



FILED

28 JUL 2023 PM 02:47

MACOMB COUNTY CLERK
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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: 01/01/2023 to 07/23/2023

1. Committee I.D. Number

140125

2. Committee Name

FRIENDS OF PATRICK GREEN

5. Committee's Mailing Address

**3929 MARLENE DRIVE
WARREN, MI 48092**

Area Code and Phone (586) 524-1315
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.

4. Candidate Last Name

GREEN

First Name

PATRICK

M.I.

S

4a. Office Sought Including District # or Community Served (If applicable)

MAYOR, WARREN

4b. County of Residence **MACOMB COUNTY**

6. Treasurer's Name & Residential Address

**PATRICK S GREEN
3929 MARLENE DRIVE
WARREN, MI 48092**

Area Code & Phone (586) 524-1315

7. Treasurer's Business Address

**3929 MARLENE DRIVE
WARREN, MI 48092**

Area Code and Phone (586) 524-1315

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

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

08/08/2023

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 late 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.

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

07/28/2023

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/28/2023



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140125

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name FRIENDS OF PATRICK GREEN

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>33,400.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>33,400.00</u>	(18.) \$ <u>47,900.00</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>33,400.00</u>	(20.) \$ <u>47,900.00</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>136,291.39</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>136,291.39</u>	(23.) \$ <u>136,291.39</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>50,000.00</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>115,158.01</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>33,400.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>148,558.01</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>136,291.39</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>12,266.62</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140125
2. Committee Name FRIENDS OF PATRICK GREEN

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>01/23/2023</u>	
Name & Address: MICHAEL WIETECH 21633 EDGEWOOD ST ST CLAIR SHORES, MI 48080		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MADDOX ENTERPRISES</u> Business Address <u>13330 E 10 MILE RD, WARREN, MI 48089</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/25/2023</u>	
Name & Address: RAMZI KAZEM 13700 E 12 MILE WARREN, MI 48088		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>ABE'S CENTRAL</u> Business Address <u>13770 TWELVE 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>02/02/2023</u>	
Name & Address: FADI MOUFID 13603 E THIRTEEN MILE RD WARREN, MI 48088		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>HADDAD PETRO MART</u> Business Address <u>13603 13 MILE 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>02/03/2023</u>	
Name & Address: WALTER HAGE 21351 VAN DYKE AVE WARREN, MI 48089		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,550.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140125
2. Committee Name FRIENDS OF PATRICK GREEN

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>02/07/2023</u>	
Name & Address: WAFICA ALIAHAMD 27027 SCHOENHERR RD 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>NAA PETROLEUM</u> Business Address <u>27027 SCHOENHERR 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>02/08/2023</u>	
Name & Address: SABO FOR MICHIGAN 1188 N ROBINHOOD DR MUSKEGON, MI 49445		\$ <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>02/08/2023</u>	
Name & Address: WILL SNYDER MAJORITY FUND 1445 WINCHESTER DR MUSKEGON, MI 49441		\$ <u>500.00</u>	\$ <u>500.00</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>02/21/2023</u>	
Name & Address: BRIAN CONROY 30000 RYAN RD WARREN, MI 48092		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MID MICHIGAN BATH</u> Business Address <u>30000 RYAN RD, WARREN, MI 48092</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 2,100.00

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

1. Committee I.D. Number 140125
2. Committee Name FRIENDS OF PATRICK GREEN

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>03/13/2023</u>	
Name & Address: GLENN GRABER 3919 STARSHINE TRAIL BRIGHTON, MI 48114		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/16/2023</u>	
Name & Address: HASSEN CHARARA 25135 NEWTON ST DEARBORN, MI 48124		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>WARREN QUICK LUBE INC</u> Business Address <u>20835 VAN DYKE AVE, 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>03/16/2023</u>	
Name & Address: DONNA BISHOP 3839 TWELVE MILE RD BERKLEY, MI 48072		\$ <u>800.00</u>	\$ <u>800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>DONNA M BISHOP CPA</u> Business Address <u>3839 TWELVE MILE RD, BERKLEY, MI 48072</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/16/2023</u>	
Name & Address: ROSEANNE HOOD 31344 WILLOW CT #265 WARREN, MI 48093		\$ <u>800.00</u>	\$ <u>800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,950.00**

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

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Page.



**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 140125
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/16/2023</u>	
Name & Address: LOUIS GALASSO 30705 MOROSO DR WARREN, MI 48088		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/16/2023</u>	
Name & Address: JARED SPYBROOK 6749 RIVARD AVE WARREN, MI 48091		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>HOUSE OF RUEBEN</u> Business Address <u>14693 8 MILE 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>03/16/2023</u>	
Name & Address: JASON HARVEY 36676 POPLAR DR NEW BALTIMORE, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLICE OFFICER</u> Employer <u>CITY OF WARREN</u> Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/16/2023</u>	
Name & Address: STEVEN HADDAD 6680 VACHON CT BLOOMFIELD HILLS, MI 48301		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>CAPITAL SALES COMPANY</u> Business Address <u>1471 E 9 MILE RD, HAZEL PARK, MI 48030</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,450.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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2. Committee Name FRIENDS OF PATRICK GREEN

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/16/2023</u>	
Name & Address: JONATHAN LAFFERTY 28727 CUNNINGHAM DR WARREN, MI 48092		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>COMERICA BANK</u> Business Address <u>411 W LAFAYETTE BLVD, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/16/2023</u>	
Name & Address: JACK BECHER 5350 CHICAGO RD WARREN, MI 48092		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/16/2023</u>	
Name & Address: CURT PRIEMER 54325 WHITE SPRUCE LN SHELBY TWP, MI 48315		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>WARREN POLICE</u> Employer <u>CITY OF WARREN</u> Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/16/2023</u>	
Name & Address: TONY RUBINO 38880 SAHR CT CLINTON TWP, MI 48038		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>PILOT PROPERTY GROUP</u> Business Address <u>44400 VAN DYKE AVE, 101, STERLING HEIGHTS, MI 48314</u> 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
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 140125
2. Committee Name FRIENDS OF PATRICK GREEN

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>03/16/2023</u> Name & Address: CHARLES YOUNGKIN 2399 DORIS DR BRIGHTON, MI 48114		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/16/2023</u> Name & Address: KRIS YOUNG 2410 WELLINGTON RD LANSING, MI 48910		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LEGISLATIVE DIRECTOR</u> Employer <u>MICHIGAN SENATE</u> Business Address <u>201 TOWNSEND ST, LANSING, MI 48933</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/16/2023</u> Name & Address: LEE CAMERON 30985 SCHOENHERR RD 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>PRIDE AUTO REPAIR</u> Business Address <u>30985 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>03/16/2023</u> Name & Address: BRIAN LEE 48542 VAN DYKE AVE #212 SHELBY TWP, MI 48317		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>METRO HOME IMPROVEMENTS</u> Business Address <u>48542 VAN DYKE AVE, #212, SHELBY TWP, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,700.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/16/2023</u>	
Name & Address: DENI BOZINOVSKI 1711 E AUBURN RD ROCHESTER HILLS, MI 48307		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>FAST EDDIES SPORTS BAR</u> Business Address <u>15015 13 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>03/16/2023</u>	
Name & Address: DAWN MICHIRINA 28253 FLANDERS AVE WARREN, MI 48088		\$ <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>03/16/2023</u>	
Name & Address: JIM HACKNEY 15318 CAMBRIDGE DR FRASER, MI 48026		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>PEAK ELECTRIC</u> Business Address <u>15318 CAMBRIDGE DR, FRASER, MI 48026</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/16/2023</u>	
Name & Address: BRAD WERNER 13028 HONEY LOCUST DR SHELBY TWP, MI 48315		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLICE OFFICER</u> Employer <u>WARREN POLICE DEPARTMENT</u> Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,600.00**

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

1. Committee I.D. Number 140125
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3. Contribution # 1 PAC Receipt? ☒ YES 4. Date of Receipt <u>03/16/2023</u> Name & Address: GLM POLITICAL ACTION COMMITTEE 1155 BREWERY PARK BLVD DETROIT, MI 48207		\$ <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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/16/2023</u> Name & Address: MARK SYKES 11542 SHORT DR WARREN, MI 48093		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SHOWCASE COLLISION</u> Business Address <u>6330 14 MILE RD, WARREN, MI 48092</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/16/2023</u> Name & Address: KEITH SADOWSKI 4759 HAYMAN DR WARREN, MI 48092		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REGIONAL SALES MANAGER</u> Employer <u>CUTTING EDGE COUNTERTOPS</u> Business Address <u>192 E MAPLE RD, TROY, MI 48083</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/16/2023</u> Name & Address: RICHARD SADOWSKI 29069 ALINE DR WARREN, MI 48093		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,400.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140125
2. Committee Name FRIENDS OF PATRICK GREEN

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>03/16/2023</u>	
Name & Address: WILLIAM AMSDILL 31467 WELLSTON DR WARREN, MI 48093		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>WARREN GEAR</u> Business Address <u>3513 E 10 MILE RD, WARREN, MI 48091</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/16/2023</u>	
Name & Address: HENRY BRASZA 28361 NEWLAND DR WARREN, MI 48093		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/16/2023</u>	
Name & Address: MICHAEL RADTKE 34205 BARRETT DR STERLING HEIGHTS, MI 48312		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CITY COUNCIL</u> Employer <u>CITY OF STERLING HEIGHTS</u> Business Address <u>40555 UTICA RD, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/16/2023</u>	
Name & Address: KYLE MAJOR 29590 MOULIN AVE WARREN, MI 48088		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>WASTEWATER</u> Employer <u>CITY OF WARREN</u> Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 500.00

Grand Total of All Schedules 1A
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Enter this total on
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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140125
2. Committee Name FRIENDS OF PATRICK GREEN

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>03/16/2023</u> Name & Address: NICOLE JONES 40361 REPUBLIC DR STERLING HEIGHTS, MI 48313		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CITY COUNCIL OFFICE</u> Employer <u>CITY OF WARREN</u> Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/16/2023</u> Name & Address: MICHELLE STEFANOVSKI 30860 RYAN RD WARREN, MI 48092		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>METRO BAR & GRILL</u> Business Address <u>30860 RYAN RD, WARREN, MI 48092</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/16/2023</u> Name & Address: MICHAEL MALONE 46352 CANDLEBERRY DR NEW BALTIMORE, MI 48047		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address <u>46352 CANDLEBERRY DR, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/16/2023</u> Name & Address: HUSSEIN ALAWIE 1 CRESCENT CT DEARBORN, MI 48124		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER`</u> Employer <u>DETROIT MUFFLER & BRAKES</u> Business Address <u>5173 8 MILE RD, WARREN, MI 48091</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,850.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140125
2. Committee Name FRIENDS OF PATRICK GREEN

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>03/16/2023</u> Name & Address: RAY SHIELDS 8629 CHICAGO RD WARREN, MI 48093		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/16/2023</u> Name & Address: JIM SAGE 10 CABRI LN DEARBORN HEIGHTS, MI 48127		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SAJOS INVESTMENT GROUP</u> Business Address <u>10 CABRI LN, DEARBORN HEIGHTS, MI 48127</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/16/2023</u> Name & Address: CHARLES PERRY 3941 MARLENE DR WARREN, MI 48092		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/16/2023</u> Name & Address: ROGER ROY 2579 IRMA ST WARREN, MI 48092		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 800.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140125
2. Committee Name FRIENDS OF PATRICK GREEN

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>03/16/2023</u>	
Name & Address: DEBORAH WENSON 30623 BIRCHTREE DR WARREN, MI 48093		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSPECTOR</u> Employer <u>CITY OF WARREN</u> Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/16/2023</u>	
Name & Address: MICHAEL FITZPATRICK 14703 BROHL DR WARREN, MI 48088		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TRUSTEE</u> Employer <u>WARREN WOODS PUBLIC SCHOOLS</u> Business Address <u>12900 FRAZHO 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>03/16/2023</u>	
Name & Address: MARIE ADKINS 13742 HOBART AVE WARREN, MI 48089		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NURSE</u> Employer <u>HENRY FORD HEALTH SYSTEMS</u> Business Address <u>15855 19 MILE RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/16/2023</u>	
Name & Address: RAJARAM VIJAYENDRAN 30 WEBBER PL GROSSE POINTE SHORES, MI 48236		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>METCO SERVICES</u> Business Address <u>1274 LIBRARY ST, #400, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 650.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140125
2. Committee Name FRIENDS OF PATRICK GREEN

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>03/16/2023</u> Name & Address: JIM ELLISON 1309 MOHAWK AVE ROYAL OAK, MI 48067		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/16/2023</u> Name & Address: NANCY GREEN 30044 COUSINO DR WARREN, MI 48092		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SECREST WARDLE</u> Business Address <u>2600 TROY CENTER DR, #100, TROY, MI 48084</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/16/2023</u> Name & Address: JON GREEN 30044 COUSINO DR WARREN, MI 48092		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/16/2023</u> Name & Address: MARVIN SAUGER 7290 HELEN ST CENTER LINE, MI 48015		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 500.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140125
2. Committee Name FRIENDS OF PATRICK GREEN

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>03/16/2023</u> Name & Address: BRUCE TRUDGEON 28286 ARMANDA DR WARREN, MI 48088		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☒ YES 4. Date of Receipt <u>03/16/2023</u> Name & Address: WARREN POLICE OFFICERS ASSOCIATION SEPARATE SEGREGATED FUND 11304 14 MILE RD WARREN, MI 48093		\$ <u>200.00</u>	\$ <u>200.00</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>03/16/2023</u> Name & Address: MICHAEL SAUGER 41115 WORTHINGTON CLINTON TWP, MI 48038		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLICE OFFICER</u> Employer <u>CITY OF WARREN</u> Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/16/2023</u> Name & Address: SCOTT TAYLOR 5420 UNION ST LEXINGTON, MI 48450		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLICE OFFICER</u> Employer <u>CITY OF WARREN</u> Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 750.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140125
2. Committee Name FRIENDS OF PATRICK GREEN

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>03/16/2023</u>	
Name & Address: TERRY WISNIEWSKI 21725 PANAMA AVE WARREN, MI 48091		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/16/2023</u>	
Name & Address: JIM MCKNIGHT 28245 ARMANDA DR WARREN, MI 48088		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/16/2023</u>	
Name & Address: ROBERT MALESZYK 35387 KENSINGTON AVE STERLING HEIGHTS, MI 48312		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTROLLER</u> Employer <u>CITY OF TROY</u> Business Address <u>500 W BIG BEAVER RD, TROY, MI 48084</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/16/2023</u>	
Name & Address: JOSE FANEGO 39 DANFORTH ST WHITE LAKE TWP, MI 48386		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>JOSE FANEGO</u> Business Address <u>39520 WOODWARD AVE, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,000.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140125
2. Committee Name FRIENDS OF PATRICK GREEN

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>03/16/2023</u> Name & Address: JOHN HENNESSEY 21119 KNUDSEN DR GROSSE ILE TOWNSHIP, MI 48138		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CIVIL ENGINEER</u> Employer <u>HENNESSEY ENGINEERS</u> Business Address <u>REECK RD, SOUTHGATE, MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/16/2023</u> Name & Address: MARK SIMLAR 19613 APPLE CREEK DR CLINTON TWP, MI 48038		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HR DIRECTOR</u> Employer <u>WATERFORD TWP</u> Business Address <u>5200 CIVIC CENTER DR, WATERFORD TWP, MI 48329</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/16/2023</u> Name & Address: BILL BARNWELL 5182 CUTTY LN WARREN, MI 48092		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>BARNWELL LAW</u> Business Address <u>PO BOX 5053, WARREN, MI 48090</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/16/2023</u> Name & Address: ORBA UNDERWOOD 2400 BRENTHAVEN DR BLOOMFIELD HILLS, MI 48304		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHIEF OF POLICE</u> Employer <u>WAATERFORD TWP</u> Business Address <u>5150 CIVIC CENTER DR, WATERFORD TWP, MI 48329</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 600.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140125
2. Committee Name FRIENDS OF PATRICK GREEN

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3. Contribution # 1 PAC Receipt? ☒ YES 4. Date of Receipt <u>03/16/2023</u> Name & Address: WARREN FIREFIGHTER SEGREGATED FUND 3272 TWELVE MILE RD WARREN, MI 48092		\$ <u>200.00</u>	\$ <u>200.00</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>03/16/2023</u> Name & Address: WARREN CHAPTER LOCAL 1917 AFSCME PAC FUND 4345 TUXEDO WARREN, MI 48092		\$ <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>03/16/2023</u> Name & Address: HENRY BOWMAN 22961 MAXINE ST ST CLAIR SHORES, MI 48080		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARKS & REC DIRECTOR</u> Employer <u>CITY OF ST. CLAIR SHORES</u> Business Address <u>27600 JEFFERSON AVE, ST CLAIR SHORES, MI 48081</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/16/2023</u> Name & Address: RICHARD BRODIE 23930 SHERWOOD AVE 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 500.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

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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>03/16/2023</u> Name & Address: REBECCA BORYCZ 14872 ALGER AVE WARREN, MI 48088		\$ <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>03/16/2023</u> Name & Address: DANIEL TEMROWSKI 1341 N RENAUD RD GROSSE POINTE WOODS, 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>03/16/2023</u> Name & Address: WARREN POLICE COMMAND OFFICER ASSOCIATION PAC FUND 29900 S CIVIC CENTER BLVD WARREN, MI 48093		\$ <u>200.00</u>	\$ <u>200.00</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>03/16/2023</u> Name & Address: DOUG TIETZ 5833 BINGHAM DR TROY, MI 48085		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GREAT DANE MARKETING SERVICES</u> Business Address <u>5833 BINGHAM DR, TROY, MI 48085</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 600.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140125
2. Committee Name FRIENDS OF PATRICK GREEN

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>03/16/2023</u> Name & Address: KEVIN BORYCZ 14872 ALGER AVE WARREN, MI 48088		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLICE OFFICER</u> Employer <u>CITY OF WARREN</u> Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/16/2023</u> Name & Address: STEVE WATRIPONT 13741 BARFIELD DR WARREN, MI 48088		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSPECTOR</u> Employer <u>CITY OF WARREN</u> Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/16/2023</u> Name & Address: MARK STEENBERGH 11244 ALGER ST WARREN, MI 48093		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/16/2023</u> Name & Address: GINA CAVALIERE 4897 CHICAGO RD WARREN, MI 48092		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHIEF COMMUNITY IMPACT OFFICER</u> Employer <u>DOWNTOWN DETROIT PARTNERSHIP</u> Business Address <u>1 CAMPUS MARTIUS, #380, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 650.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/16/2023</u> Name & Address: JOE GENNERO 31616 ACTON DR WARREN, MI 48092		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SYSTEMS PROGRAMMER</u> Employer <u>GENERAL MOTORS</u> Business Address <u>30500 MOUND RD, WARREN, MI 48092</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/16/2023</u> Name & Address: JIM HARTLEY 11028 JEWETT AVE WARREN, MI 48089		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>QSEND TECH</u> Business Address <u>231 BANK ST, 2ND FLOOR, WATERBURY, CT 06702</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/16/2023</u> Name & Address: JOHN BOYD 4433 CRANBROOK TRAIL WEST BLOOMFIELD, MI 48323		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRINCIPAL</u> Employer <u>SIGNATURE ASSOC</u> Business Address <u>ONE TOWNE SQUARE, #1200, SOUTHFIELD, MI 48076</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/16/2023</u> Name & Address: LLOYD BROWN 31330 MOUND RD WARREN, MI 48092		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>WALTONEN ENGINEERING</u> Business Address <u>31330 MOUND RD, WARREN, MI 48092</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,750.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 140125
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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>03/16/2023</u> Name & Address: DAVID HENDRICKSON 54807 JOSEPH RONALD DR MACOMB, MI 48042		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CITY MANAGER</u> Employer <u>CITY OF BLOOMFIELD HILLS</u> Business Address <u>45 E LONG LAKE RD, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/16/2023</u> Name & Address: EVERETT MURPHY 15669 LORETO ST ROSEVILLE, MI 48066		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSPECTOR</u> Employer <u>CITY OF WARREN</u> Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/16/2023</u> Name & Address: PAUL JERZY 31408 PINTO DR WARREN, MI 48093		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>APPEARANCE MANAGER</u> Employer <u>PARADE COMPANY</u> Business Address <u>9500 MT ELLIOTT ST, DETROIT, MI 48211</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/16/2023</u> Name & Address: MICHAEL FISHER 2800 PLYMOUTH ST MIDLAND, MI 48642		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 600.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140125
2. Committee Name FRIENDS OF PATRICK GREEN

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>03/16/2023</u>	
Name & Address: JARED MAYNARD 35956 VAUGHN ST CLINTON TWP, MI 48035		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/16/2023</u>	
Name & Address: MICHAEL HORTON 3343 HARVARD RD ROYAL OAK, MI 48073		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>MIKES DOOR SERVICE</u> Business Address <u>26905 PLYMOUTH RD, REDFORD TWP, MI 48239</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/16/2023</u>	
Name & Address: LISA VINCENT 15705 PATRICK HENRY DR MACOMB, MI 48044		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE AGENT</u> Employer <u>FIRST INDEPENDENT</u> Business Address <u>15945 CANAL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/16/2023</u>	
Name & Address: JOE MUNEM 36327 GREGORY DR STERLING HEIGHTS, MI 48312		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GOVERNMENT AFFAIRS</u> Employer <u>GFL</u> Business Address <u>26999 CENTRAL PARK BLVD, SOUTHFIELD, MI 48076</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 550.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140125
2. Committee Name FRIENDS OF PATRICK GREEN

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/16/2023</u> Name & Address: GREG CHILDS 30247 LUND AVE WARREN, MI 48093		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNITY SERVICE COORDIANTOR</u> Employer <u>MACOMB COUNTY PUBLIC WORKS</u> Business Address <u>21777 DUNHAM RD, CLINTON TWP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/16/2023</u> Name & Address: KRISTEN PARISI 5420 RAILVIEW #186 SHELBY TOWNSHIP, MI 48316		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMIN ASSISTANT</u> Employer <u>TEXTURED SALON</u> Business Address <u>54162 VAN DYKE AVE, SHELBY TWP, MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/16/2023</u> Name & Address: LORENZO CAVALIERE 30078 SCHOENHERR RD #300 WARREN, MI 48088		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE DEVELOPER</u> Employer <u>CAVALIERE COMPANIES</u> Business Address <u>30078 SCHOENHERR RD, #300, 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>03/16/2023</u> Name & Address: MARGARET HUNTONE 8479 TOWNE CENTER CIR WARREN, MI 48093		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 900.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140125
2. Committee Name FRIENDS OF PATRICK GREEN

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>03/16/2023</u>	
Name & Address: SAM SINGH 1837 CRICKET LN EAST LANSING, MI 48823		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STATE SENATOR</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>201 TOWNSEND ST, LANSING, MI 48933</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/16/2023</u>	
Name & Address: KRISTI JAMES 1704 W SHIAWASSEE ST LANSING, MI 48915		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LEGISLATIVE DIRECTOR</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>124 N CAPITOL AVE, LANSING, MI 48933</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/16/2023</u>	
Name & Address: ADAM ZEMKE 517 GOTT ST ANN ARBOR, MI 48103		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>1837 PARTNERS</u> Business Address <u>517 GOTT ST, ANN ARBOR, MI 48103</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/16/2023</u>	
Name & Address: CURTIS AUDETTE 45873 BOOTJACK RD LAKE LINDEN, MI 49945		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MARKETING DIR</u> Employer <u>CAPITOL AREA HOUSING PARTNERSHIP</u> Business Address <u>600 W MAPLE ST, SUIT D, LANSING, MI 48906</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 900.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140125
2. Committee Name FRIENDS OF PATRICK GREEN

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>03/16/2023</u>	
Name & Address: PLUNKETT COONEY EMPLOYEES PAC 38505 WOODWARD AVE SUITE 2000 BLOOMFIELD HILLS, MI 48304		\$ <u>300.00</u>	\$ <u>300.00</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>03/22/2023</u>	
Name & Address: WARREN FIREFIGHTER SEGREGATED FUND 3272 TWELVE MILE RD WARREN, MI 48092		\$ <u>500.00</u>	\$ <u>700.00</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>03/25/2023</u>	
Name & Address: JAMES DUNN 391 GRANGE HALL RD ORTONVILLE, MI 48462		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>SUCCESS VIRTUAL LEARNING CENTERS</u> Business Address <u>7188 AVENUE B, VESTABURG, MI 48891</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/04/2023</u>	
Name & Address: TOMAS ZUNIGA 8220 RATHBONE ST DETROIT, MI 48209		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>ZUNIGA CEMENT</u> Business Address <u>22500 RYAN RD, WARREN, MI 48091</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,400.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

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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>04/22/2023</u> Name & Address: JOHN MANIACI 796 LOCHMOOR BLVD GROSSE POINTE WOODS, MI 48236		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/10/2023</u> Name & Address: RON BOSTICK 494 PLEASANT ST BIRMINGHAM, MI 48009		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>RONCO</u> Business Address <u>803 W BIG BEAVER RD, 100, TROY, MI 48084</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/18/2023</u> Name & Address: KEN KRONNER 30340 MERRICK WARREN, MI 48092		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/18/2023</u> Name & Address: VINSON BAHRI 52432 REJOICE DR MACOMB, MI 48042		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>HYDRO DEPOT</u> Business Address <u>4547 8 MILE RD, WARREN, MI 48091</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,600.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/19/2023</u>	
Name & Address: BRIAN TOMA 801 S ADAMS RD BIRMINGHAM, MI 48009		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>JOYOLOGY</u> Business Address <u>801 S ADAMS RD, BIRMINGHAM, MI 48009</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/21/2023</u>	
Name & Address: SUZANNE SEPARA 29234 GERALDINE CT WARREN, MI 48093		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CLAIM CONSULTANT</u> Employer <u>ASSURED PARTNERS</u> Business Address <u>424 N MAIN ST, 100, ROYAL OAK, MI 48067</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/23/2023</u>	
Name & Address: AARON ALSTON 801 NW 10TH ST OKLAHOMA CITY, OK 73102		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>CADRE CARE</u> Business Address <u>7 RIVERBANK DR, BEVERLY HILLS, MI 48025</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☒ YES	4. Date of Receipt <u>05/31/2023</u>	
Name & Address: CWA MICHIGAN ACTION COMMITTEE 20525 CENTER RIDGE RD ROCKY RIVER, OH 44116		\$ <u>500.00</u>	\$ <u>500.00</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 2,525.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140125
2. Committee Name FRIENDS OF PATRICK GREEN

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>06/16/2023</u>	
Name & Address: JEFF PLACHTA 2632 BEMBRIDGE RD ROYAL OAK, MI 48073		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>ORACLE</u> Business Address <u>2621 BEMBRIDGE RD, ROYAL OAK, MI 48073</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/21/2023</u>	
Name & Address: SUZANNE SEPARA 29234 GERALDINE CT WARREN, MI 48093		\$ <u>25.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CLAIM CONSULTANT</u> Employer <u>ASSURED PARTNERS</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/04/2023</u>	
Name & Address: ALAN CASMERE 28836 PANAMA ST WARREN, MI 48092		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>FRIENDLY OUTDOOR STORAGE</u> Business Address <u>33400 MAPLE LN DR, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2023</u>	
Name & Address: LISA GRIFFIN 27351 GAIL DR WARREN, MI 48093		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 600.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140125
2. Committee Name FRIENDS OF PATRICK GREEN

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>07/21/2023</u>	
Name & Address: SUZANNE SEPARA 29234 GERALDINE CT WARREN, MI 48093		\$ <u>25.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CLAIM CONSULTANT</u> Employer <u>ASSURED PARTNERS</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
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 _____	
Name & Address _____		\$ _____	\$ _____
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 _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal

25.00

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

33,400.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140125**
2. Committee Name **FRIENDS OF PATRICK GREEN**

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 Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: PRINTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/24/2023 Date	\$ 819.83
Expenditure #2 Name GAZEBO BANQUET CENTER Address 31104 MOUND RD WARREN, MI 48092 ☐ Fund Raiser	Purpose: HALL RENTAL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/16/2023 Date	\$ 2,400.00
Expenditure #3 Name VICTORY INSIGHTS Address 5237 SUMMERLIN COMMONS BLVD #395 FORT MYERS, FL 33907 ☐ Fund Raiser	Purpose: DATA MANAGEMENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/29/2023 Date	\$ 4,000.00
Expenditure #4 Name VANTIV ECOMMERCE Address 900 CHELMSFORD ST LOWELL, MA 01851 ☐ Fund Raiser	Purpose: ACT BLUE SERVICE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/11/2023 Date	\$ 65.06
Expenditure #5 Name COMERICA BANK Address PO BOX 75000 DETROIT, MI 48275 ☐ Fund Raiser	Purpose: BANK SERVICE CHARGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/13/2023 Date	\$ 44.15

Subtotal this page **7,329.04**

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 140125
2. Committee Name FRIENDS OF PATRICK GREEN

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name VOTE FOR CHANGE Address 32252 HAWTHORNE DR WARREN, MI 48092 ☐ Fund Raiser	Purpose: <u>CAMPAIGN FIELD WORK</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/24/2023</u> Date	\$ <u>1,200.00</u>
Expenditure #2 Name SAWICKI & SON Address 1521 W LAFAYETTE BLVD DETROIT, MI 48216 ☐ Fund Raiser	Purpose: <u>SIGNS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/28/2023</u> Date	\$ <u>4,873.88</u>
Expenditure #3 Name LAKESIDE MEDIA Address 555 FAYETTEVILLE ST 201 RALEIGH, NC 27601 ☐ Fund Raiser	Purpose: <u>CAMPAIGN MATERIALS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/02/2023</u> Date	\$ <u>20,000.00</u>
Expenditure #4 Name VANTIV ECOMMERCE Address 900 CHELMSFORD ST LOWELL, MA 01851 ☐ Fund Raiser	Purpose: <u>ACT BLUE SERVICE FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/09/2023</u> Date	\$ <u>20.23</u>
Expenditure #5 Name SOUTHEASTERN STRATEGIES Address 5237 SUMMERLIN COMMONS BLVD 395 FORT MYERS, FL 33907 ☐ Fund Raiser	Purpose: <u>CAMPAIGN MATERIALS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/17/2023</u> Date	\$ <u>26,716.00</u>

Subtotal this page **52,810.11**

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 **140125**
2. Committee Name **FRIENDS OF PATRICK GREEN**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name VOTE FOR CHANGE Address 32252 HAWTHORNE DR WARREN, MI 48092 ☐ Fund Raiser	Purpose: <u>CAMPAIGN FIELD WORK</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/23/2023</u> Date	\$ <u>7,500.00</u>
Expenditure #2 Name SOUTHEASTERN STRATEGIES Address 5237 SUMMERLIN COMMONS BLVD 395 FORT MYERS, FL 33907 ☐ Fund Raiser	Purpose: <u>CAMPAIGN MATERIALS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/05/2023</u> Date	\$ <u>16,989.30</u>
Expenditure #3 Name VANTIV ECOMMERCE Address 900 CHELMSFORD ST LOWELL, MA 01851 ☐ Fund Raiser	Purpose: <u>ACTBLUE SERVICE FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/05/2023</u> Date	\$ <u>146.19</u>
Expenditure #4 Name VOTE FOR CHANGE Address 32252 HAWTHORNE DR WARREN, MI 48092 ☐ Fund Raiser	Purpose: <u>CAMPAIGN FIELD WORK</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/13/2023</u> Date	\$ <u>2,800.00</u>
Expenditure #5 Name SOUTHEASTERN STRATEGIES Address 5237 SUMMERLIN COMMONS BLVD 395 FORT MYERS, FL 33907 ☐ Fund Raiser	Purpose: <u>CAMPAIGN MATERIALS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/20/2023</u> Date	\$ <u>12,642.75</u>

Subtotal this page **40,078.24**

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 **140125**
2. Committee Name **FRIENDS OF PATRICK GREEN**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name VICTORY INSIGHTS Address 5237 SUMMERLIN COMMONS BLVD #395 FORT MYERS, FL 33907 ☐ Fund Raiser	Purpose: <u>CAMPAIGN MATERIALS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/28/2023</u> Date	<u>\$ 14,500.00</u>
Expenditure #2 Name COMERICA BANK Address PO BOX 75000 DETROIT, MI 48275 ☐ Fund Raiser	Purpose: <u>BANK SERVICE FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/01/2023</u> Date	<u>\$ 74.00</u>
Expenditure #3 Name VOTE FOR CHANGE Address 32252 HAWTHORNE DR WARREN, MI 48092 ☐ Fund Raiser	Purpose: <u>CAMPAIGN FIELD WORK</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/14/2023</u> Date	<u>\$ 2,000.00</u>
Expenditure #4 Name VOTE FOR CHANGE Address 32252 HAWTHORNE DR WARREN, MI 48092 ☐ Fund Raiser	Purpose: <u>CAMPAIGN FIELD WORK</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/15/2023</u> Date	<u>\$ 2,000.00</u>
Expenditure #5 Name VICTORY INSIGHTS Address 5237 SUMMERLIN COMMONS BLVD #395 FORT MYERS, FL 33907 ☐ Fund Raiser	Purpose: <u>CAMPAIGN SUPPLIES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/21/2023</u> Date	<u>\$ 17,500.00</u>

Subtotal this page **36,074.00**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **136,291.39**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140125
2. Committee Name FRIENDS OF PATRICK GREEN

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: PATRICK GREEN 3929 MARLENE DR WARREN, MI 48092	4. Type: <u>LOAN TO COMMITTEE</u> 5. <u>Date Debt Was Incurred:</u> <u>07/15/2022</u> 6. <u>Original Amount of Debt:</u> <u>\$ 50,000.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 50,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

50,000.00

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

50,000.00

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.