number.
- ITEM 7: DESIGNATED RECORD KEEPER:** If the committee has a designated record keeper, enter his or her full name, mailing address and phone number
- ITEM 8: TYPE OF STATEMENT:** Indicate the type of campaign statement being filed by checking the appropriate box or boxes.
- ITEM 9: VERIFICATION:** The treasurer or designated record keeper must verify that all reasonable diligence was used in completion of the campaign statement and that the contents of the statement are true, accurate and complete to the best of his or her knowledge and belief. Enter the treasurer's or the designated record keeper's name were indicated. The Cover Page must be signed and dated by the committee's treasurer or designated record keeper.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 137017

2. Committee Name Harrison Township Professional Firefighters PAC

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.) \$ <u>\$700.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$700.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$ <u>\$25.00</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)	(5.) \$ <u>\$725.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized (Schedule 2-1K, Column 7)	(6a.) \$ _____	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ _____	(21.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized Direct (Schedule 2B, Column 7)	(8a.) \$ <u>\$75.32</u>	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(8b.) \$ _____	
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(8c.) \$ _____	
d. Unitemized (less than \$50.01 each - no Schedule)	(8d.) \$ _____	
e. Subtotal of Expenditures	(8e.) \$ _____	(22.) \$ _____
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$ _____	(23.) \$ _____
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>75.32</u>	(24.) \$ _____
IN-KIND EXPENDITURES		
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)	(11.) \$ _____	(25.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 2E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 2E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$5,595.81</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) + <u>725.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>\$6,320.81</u>	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) - <u>\$75.32</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$6,245.49</u>	

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

12/31/2022
AM-H



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 137017
2. Committee Name Harrison Township Firefighters PAC

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 3/8/2022

Name & Address:

Christopher Dursio
29127 Wagner
Warren MI, 48093

\$ 50.00

\$ 50.00

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

Click Here for Memo Itemization Type

Occupation Firefighter Employer Charter Twp. of Harrison

Business Address 39460 Jefferson Ave Harrison Twp, MI 48045

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

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 12/21/2022

Name & Address:

Matthew Czarniecki
25488 Rose St.
Chesterfield, MI 48051

\$ 200.00

\$

Click Here for Memo Itemization Type

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

Occupation Firefighter Employer Charter Twp. of Harrison

Business Address 39460 Jefferson Ave Harrison Twp, MI 48045

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

3. Contribution # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 12/16/2022

Name & Address:

Nick Roberts
53599 Ashley Dr.
New Baltimore, MI 48047

\$ 200.00

\$

Click Here for Memo Itemization Type

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

Occupation Firefighter Employer Charter Twp. of Harrison

Business Address 39460 Jefferson Ave. Harrison Twp, MI 48045

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

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 12/21/2022

Name & Address:

Austin Masalskis-Hardie
8665 21 Mile Rd.
Shelby Twp. MI 48317

\$ 150.00

\$

Click Here for Memo Itemization Type

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

Occupation Firefighter Employer Charter Twp. of Harrison

Business Address 39460 Jefferson Ave. Harrison Twp, MI 48045

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 137017

2. Committee Name Harrison Township Professional Firefighters PAC

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 12/21/2022

Name & Address:

Brian Bilinski
8445 Jordan
Ira Township, MI 48023

\$ 100.00

\$ _____

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

[Click Here for Memo Itemization Type](#)

Occupation Firefighter Employer Charter Twp. of Harrison

Business Address 39460 Jefferson Ave, Harrison Twp, MI 48045

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

100.00

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

700.00

Enter this total
on line 3a of
Summary Page

12/31/22 am-H



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED OTHER RECEIPTS
SCHEDULE 2A-1
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 137017

2. Committee Name Harrison Township Professional Firefighters

PAC

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: Michigan Schools & Government Credit Union 45126 Market Place Chesterfield, MI 48051	Date of Receipt <u>9/11/2022</u>	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☒ Other (Specify) <u>Deposit needed to open new PAC bank account.</u>	\$ <u>25.00</u>
Receipt #2 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____
Receipt #3 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____
Receipt #4 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____
Receipt #5 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____
Receipt #6 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____
Receipt #7 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____

Page Subtotal

\$ 25.00

Grand Total of All Schedules 2A-1
(Complete on last page of Schedule)

\$ 25.00

Enter this total on
line 4 of Summary
Page

12/31/22 am-H



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 137017

2. Committee Name Harrison Township Professional Firefighters PAC

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>Michigan Schools & Government Credit Union</u> <u>- Purchase of business checks for new account created Jan. 2022</u> 4. Purpose: <u>Business checks</u>	5. <u>N/A</u> Name of Candidate <u>N/A</u> Office Sought & District # or Jurisdiction <u>N/A</u> County <u>N/A</u> Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>1/21/2022</u> Date	<u>\$ 75.32</u>	<u>\$ N/A</u>
☐ Fund Raiser <u>N/A</u>	Click Here for Memo Itemization Type			
Expenditure #2 Name & Address: 4. Purpose: _____	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	_____ Date	\$ _____	\$ _____
☐ Fund Raiser	Click Here for Memo Itemization Type			
Expenditure #3 Name & Address: 4. Purpose: _____	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	_____ Date	\$ _____	\$ _____
☐ Fund Raiser	Click Here for Memo Itemization Type			
Expenditure #4 Name & Address: 4. Purpose: _____	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	_____ Date	\$ _____	\$ _____
☐ Fund Raiser	Click Here for Memo Itemization Type			

Subtotal this page \$75.32

Grand Total of all Schedules 2B
(Complete on last page of Schedule) \$75.32

Enter this total
on line 8a of the
Summary Page

12/31/2022 am-*