



FILED

07 DEC 2023 AM 10:57

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**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: 10/23/2023 to 11/27/2023

1. Committee I.D. Number

140308

2. Committee Name

FRIENDS OF DONNA KACZOR CAUMARTIN

4. Candidate Last Name First Name M.I.

KACZOR CAUMARTIN DONNA

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

COUNCIL AT LARGE, WARREN

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

5. Committee's Mailing Address

**11239 TARA
WARREN, MI 48093**

Area Code and Phone (586) 243-9812
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.

6. Treasurer's Name & Residential Address

**DONNA CAUMARTIN
11239 TARA
WARREN, MI 48093**

Area Code & Phone (586) 243-9812

7. Treasurer's Business Address

**11239 TARA
WARREN, MI 48093**

Area Code and Phone (586) 243-9812

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

**MICHELLE LAFOREST
38038 ST. TROPEZ DRIVE
CLINTON TOWNSHIP, MI 48038**

Area Code and Phone (586) 690-5788

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

11/07/2023

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

12/07/2023

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

12/07/2023



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140308

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name FRIENDS OF DONNA KACZOR CAUMARTIN

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1,650.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1,650.00</u>	(18.) \$ <u>10,200.00</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>1,650.00</u>	(20.) \$ <u>10,200.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>961.86</u>	(21.) \$ <u>3,328.31</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>2,078.31</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>2,078.31</u>	(23.) \$ <u>10,150.00</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>0.00</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>478.31</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1,650.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>2,128.31</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>2,078.31</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>50.00</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140308
2. Committee Name FRIENDS OF DONNA KACZOR CAUMARTIN

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>10/31/2023</u>	
Name & Address: FOX RICHARD 4882 ROCHESTER RD DRYDEN, MI 48428		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>SELF EMPLOYED</u> Business Address <u>4882 ROCHESTER RD, DRYDEN, MI 48428</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/31/2023</u>	
Name & Address: HOWARD L SHIFMAN 31600 TELEGRAPH RD BINGHAM FARMS, MI 48025		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNER</u> Employer <u>SHERMAN FOURNIER</u> Business Address <u>31600 TELEGRAPH RD, SUITE 100, BINGHAM FARMS, MI 48025</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/31/2023</u>	
Name & Address: MARK KNAPP 21763 CURIE AVE WARREN, MI 48091		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSIST CONTROLLER</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>10/31/2023</u>	
Name & Address: JOHN AXE 461 KERCHEVAL AVE GROSSE POINTE FARMS, MI 48236		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAW</u> Employer <u>AXE AND ECKLUND PC</u> Business Address <u>21 KERCHEVAL AVE, GROSSE POINTE FARMS, MI 48236</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,050.00**

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 140308
2. Committee Name FRIENDS OF DONNA KACZOR CAUMARTIN

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>10/31/2023</u>	
Name & Address: RICHARD FANNING JR 1274 PENNIMAN AVE PLYMOUTH, MI 48170		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>CLARK HIL LAW FIRM</u> Business Address <u>500 WOODWARD AVENUE, SUITE 3500, 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>10/31/2023</u>	
Name & Address: BRANDON FOURNIER 28311 OAKMONTE CIR W NEW HUDSON, MI 48165		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>SHIFMAN FOURNIER</u> Business Address <u>31600 TELEGRAPH RD, BINGHAM FARMS, MI 48025</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/27/2023</u>	
Name & Address: WILLIAM MOORE 38001 TOWNHALL ST HARRISON TWP, MI 48045		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>JOHN AXE & ASSOC</u> Business Address <u>500 WOODWARD AVE, SUITE 3500, DETROIT, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/27/2023</u>	
Name & Address: HASSEN CHARARA 25135 NEWTON ST DEARBORN, MI 48124		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RECEPTIONIST</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>500 S STATE ST, ANN ARBOR, MI 48109</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)

1,650.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **140308**

CANDIDATE COMMITTEE

2. Committee Name **FRIENDS OF DONNA KACZOR CAUMARTIN**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: DONN CAUMARTIN 11239 TARA DR WARREN, MI 48093 If over \$100.00 cumulative, please provide: Occupation: REALTOR Employer Name & Business Address: BERKSHIRE HATHAWAY HOMESERVICES KEE REALITY 15501 METRO PKWY, CLINTON TWP, MI 48036 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☒ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description CAMPAIGN MANAGER 5. Date Of Receipt: 11/26/2023 6. Vendor Name & Address: MICHELLE LAFOREST 38038 ST TROPEZ DR, CLINTON TWP, MI 48038	\$ 961.86	\$ 2,078.31
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	\$	\$
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	\$	\$

[Click Here for Memo Itemization](#)

[Click Here for Memo Itemization](#)

Page Subtotal

961.86

2,078.31

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

961.86

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140308**
2. Committee Name **FRIENDS OF DONNA KACZOR CAUMARTIN**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name DONNA CAUMARTIN Address 11239 TARA DR CLINTON TWP, MI 48036 ☐ Fund Raiser	Purpose: LOAN PAYMENT ☒ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/26/2023 Date	\$ 2,078.31
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page	2,078.31
Grand Total of all Schedules 1B (Complete on last page of Schedule)	2,078.31

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140308
2. Committee Name FRIENDS OF DONNA KACZOR CAUMARTIN

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: DONNA CAUMARTIN 11239 TARA DR WARREN, MI 48093	4. Type: <u>SIGNS</u> 5. <u>Date Debt Was Incurred:</u> <u>06/05/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 918.75</u>	09/16/23 \$ <u>398.30</u> 11/26/23 \$ <u>520.45</u> \$ _____ \$ _____ \$ _____	\$ <u>918.75</u>	\$ <u>0.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? ☐ Yes Owed to or by: DONNA CAUMARTIN 11239 TARA DR WARREN, MI 48093	4. Type: <u>WEBSITE</u> 5. <u>Date Debt Was Incurred:</u> <u>06/16/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 96.00</u>	11/26/23 \$ <u>96.00</u> \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>96.00</u>	\$ <u>0.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #3 Corp? ☐ Yes Owed to or by: DONNA CAUMARTIN 11239 TARA DR WARREN, MI 48093	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/05/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 500.00</u>	11/26/23 \$ <u>500.00</u> \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>500.00</u>	\$ <u>0.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				

Page Subtotal (Outstanding debt)

0.00

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

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.

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140308
2. Committee Name FRIENDS OF DONNA KACZOR CAUMARTIN

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: DONNA CAUMARTIN 11239 TARA DR CLINTON TWP, MI 48036	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>11/25/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 961.86</u>	11/26/23 \$ <u>961.86</u> \$ \$ \$ \$	\$ <u>961.86</u>	\$ <u>0.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</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> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

0.00

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

0.00

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.