



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INDEPENDENT/POLITICAL
COMMITTEE COVER PAGE**

FOR OFFICIAL USE ONLY

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

3. This Statement covers From: <u>1/1/2023</u> To <u>12/31/2023</u>		
1. Committee I.D. Number 136701	4. Committee's Mailing Address 22514 Wildwood St. St Clair Shores MI 48081	
2. Committee Name St Clair Shores Democratic Club	Area Code and Phone <u>586-764-2187</u> If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	
5. Treasurer's Name and Residential Address Warren C. Danford Jr. 22514 Wildwood St St Clair Shores MI 48081		
Area Code and Phone <u>586-764-2187</u>		
6. Treasurer's Business Address 	7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) 	
Area Code and Phone	Area Code and Phone	
8. TYPE OF STATEMENT: APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>STATE LEVEL</u>		
8a. <u>QUARTERLY STATEMENTS</u> ☐ February 15 ☐ July 25 ☐ April 25 ☐ October 25 8b. ☐ SPECIAL ELECTION INDEPENDENT EXPENDITURE REPORT	APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>COUNTY LEVEL</u> 8c. ☒ ANNUAL STATEMENT <u>2023</u> Coverage Year 8d. ☐ PRE-ELECTION OR 8e. ☐ POST-ELECTION Pre-Election or Post-Election Statement relates to: ☐ PRIMARY ☐ GENERAL ☐ CONVENTION ☐ SCHOOL ☐ SPECIAL ☐ CAUCUS Date of Election, Convention or Caucus: ☐ July 25 Quarterly ☐ October 25 Quarterly	APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>STATE AND COUNTY LEVEL</u> 8f. ☐ AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h to indicate which Statement is being amended) 8g. ☐ DISSOLUTION OF COMMITTEE Effective Date of Dissolution By checking this item, I/We certify that the committee has no asset or outstanding debts, including late filing fees. Further, I request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 2B and the Summary Page.
9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.		
Current Treasurer or Designated Record Keeper <u>Warren C. Danford Jr.</u> Type or Print Name <u>Warren C. Danford Jr.</u> Signature Date <u>1/13/24</u>		



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number

136701

2. Committee Name

St Clair Shores Democratic Club

SUMMARY PAGE
INDEPENDENT OR POLITICAL COMMITTEE

RECEIPTS	Column I This Period	Column II Cumulative for Calendar Year
3. Contributions		
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)	(3a.) \$ 2,963.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 2,963.00	(18.) \$
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$ 0	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)	(5.) \$ 2,963.00	(20.) \$
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized (Schedule 2-IK, Column 7)	(6a.) \$ 0	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ NOT APPLICABLE	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ 0	(21.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized Direct (Schedule 2B, Column 7)	(8a.) \$ 113.41	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(8b.) \$ 0	
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(8c.) \$ 0	
d. Unitemized (less than \$50.01 each - no Schedule)	(8d.) \$ 0	
e. Subtotal of Expenditures	(8e.) \$ 113.41	(22.) \$
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$ 0	(23.) \$
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ 113.41	(24.) \$
IN-KIND EXPENDITURES		
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)	(11.) \$ 0	(25.) \$
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 2E)	(12a.) \$ 0	
b. Owed to the Committee (Schedule 2E)	(12b.) \$ 0	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ 1,599.93	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) + 2,963.00	
15. SUBTOTAL Add lines 13 and 14	(15.) = 4,562.93	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) - 113.41	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 4,449.52	

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number

136701

2. Committee Name

St Clair Shores Democratic Club

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC?

☐ YES

4. Date of Receipt

Date of Receipt 2/15/2023

Name & Address:

Peter A Accica
28005 Elba St
St Clair Shores, MI 48081

\$ 25.00

\$

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

Type of Contribution Direct

Click Here for Memo Itemization Type

Occupation

Employer

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution # 2

Is this contribution from a PAC?

☐ YES

4. Date of Receipt

Date of Receipt 2/15/2023

Name & Address:

Denise Accica
28005 Elba St
St Clair Shores, MI 48081
Type of Contribution Direct

\$ 25.00

\$

Click Here for Memo Itemization Type

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

Occupation

Employer

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution # 3

Is this contribution from a PAC?

☐ YES

4. Date of Receipt

Date of Receipt 2/13/2023

Name & Address:

Larry Anderson
23130 Liberty
St Clair Shores, MI 48080
Type of Contribution Direct

\$ 60.00

\$

Click Here for Memo Itemization Type

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

Occupation

Employer

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC?

☐ YES

4. Date of Receipt

Date of Receipt 2/24/2023

Name & Address:

Don Austin
29132 Jefferson Court
St Clair Shores, MI 48081
Type of Contribution AB

\$ 20.00

\$

Click Here for Memo Itemization Type

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

Occupation

Employer

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☐ Fund Raiser

Page Subtotal

130.00

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

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS
ITEMIZED CONTRIBUTIONS
SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number

136701

2. Committee Name

St Clair Shores Democratic Club

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC?

☐ YES

4. Date of Receipt

Date of Receipt 2/27/2023

Name & Address:

Daniel Baker
22406 Rio Vista
St Clair Shores, MI 48081
Type of Contribution AB

\$ 20.00

\$

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

[Click Here for Memo Itemization Type](#)

Occupation

Employer

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution # 2

Is this contribution from a PAC?

☐ YES

4. Date of Receipt

Date of Receipt 2/27/2023

Name & Address:

Dorothy Baker
22406 Rio Vista St
St Clair Shores, MI 48081
Type of Contribution AB

\$ 20.00

\$

[Click Here for Memo Itemization Type](#)

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

Occupation

Employer

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution # 3

Is this contribution from a PAC?

☐ YES

4. Date of Receipt

Date of Receipt 10/2/2023

Name & Address:

Terry Blastenbrei
3300 North Dr
St Clair Shores, MI 48082
Type of Contribution Direct

\$ 20.00

\$

[Click Here for Memo Itemization Type](#)

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

Occupation

Employer

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC?

☐ YES

4. Date of Receipt

Date of Receipt 3/9/2023

Name & Address:

Penny Boles
22495 Alexander
St Clair Shores, MI 48081
Type of Contribution Direct

\$ 20.00

\$

[Click Here for Memo Itemization Type](#)

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

Occupation

Employer

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☐ Fund Raiser

Page Subtotal

80.00

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

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number

136701

2. Committee Name

St Clair Shores Democratic Club

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC?

☐ YES

4. Date of Receipt

Date of Receipt 2/15/2023

Name & Address:

James Boyle
21715 Edgewood
St Clair Shores, MI 48080

\$ 20.00

\$

Type of Contribution Direct

Click Here for Memo Itemization Type

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

Occupation

Employer

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution # 2

Is this contribution from a PAC?

☐ YES

4. Date of Receipt

Date of Receipt 7/23/2023

Name & Address:

Jaylen Bradley
22624 Amherst
St Clair Shores, MI 48081

\$ 20.00

\$

Type of Contribution AB

Click Here for Memo Itemization Type

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

Occupation

Employer

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution # 3

Is this contribution from a PAC?

☐ YES

4. Date of Receipt

Date of Receipt 4/28/2023

Name & Address:

Bradley Burcz
22655 Carolina St
St Clair Shores, MI 48080

\$ 8.00

\$

Type of Contribution AB

Click Here for Memo Itemization Type

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

Occupation

Employer

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC?

☐ YES

4. Date of Receipt

Date of Receipt 10/12/2023

Name & Address:

Alice Carr
21318 Briarcliff
St Clair Shores, MI 48082

\$ 20.00

\$

Type of Contribution Direct

Click Here for Memo Itemization Type

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

Occupation

Employer

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☐ Fund Raiser

Page Subtotal

68.00

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

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 136701
2. Committee Name St Clair Shores Democratic Club

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

3. Contribution # 1
Is this contribution from a PAC? ☐ YES
Name & Address:

4. Date of Receipt
Date of Receipt 2/14/2023

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

Anthony Choynowski
28801 Jefferson Ave Apt 234
St Clair Shores, MI 48081
Type of Contribution Direct

\$ 20.00 \$

[Click Here for Memo Itemization Type](#)

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

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 2
Is this contribution from a PAC? ☐ YES
Name & Address:

4. Date of Receipt
Date of Receipt 3/9/2023

James Chule
22623 Laukel
St Clair Shores, MI 48080
Type of Contribution Direct

\$ 50.00 \$

[Click Here for Memo Itemization Type](#)

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

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 3
Is this contribution from a PAC? ☐ YES
Name & Address:

4. Date of Receipt
Date of Receipt 12/14/2023

Daniel Colling
22204 Martin
St Clair Shores, MI 48081
Type of Contribution AB

\$ 48.00 \$

[Click Here for Memo Itemization Type](#)

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

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 4
Is this contribution from a PAC? ☐ YES
Name & Address:

4. Date of Receipt
Date of Receipt 2/14/2023

John Cory
19912 Chalon Dr
St Clair Shores, MI 48080
Type of Contribution Direct

\$ 30.00 \$

[Click Here for Memo Itemization Type](#)

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

Occupation _____ Employer _____

Business Address _____

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

Page Subtotal 148.00

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

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 136701
2. Committee Name St Clair Shores Democratic Club

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).		6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution # 1 Is this contribution from a PAC? ☐ YES Name & Address: Melissa Crook 22802 Clairwood St St Clair Shores, MI 48080 Type of Contribution AB 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		4. Date of Receipt <u>9/5/2023</u> Date of Receipt \$ <u>30.00</u>	Click Here for Memo Itemization Type
3. Contribution # 2 Is this contribution from a PAC? ☐ YES Name & Address: Kristine Crook 22802 Clairwood St St Clair Shores, MI 48080 Type of Contribution Direct 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		4. Date of Receipt <u>9/14/2023</u> Date of Receipt \$ <u>20.00</u>	Click Here for Memo Itemization Type
3. Contribution # 3 Is this contribution from a PAC? ☐ YES Name & Address: Warren Danford 22514 Wildwood St Clair Shores, MI 48081 Type of Contribution AB 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>Retired</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		4. Date of Receipt <u>3/9/2023</u> Date of Receipt \$ <u>120.00</u>	Click Here for Memo Itemization Type
3. Contribution # 4 Is this contribution from a PAC? ☐ YES Name & Address: Donna Danford 22514 Wildwood St Clair Shores, MI 48081 Type of Contribution AB 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>Retired</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		4. Date of Receipt <u>3/9/2023</u> Date of Receipt \$ <u>20.00</u>	Click Here for Memo Itemization Type

Page Subtotal 290.00

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

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on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 136701
2. Committee Name St Clair Shores Democratic Club

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).		6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution # 1 Is this contribution from a PAC? ☐ YES Name & Address: James DeLong 20520 Maxine St Clair Shores, MI 48080 Type of Contribution Direct 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		4. Date of Receipt Date of Receipt 8/30/2023 \$ 25.00	
3. Contribution # 2 Is this contribution from a PAC? ☐ YES Name & Address: Cardi DeMonaco 23225 Oakwood Eastpointe, MI 48021 Type of Contribution AB 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		4. Date of Receipt Date of Receipt 3/9/2023 \$ 20.00	
3. Contribution # 3 Is this contribution from a PAC? ☐ YES Name & Address: Jean Douglass 23821 Beverly St Clair Shores, MI 48081 Type of Contribution Direct 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		4. Date of Receipt Date of Receipt 2/16/2023 \$ 20.00	
3. Contribution # 4 Is this contribution from a PAC? ☐ YES Name & Address: Alyssa Diebolt 23225 Oakwood Eastpointe, MI 48021 Type of Contribution Direct 5. If over \$100.00 cumulative, please provide: Occupation <u>Artist</u> Employer <u>Brick Town Glass</u> <u>23225 Oakwood Eastpointe MI 48021</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		4. Date of Receipt Date of Receipt 9/7/2023 \$ 250.00	

Page Subtotal 315.00

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

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number

136701

2. Committee Name

St Clair Shores Democratic Club

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC?

☐ YES

4. Date of Receipt

Date of Receipt 8/30/2023

Name & Address:

Joellyn Ellis
21700 Statler
St Clair Shores, MI 48081

\$ 45.00

\$

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

Occupation _____ Employer _____

Business Address _____

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

Click Here for Memo Itemization Type

3. Contribution # 2

Is this contribution from a PAC?

☐ YES

4. Date of Receipt

Date of Receipt 8/30/2023

Name & Address:

Jack E. Ellis
21700 Statler
St Clair Shores, MI 48081

\$ 45.00

\$

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

Occupation _____ Employer _____

Business Address _____

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

Click Here for Memo Itemization Type

3. Contribution # 3

Is this contribution from a PAC?

☐ YES

4. Date of Receipt

Date of Receipt 4/12/2023

Name & Address:

Daniel Farr
23207 Port St
St Clair Shores, MI 48082

\$ 20.00

\$

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

Occupation _____ Employer _____

Business Address _____

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

Click Here for Memo Itemization Type

3. Contribution # 4

Is this contribution from a PAC?

☐ YES

4. Date of Receipt

Date of Receipt 3/9/2023

Name & Address:

Kathy Fisher
22623 Laukel
St Clair Shores, MI 48080

\$ 50.00

\$

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

Occupation _____ Employer _____

Business Address _____

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

Click Here for Memo Itemization Type

Page Subtotal

160.00

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

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE

BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 1367012. Committee Name SCS Dems

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt

Date of Receipt 3/9/2023\$ 20.00

\$

Name & Address:

Alan Fisk
20004 Parkside
St Clair Shores, MI 48080
Type of Contribution AB

[Click Here for Memo Itemization Type](#)

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

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt

Date of Receipt 1/12/2023\$ 20.00

\$

Name & Address:

Peggy Fisk
20004 Parkside
St Clair Shores, MI 48080
Type of Contribution AB

[Click Here for Memo Itemization Type](#)

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

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt

Date of Receipt 2/14/2023\$ 20.00

\$

Name & Address:

Donna Flaherty
22630 13 Mile Road
St Clair Shores, MI 48082
Type of Contribution Direct

[Click Here for Memo Itemization Type](#)

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

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt

Date of Receipt 2/27/2023\$ 20.00

\$

Name & Address:

Tracy and Scott Folis
23061 Gary Lane
St Clair Shores, MI 48080
Type of Contribution Direct

[Click Here for Memo Itemization Type](#)

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

Occupation _____ Employer _____

Business Address _____

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

Page Subtotal

80.00Grand Total of All Schedules 2A
(Complete on last page of Schedule)Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number

136701

2. Committee Name

SCS Dems

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC?

☐ YES

4. Date of Receipt

Date of Receipt 3/9/2023

Name & Address:

Evelyn Frederick
19916 California
St Clair Shores, MI 48080

Type of Contribution Direct

\$ 20.00

\$

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

[Click Here for Memo Itemization Type](#)

Occupation

Employer

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution # 2

Is this contribution from a PAC?

☐ YES

4. Date of Receipt

Date of Receipt 3/9/2023

Name & Address:

DarLynn Frederick
22824 Canterbury
St Clair Shores, MI 48080

Type of Contribution Direct

\$ 20.00

\$

[Click Here for Memo Itemization Type](#)

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

Occupation

Employer

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution # 3

Is this contribution from a PAC?

☐ YES

4. Date of Receipt

Date of Receipt 3/9/2023

Name & Address:

Ron Frederick
22824 Canterbury
St Clair Shores, MI 48080-1920

Type of Contribution Direct

\$ 20.00

\$

[Click Here for Memo Itemization Type](#)

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

Occupation

Employer

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC?

☐ YES

4. Date of Receipt

Date of Receipt 8/21/2023

Name & Address:

Jevona Fudge Watson
21043 Alexander St
St Clair Shores, MI 48081

Type of Contribution AB

\$ 30.00

\$

[Click Here for Memo Itemization Type](#)

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

Occupation

Employer

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☐ Fund Raiser

Page Subtotal

90.00

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

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 136701
2. Committee Name SCS DEMS

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount
7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)

3. Contribution # 1
Is this contribution from a PAC? ☐ YES
Name & Address:

4. Date of Receipt
Date of Receipt 2/13/2023

Irene Halajko
23221 Euclid
St Clair Shores, MI 48082
Type of Contribution Direct

\$ 20.00 \$

[Click Here for Memo Itemization Type](#)

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

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 2
Is this contribution from a PAC? ☐ YES
Name & Address:

4. Date of Receipt
Date of Receipt 3/9/2023

Roman Hammes
1250 Woodbridge
St Clair Shores, MI 48080
Type of Contribution Direct

\$ 20.00 \$

[Click Here for Memo Itemization Type](#)

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

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 3
Is this contribution from a PAC? ☐ YES
Name & Address:

4. Date of Receipt
Date of Receipt 2/5/2023

Diane Hansknecht
316 Country Club Dr
St Clair Shores, MI 48082
Type of Contribution AB

\$ 50.00 \$

[Click Here for Memo Itemization Type](#)

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

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 4
Is this contribution from a PAC? ☐ YES
Name & Address:

4. Date of Receipt
Date of Receipt 2/5/2023

Mark Hansknecht
316 Country Club Dr
St Clair Shores, MI 48082
Type of Contribution AB

\$ 50.00 \$

[Click Here for Memo Itemization Type](#)

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

Occupation _____ Employer _____

Business Address _____

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

Page Subtotal 140.00

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

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on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 136701

2. Committee Name SCS DENIS

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).		6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution # 1 Is this contribution from a PAC? ☐ YES 4. Date of Receipt <u>3/9/2023</u> Name & Address: Kevin Hertel 22401 Lavon St St Clair Shores, MI 48081 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>50.00</u>	\$ _____
3. Contribution # 2 Is this contribution from a PAC? ☐ YES 4. Date of Receipt <u>2/14/2023</u> Name & Address: Muriel Hinz 21912 Kramer St St Clair Shores, MI 48080 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>50.00</u>	\$ _____
3. Contribution # 3 Is this contribution from a PAC? ☐ YES 4. Date of Receipt <u>2/16/2023</u> Name & Address: Doug Howell 21918 Shady Lane St Clair Shores, MI 48080 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>20.00</u>	\$ _____
3. Contribution # 4 Is this contribution from a PAC? ☐ YES 4. Date of Receipt <u>5/10/2023</u> Name & Address: Margit Jackson 410 Northshore Dr St Clair Shores, MI 48080 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>20.00</u>	\$ _____

Page Subtotal 140.00

Grand Total of All Schedules 2A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 136701
2. Committee Name SCS Dems

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

3. Contribution # 1
Is this contribution from a PAC? ☐ YES
Name & Address: Joyce Janicki
22493 Milner St
St Clair Shores, MI 48081
4. Date of Receipt 3/9/2023
5. Amount \$ 25.00

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

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

Occupation _____ Employer _____

Business Address _____

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

[Click Here for Memo Itemization Type](#)

3. Contribution # 2
Is this contribution from a PAC? ☐ YES
Name & Address: Tom Janicki
22493 Milner St
St Clair Shores, MI 48081
4. Date of Receipt 3/9/2023
5. Amount \$ 25.00

[Click Here for Memo Itemization Type](#)

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

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 3
Is this contribution from a PAC? ☐ YES
Name & Address: Margaret Kaminski
22333 Hanson Ct.
St Clair Shores, MI 48080-1411
4. Date of Receipt 2/22/2023
5. Amount \$ 20.00

[Click Here for Memo Itemization Type](#)

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

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 4
Is this contribution from a PAC? ☐ YES
Name & Address: Kyle Karajankovich
31164 Leopard circle
Chesterfield, MI 48047
4. Date of Receipt 4/12/2023
5. Amount \$ 40.00

[Click Here for Memo Itemization Type](#)

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

Occupation _____ Employer _____

Business Address _____

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

Page Subtotal

110.00

Grand Total of All Schedules 2A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 136701
2. Committee Name SCS Dems

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).		6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution # 1 Is this contribution from a PAC? ☐ YES Name & Address: Robert Klucens 21903 Stephens St Clair Shores, MI 48080 Type of Contribution Direct		\$ <u>20.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization Type	
3. Contribution # 2 Is this contribution from a PAC? ☐ YES Name & Address: Liz Lewis 22029 Gaukler St Clair Shores, MI 48081 Type of Contribution AB		\$ <u>20.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization Type	
3. Contribution # 3 Is this contribution from a PAC? ☐ YES Name & Address: Melvin Logan 21531 Briarcliff St St Clair Shores, MI 48082 Type of Contribution Direct		\$ <u>20.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization Type	
3. Contribution # 4 Is this contribution from a PAC? ☐ YES Name & Address: Loretta Lorenzo 29601 Jefferson #8 St Clair Shores, MI 48082 Type of Contribution Direct		\$ <u>20.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization Type	

Page Subtotal \$0.00

Grand Total of All Schedules 2A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 136701
2. Committee Name SCS Dems

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).		6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution # 1 Is this contribution from a PAC? ☐ YES Name & Address: Sarah Lucido 19032 Spindler Ave Eastpointe, MI 48021 Type of Contribution Direct 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>20.00</u>	\$ _____
3. Contribution # 2 Is this contribution from a PAC? ☐ YES Name & Address: Maureen Mahoney Ruhf 21830 Edmunton St Clair Shores, MI 48080 Type of Contribution AB 5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Grosse Pointe Academy</u> Business Address <u>171 Lakeshore Dr Grosse Pointe Farms MI 48236</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>160.00</u>	\$ _____
3. Contribution # 3 Is this contribution from a PAC? ☐ YES Name & Address: Karol Mallon 22432 Overlake St Clair Shores, MI 48080 Type of Contribution Direct 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>20.00</u>	\$ _____
3. Contribution # 4 Is this contribution from a PAC? ☐ YES Name & Address: Donna Martin 22625 Martin Rd St Clair Shores, MI 48081 Type of Contribution Direct 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>25.00</u>	\$ _____

Page Subtotal 225.00

Grand Total of All Schedules 2A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 136701
2. Committee Name SCS Dems

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).		6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution # 1 Is this contribution from a PAC? ☐ YES 4. Date of Receipt <u>3/9/2023</u> Name & Address: Patricia A. Mast 33344 Jefferson St Clair Shores, MI 48082 Type of Contribution <u>Direct</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>40.00</u>	
3. Contribution # 2 Is this contribution from a PAC? ☐ YES 4. Date of Receipt <u>3/9/2023</u> Name & Address: Paul McAdams 22638 Pointe Dr St Clair Shores, MI 48081 Type of Contribution <u>Direct</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>50.00</u>	
3. Contribution # 3 Is this contribution from a PAC? ☐ YES 4. Date of Receipt <u>3/9/2023</u> Name & Address: Paul McCarty 27701 Roy St. St Clair Shores, MI 48081 Type of Contribution <u>Direct</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>20.00</u>	
3. Contribution # 4 Is this contribution from a PAC? ☐ YES 4. Date of Receipt <u>3/9/2023</u> Name & Address: Brandon McDowell 23816 Grove St St Clair Shores, MI 48080 Type of Contribution <u>AB</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>20.00</u>	

Page Subtotal 130.00

Grand Total of All Schedules 2A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 136701
2. Committee Name SCS Dems

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).		6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution # 1 Is this contribution from a PAC? ☐ YES 4. Date of Receipt _____ Date of Receipt <u>3/9/2023</u> Name & Address: Dolores McHale 19619 Ridgemont St St Clair Shores, MI 48080 Type of Contribution <u>Direct</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>20.00</u>	
3. Contribution # 2 Is this contribution from a PAC? ☐ YES 4. Date of Receipt _____ Date of Receipt <u>2/16/2023</u> Name & Address: Colette Mezza 21918 Shady Lane Ave St Clair Shores, MI 48080 Type of Contribution <u>Direct</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>20.00</u>	
3. Contribution # 3 Is this contribution from a PAC? ☐ YES 4. Date of Receipt _____ Date of Receipt <u>12/27/2023</u> Name & Address: David Micallef 22419 Alger St Clair Shores, MI 48080 Type of Contribution <u>AB</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>60.00</u>	
3. Contribution # 4 Is this contribution from a PAC? ☐ YES 4. Date of Receipt _____ Date of Receipt <u>12/28/2023</u> Name & Address: Caitlin Micallef 22419 Alger St Clair Shores, MI 48080 Type of Contribution <u>AB</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>24.00</u>	

Page Subtotal 124.00
Grand Total of All Schedules 2A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number

136761

2. Committee Name

SCS DEMS

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt

Date of Receipt 2/15/2023

Name & Address:

Marianne Mitkus
23400 Glenbrook St
St Clair Shores, MI 48082-2196

\$ 20.00

\$

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

Type of Contribution Direct

Click Here for Memo Itemization Type

Occupation Employer

Business Address

Type of Contribution: ☐ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt

Date of Receipt 3/10/2023

Name & Address:

Michelle Mormul
22436 Wildwood St
St Clair Shores, MI 48081

\$ 20.00

\$

Click Here for Memo Itemization Type

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

Occupation Employer

Business Address

Type of Contribution: ☐ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt

Date of Receipt 12/14/2023

Name & Address:

Dennis Nelson
3609 Country Club Dr
St Clair Shores, MI 48082

\$ 24.00

\$

Click Here for Memo Itemization Type

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

Occupation Employer

Business Address

Type of Contribution: ☐ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt

Date of Receipt 2/14/2023

Name & Address:

Dona Norlock
23112 Arthur Ct
St Clair Shores, MI 48080

\$ 50.00

\$

Click Here for Memo Itemization Type

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

Occupation Employer

Business Address

Type of Contribution: ☐ Direct

☐ Loan from a person

☐ Fund Raiser

Page Subtotal

114.00

Grand Total of All Schedules 2A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number

136701

2. Committee Name

SCS Dems

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt

Date of Receipt 3/9/2023

Name & Address:

Jennifer Oresti
23816 Grove St
St Clair Shores, MI 48080
Type of Contribution AB

\$ 20.00

\$

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

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt

Date of Receipt 5/11/2023

Name & Address:

Bryan Owens
22640 Clairwood
St Clair Shores, MI 48080
Type of Contribution Direct

\$ 20.00

\$

[Click Here for Memo Itemization Type](#)

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

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt

Date of Receipt 4/13/2023

Name & Address:

Dana Paglia-King
31312 Aroowhead St
St Clair Shores, MI 48082
Type of Contribution AB

\$ 20.00

\$

[Click Here for Memo Itemization Type](#)

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

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt

Date of Receipt 12/26/2023

Name & Address:

Charles Palmer
21607 Lakeland St
St Clair Shores, MI 48081
Type of Contribution AB

\$ 18.00

\$

[Click Here for Memo Itemization Type](#)

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

Occupation _____ Employer _____

Business Address _____

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

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78.00

Grand Total of All Schedules 2A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 136701
2. Committee Name SCS Denis

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).		6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution # 1 Is this contribution from a PAC? ☐ YES 4. Date of Receipt <u>2/17/2023</u> Name & Address: Mary Pope 21911 Pleasant St St Clair Shores, MI 48080 Type of Contribution <u>Direct</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>30.00</u>	\$ _____
3. Contribution # 2 Is this contribution from a PAC? ☐ YES 4. Date of Receipt <u>2/10/2023</u> Name & Address: Crystel Reid 24409 Star Valley Dr St Clair Shores, MI 48080 Type of Contribution <u>AB</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>20.00</u>	\$ _____
3. Contribution # 3 Is this contribution from a PAC? ☐ YES 4. Date of Receipt <u>8/30/2023</u> Name & Address: Wendy Richardson 20500 Maxine St Clair Shores, MI 48080 Type of Contribution <u>Direct</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>25.00</u>	\$ _____
3. Contribution # 4 Is this contribution from a PAC? ☐ YES 4. Date of Receipt <u>2/14/2023</u> Name & Address: Michael Shoemaker 1216 Woodbridge St Clair Shores, MI 48080 Type of Contribution <u>Direct</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>20.00</u>	\$ _____

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Grand Total of All Schedules 2A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS
ITEMIZED CONTRIBUTIONS

SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number

136701

2. Committee Name

SCS Dems

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt

Date of Receipt 2/14/2023

Name & Address:

Mary Shoemaker
22546 Alexanader
St Clair Shores, MI 48081

\$ 20.00 \$

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

Type of Contribution Direct

[Click Here for Memo Itemization Type](#)

Occupation

Employer

Business Address

Type of Contribution: ☐ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt

Date of Receipt 3/8/2023

Name & Address:

Steven Smith
22014 Revere
St Clair Shores, MI 48080

\$ 20.00 \$

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

Type of Contribution Direct

[Click Here for Memo Itemization Type](#)

Occupation

Employer

Business Address

Type of Contribution: ☐ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt

Date of Receipt 2/24/2023

Name & Address:

Gloria Terry
22494 Alexander St
St Clair Shores, MI 48081

\$ 20.00 \$

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

Type of Contribution Direct

[Click Here for Memo Itemization Type](#)

Occupation

Employer

Business Address

Type of Contribution: ☐ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt

Date of Receipt 1/31/2023

Name & Address:

Lawanda Turner
29218 Jane St
St Clair Shores, MI 48081

\$ 20.00 \$

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

Type of Contribution AB

[Click Here for Memo Itemization Type](#)

Occupation

Employer

Business Address

Type of Contribution: ☐ Direct

☐ Loan from a person

☐ Fund Raiser

Page Subtotal

80.00

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

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 136701

2. Committee Name SCS Dems

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).		6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution # 1 Is this contribution from a PAC? ☐ YES 4. Date of Receipt <u>12/29/2023</u> Date of Receipt <u>12/29/2023</u> Name & Address: Veronica Williams 22443 Sunnyside St St Clair Shores, MI 48080 Type of Contribution <u>AB</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>16.00</u>	\$ _____
3. Contribution # 2 Is this contribution from a PAC? ☐ YES 4. Date of Receipt <u>2/24/2023</u> Date of Receipt <u>2/24/2023</u> Name & Address: Tekla Yokich 23015 Ardmore Park Dr St Clair Shores, MI 48081-2028 Type of Contribution <u>Direct</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>20.00</u> ~~16.00~~	\$ _____
3. Contribution # 3 Is this contribution from a PAC? ☐ YES 4. Date of Receipt <u>2/8/2023</u> Date of Receipt <u>2/8/2023</u> Name & Address: Tracey A Yokich 22710 Gordon Switch St Clair Shores, MI 48081 Type of Contribution <u>AB</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>20.00</u>	\$ _____
3. Contribution # 4 Is this contribution from a PAC? ☐ YES 4. Date of Receipt <u>8/28/2023</u> Date of Receipt <u>8/28/2023</u> Name & Address: Diane Young 13250 Irvington Dr Warren, MI 48093 Type of Contribution <u>AB</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>20.00</u>	\$ _____

Page Subtotal 76.00

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

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 136701

2. Committee Name SCS Dems

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt

Date of Receipt 8/30/2023

Name & Address:

Jessica White
24801 Rosalind Ave
Eastpointe, MI 48021

\$ 25.00 \$

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

Type of Contribution Direct

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt

Date of Receipt 2/10/2023

Name & Address:

Michael Klinefelt
16143 Wilson Ave
Eastpointe, MI 48021

\$ 20.00 \$

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

Type of Contribution Direct

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt

Date of Receipt 8/30/2023

Name & Address:

Joyce LaLonde
24801 Rosalind Ave
Eastpointe, MI 48021

\$ 25.00 \$

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

Type of Contribution Direct

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt

Date of Receipt 8/30/2023

Name & Address:

Leo Lalonde
24801 Rosiland
Eastpointe, MI 48021

\$ 25.00 \$

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

Type of Contribution Direct

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

Business Address _____

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

Page Subtotal 95.00

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

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 136701

2. Committee Name SCS Dems

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).		6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution # 1 Is this contribution from a PAC? ☐ YES 4. Date of Receipt <u>7/3/2023</u> Date of Receipt Name & Address: Veronica Paiz 20052 Hunt Club Drive Harper Woods, MI 48225 Type of Contribution AB 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>50.00</u>	\$ _____
3. Contribution # 2 Is this contribution from a PAC? ☐ YES 4. Date of Receipt <u>5/2/2023</u> Date of Receipt Name & Address: Emily Busch 97 Dennison St Oxford, MI 48371 Type of Contribution AB 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>20.00</u>	\$ _____
3. Contribution # 3 Is this contribution from a PAC? ☐ YES 4. Date of Receipt <u>8/30/2023</u> Date of Receipt Name & Address: Christina Bertrand 4817 La Chene Dr Warren, MI 48092 Type of Contribution AB 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>25.00</u>	\$ _____
3. Contribution # 4 Is this contribution from a PAC? ☐ YES 4. Date of Receipt <u>2/18/2023</u> Date of Receipt Name & Address: Robert Leonetti 29528 North Seaway Harrison Twp, MI 48045 Type of Contribution Direct 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>20.00</u>	\$ _____

Page Subtotal 115.00

Grand Total of All Schedules 2A
(Complete on last page of Schedule) 2963.00

Enter this total
on line 3a of
Summary Page.



1. Committee I.D. Number 136 701

2. Committee Name St Clair Shores Democratic Club

INDEPENDENT OR POLITICAL COMMITTEE		2. Committee Name		6. Date		7. Amount		8. Cumulative for Election or Election Cycle	
3. Name and address of person or vendor to whom the expenditure was made		5. Candidate or Ballot Question Information							
Expenditure #1 Name & Address: <u>Vantiv, LLC</u> <u>8500 Governors Hill Dr</u> <u>SymmesTwp OH 45249</u>		5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____		<u>1/1-12/31</u> Date		<u>\$ 92,47</u>		Click Here for Memo Itemization Type	
4. Purpose: <u>Fees</u> ☐ Fund Raiser		☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement							
Expenditure #2 Name & Address: <u>ActBlue</u> <u>366 Summer St</u> <u>Somerville MA</u>		5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____		<u>1/1-12/31</u> Date		<u>\$ 20.94</u>		Click Here for Memo Itemization Type	
4. Purpose: <u>Fees</u> ☐ Fund Raiser		☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement							
Expenditure #3 Name & Address:		5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____		_____ Date		\$ _____ \$ _____		Click Here for Memo Itemization Type	
4. Purpose: _____ ☐ Fund Raiser		☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement							
Expenditure #4 Name & Address:		5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____		_____ Date		\$ _____ \$ _____		Click Here for Memo Itemization Type	
4. Purpose: _____ ☐ Fund Raiser		☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement							

Subtotal this page

113,4

Grand Total of all Schedules 28
(Complete on last page of Schedule)

113.4

Enter this total
on line 8a of the
Summary Page