



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED 2024 FEB 13 PM 2:57
MACOMB COUNTY CLERK

POLITICAL PARTY 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: 01/01/23

To: 12/31/23

1. Committee I.D. Number

138765

2. Committee Name

Official Democratic Black Caucus of
Macomb County

4. Committee's Mailing Address:

P.O.Box 706
Warren, MI 48090

Area Code & Phone (586) 493-7993

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 & Residential Address

Helen Springer
24647 Spring Lane
Harrison Twp, MI 48045

Area Code & Phone (586) 530-9854

6. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated Recordkeeper)

Same

Area Code & Phone

7. TYPE OF STATEMENT

7a. ☐ PRE-ELECTION

OR

7b. ☐ POST ELECTION

Pre-Election or Post-Election Statement relates to:

☐ PRIMARY

☐ GENERAL

☐ SCHOOL

☐ SPECIAL

☐ CONVENTION

☐ CAUCUS

Date of Election

7c. ☒ ANNUAL STATEMENT

() Coverage Year)

7d. ☐ AMENDMENT TO
CAMPAIGN STATEMENT

Complete Items 7a, 7b, 7c or 7e to indicate which
Statement is being amended

☐ JULY QUARTERLY

☐ OCTOBER QUARTERLY

7e. ☐ DISSOLUTION OF
COMMITTEE

Effective Date of Dissolution

By checking this item, I certify that the committee has no assets 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 1B.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, or 6 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

8. 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 Helen Springer

Type or Print Name

Signature

Date 2/13/23

Designated Record
Keeper

Type or Print Name

Signature

Date



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 138765
OFFICIAL DEMOCRATIC BLACK CAUCUS OF MACOMB COUNTY
2. Committee Name _____

SUMMARY PAGE
INDEPENDENT OR POLITICAL COMMITTEE

RECEIPTS	Column I This Period	Column II Cumulative for Calendar Year
3. Contributions		
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)	(3a.) \$ <u>11456.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>11456.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)	(5.) \$ <u>11456.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized (Schedule 2-IK, Column 7)	(6a.) \$ <u>3000.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ _____	(21.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized Direct (Schedule 2B, Column 7)	(8a.) \$ <u>6148.72</u>	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(8b.) \$ <u>480.00</u>	
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(8c.) \$ _____	
d. Unitemized (less than \$50.01 each - no Schedule)	(8d.) \$ _____	
e. Subtotal of Expenditures	(8e.) \$ _____	(22.) \$ _____
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$ _____	(23.) \$ _____
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>6628.72</u>	(24.) \$ _____
IN-KIND EXPENDITURES		
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)	(11.) \$ _____	(25.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 2E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 2E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>2251.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) + <u>11456.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>13707.00</u>	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) - <u>6628.72</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>7078.28</u>	*

*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

138765

2. Committee Name

OFFICIAL DEMOCRATIC BLACK CAUCUS OF
MACOMB COUNTY

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 05/23/23

Name & Address:

Diane Young

\$ 100.00

\$

3760 Yamble Blvd.
Warren, MI 48093

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 6/3/23

Name & Address:

Jackie Kelley

\$ 3556.00

\$

2524 Chalk Farm Dr

Warren, MI 48091

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

Occupation Retired Employer G.M.

Business Address _____

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

(Memo Itemization)



3. Contribution # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 05/16/20

Name & Address:

Helen Springer

\$ 3000.00

\$

24647 spring Lane

Harrison, Twp. MI

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

Occupation Retired 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 6/21/23

Name & Address:

OLU Jabari

\$ 400.00

\$

43710 Schoenheer Rd.

Sterling Hgts, MI 48313

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

Occupation Teacher Employer JMI Martial Arts

Business Address Same

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

Click Here for Memo Itemization Type

Page Subtotal

\$7,056.00

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

11,456.00

Enter this total
on line 3a of
Summary Page

Revised



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number 138765
2. Committee Name OFFICIAL DEMOCRATIC BLACK CAUCUS OF
mACOMB COUNTY

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: <u>Donavan McKinney</u> <u>Lansing MI</u> <u>124 N. Capitol Ave Lansing, MI</u> 4. Date of Receipt <u>06/10/23</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>State Rep</u> Employer <u>S.O.S</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>800.00</u>	\$ _____
		Click Here for Memo Itemization Type v	
3. Contribution # 2 Is this contribution from a PAC? ☐ YES Name & Address: <u>Jackie Kelly</u> <u>2524 Chalk Farm DR</u> <u>Warre, MI 48091</u> 4. Date of Receipt <u>06/10/23</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>G.M.</u> Business Address <u>same</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>1200.00</u>	\$ _____
		Click Here for Memo Itemization Type v	
3. Contribution # 3 Is this contribution from a PAC? ☐ YES Name & Address: <u>Joel Rutherford</u> <u>5683 STORROW CT</u> <u>Storrow Ct 48092</u> <u>WARREN, MI 48092</u> 4. Date of Receipt <u>06/02/23</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retire Vet</u> Employer <u>US Air force</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>400.00</u>	\$ _____
		Click Here for Memo Itemization Type v	
3. Contribution # 4 Is this contribution from a PAC? ☐ YES Name & Address: <u>Helen Springer</u> <u>24647 Spring Lane</u> <u>Harrison Twp, MI 48045</u> 4. Date of Receipt <u>4/3/23</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address <u>same</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>800.00</u>	\$ _____
		Click Here for Memo Itemization Type v	

Page Subtotal **\$3,200.00**

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

11456.00

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 138765
2. Committee Name OFFICIAL DEMOCRATIC BLACK CAUCUS OF
mACOMB COUNTY

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: Melody Magee 25800 Timberline Dr Warren, MI 48091 4. Date of Receipt <u>06/02/23</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Talent Office</u> Employer <u>Private</u> Business Address <u>Home</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser Click Here for Memo Itemization Type ▼	\$ <u>800.00</u>	\$ _____
3. Contribution # 2 Is this contribution from a PAC? ☐ YES Name & Address: Lutish Lewis 22845 Bordman Rd. Allenton, MI 48002 4. Date of Receipt _____ 5. If over \$100.00 cumulative, please provide: Occupation <u>Non Profit</u> Employer <u>Self</u> Business Address <u>Home</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser Click Here for Memo Itemization Type ▼	\$ <u>400.00</u>	\$ _____
3. Contribution # 3 Is this contribution from a PAC? ☐ YES Name & Address: _____ 4. 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 # 4 Is this contribution from a PAC? ☐ YES Name & Address: _____ 4. 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 ▼	\$ _____	\$ _____

Page Subtotal **\$1,200.00**
Grand Total of All Schedules 2A
(Complete on last page of Schedule) **11456.00**
Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Revised

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 2-IK
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I. D. Number 138765

2. Committee Name OOOOOOOOOFFICIAL DEMOCRATIC BLACK CAUCUS OF MACOMB COUNTY

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 another Political Committee or Independent Committee (Both are commonly called PACs).	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 Calendar Year (Through date in Item 5)
Contribution # 1 Name & Address: Wojno, Paul 32025 Margaret St. Warren, MI 48093 If over \$100.00 cumulative, please provide: Occupation: State Seanator Employer Name & Address:	PAC Receipt? ☐ YES 4. ☐ Endorsement or guarantee of bank loan ☒ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Others ☐ Goods or Services Purchased by Others- LOAN Description <u>Scholarship</u> 5. DATE OF RECEIPT: <u>01/29/23</u> 6. VENDOR NAME & ADDRESS:	\$ <u>1000.00</u> Click Here for Memo Itemization Type	
☒ Fund Raiser Contribution			
Contribution # 2 Name & Address: Teri Dennings Warren, MI 48090 If over \$100.00 cumulative, please provide: Occupation: Private Attorney Employer Name & Address: <u>State of MI</u>	PAC Receipt? ☐ YES 4. ☐ Endorsement or guarantee of bank loan ☒ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Others ☐ Goods or Services Purchased by Others- LOAN Description <u>Scholarship</u> 5. DATE OF RECEIPT: <u>05/18/23</u> 6. VENDOR NAME & ADDRESS:	\$ <u>1000.00</u> Click Here for Memo Itemization Type	
☒ Fund Raiser Contribution			
Contribution # 3 Name & Address: Donovan McKinney <u>124 N Capital Ave</u> <u>Lansing, MI</u> If over \$100.00 cumulative, please provide: Occupation: <u>State Rep.</u> Employer Name & Address: <u>State of MI</u>	PAC Receipt? ☐ YES 4. ☐ Endorsement or guarantee of bank loan ☒ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Others ☐ Goods or Services Purchased by Others- LOAN Description <u>Scholarship</u> 5. DATE OF RECEIPT: <u>05/28/23</u> 6. VENDOR NAME & ADDRESS:	\$ <u>500.00</u> Click Here for Memo Itemization Type	
☒ Fund Raiser Contribution			

Page Subtotal **\$2,500.00**

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

Enter this total
on line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Revised

**ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 2-IK
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I. D. Number 138765

2. Committee Name 00000000OFFICIAL DEMOCRATIC BLACK CAUCUS OF MACOMB COUNTY

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 another Political Committee or Independent Committee (Both are commonly called PACs).	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 Calendar Year (Through date in Item 5)
Contribution # 1 Name & Address: Denise Mentzer Dist .61 Eastpointe MI If over \$100.00 cumulative, please provide: Occupation: State Rep. Employer Name & Address: State of MI Lansing , MI	PAC Receipt? ☐ YES 4. ☐ Endorsement or guarantee of bank loan ☒ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Others ☐ Goods or Services Purchased by Others- LOAN Description <u>Scholarship</u> 5. DATE OF RECEIPT: <u>01/28/23</u> 6. VENDOR NAME & ADDRESS:	\$ 500.00	\$ _____ Click Here for Memo Itemization Type v
☐ Fund Raiser Contribution			
Contribution # 2 Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	PAC Receipt? ☐ YES 4. ☐ Endorsement or guarantee of bank loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Others ☐ Goods or Services Purchased by Others- LOAN Description _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS:	\$ _____	\$ _____ Click Here for Memo Itemization Type v
☐ Fund Raiser Contribution			
Contribution # 3 Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	PAC Receipt? ☐ YES 4. ☐ Endorsement or guarantee of bank loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Others ☐ Goods or Services Purchased by Others- LOAN Description _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS:	\$ _____	\$ _____ Click Here for Memo Itemization Type v
☐ Fund Raiser Contribution			

Page Subtotal

\$500.00

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

\$3,000.00

Enter this total
on line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number

138765

OFFICIAL DEMOCRATIC BLACK CAUCUS OF MACOMB COUNTY

2. Committee Name

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7 Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: Carolines Catering 11521 Briarcliff Dr. Warren, MI 48093 4. Purpose: GOTV ☐ Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County ☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	11/03, 23 Date	\$ 1650.00	\$ _____
Click Here for Memo Itemization Type				
Expenditure #2 Name & Address: Century Banquet Hall 33204 Maple Dr. Sterling Hgts, MI 48312 4. Purpose: hall Rental ☒ Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County ☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	05/23/23 Date	\$ 3556.00	\$ _____
Click Here for Memo Itemization Type				
Expenditure #3 Name & Address: Bean Brothers Trophy 21521 Kelly Eastpointe, MI 48021 4. Purpose: Awards ☒ Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County ☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	05/23/23 Date	\$ 414.33	\$ _____
Click Here for Memo Itemization Type				
Expenditure #4 Name & Address: Positive Promotions Hauppauge, NY 11788 15 Bill Rn Ave. 4. Purpose: Give aways ☒ Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County ☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	05/24/23 Date	\$ 186.90	\$ _____
Click Here for Memo Itemization Type				

Subtotal this page

\$5,807.23

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

6148.72

Enter this total
on line 8a of the
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number

138765

OFFICIAL DEMOCRATIC BLACK CAUCUS OF MACOMB
COUNTY

2. Committee Name

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7 Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: US POSTAL SERVICE <i>28401 Mound Rd</i> <i>WARREN MI 48090</i> 4. Purpose: Mail Box Rent ☐ Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ ☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	02/24/23 Date	\$83.00	\$ _____
Click Here for Memo Itemization Type				
Expenditure #2 Name & Address: Original Printing union Telegraph, Pontiac Sq. Pontiac, MI 4. Purpose: programs ☐ Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ ☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	05/12/23 Date	\$164.00	\$ _____
Click Here for Memo Itemization Type				
Expenditure #3 Name & Address: Amazon Seattle, WA <i>ON LINE</i> 4. Purpose: Decor ☒ Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ ☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	05/26/23 Date	\$94.49	\$ _____
Click Here for Memo Itemization Type				
Expenditure #4 Name & Address: 4. Purpose: _____ ☐ Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ ☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	_____ Date	\$ _____	\$ _____
Click Here for Memo Itemization Type				

Subtotal this page

\$341.49

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

6148.72

Enter this total
on line 8a of the
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES
SCHEDULE B - G
POLITICAL PARTY, POLITICAL OR INDEPENDENT COMMITTEES

1. Committee I.D. Number **138765**

OFFICIAL DEMOCRATIC BLACK CAUCUS OF MACOMB COUNTY

2. Committee Name

USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY.

Describe the specific Get-Out-The -Vote activity in Item 4f. ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED

3. Name and address of person or vendor to whom the expenditure was made	4. Type of Activity	5. Date	6. Amount
Expenditure #1 Name & Address: Helen Springer 24647 Spring Ln. Harrison Twp MI 48045 For Activity Type b - f, check one: ☐ In-Kind ☒ Independent If in support of, or in opposition to, a ballot proposal or candidate, check one: ☐ Support ☐ Oppose ☐ Check box if expenditure is payment on debt or obligation reported on previous statement	a. ☐ Election Day Busing of Voters To The Polls b. ☐ Slate Cards c. ☐ Challengers d. ☐ Poll Watchers e. ☐ Poll Workers f. ☒ Get-Out-The Vote Activity (Specify): Coordinating Volunteers Cumulative for Candidate or Ballot Proposal \$ _____	11/01/23 Date	\$ 130.00
Candidate Name _____ Office Sought & District # or Jurisdiction _____ Candidate's County _____ Statewide Proposal Name VOTE SUPPORT Local Proposal Name _____ Indicate County _____			
Expenditure #2 Name & Address: Carolyn Brown 11521 Briarcliff Warren, MI 48045 For Activity Type b - f, check one: ☐ In-Kind ☒ Independent If in support of, or in opposition to, a ballot proposal or candidate, check one: ☐ Support ☐ Oppose ☐ Check box if expenditure is payment on debt or obligation reported on previous statement	a. ☐ Election Day Busing of Voters To The Polls b. ☐ Slate Cards c. ☐ Challengers d. ☐ Poll Watchers e. ☐ Poll Workers f. ☒ Get-Out-The Vote Activity (Specify): Lunches for Election workers Cumulative for Candidate or Ballot Proposal \$ _____	11/07/23 Date	\$ 250.00
Candidate Name _____ Office Sought & District # or Jurisdiction _____ Candidate's County _____ Statewide Proposal Name Voter Support Local Proposal Name _____ Indicate County _____			
Expenditure #3 Name & Address: Jackie Kelly 2524 Chalk Farm Warren, MI 48091 For Activity Type b - f, check one: ☐ In-Kind ☒ Independent If in support of, or in opposition to, a ballot proposal or candidate, check one: ☐ Support ☐ Oppose ☐ Check box if expenditure is payment on debt or obligation reported on previous statement	a. ☐ Election Day Busing of Voters To The Polls b. ☐ Slate Cards c. ☐ Challengers d. ☐ Poll Watchers e. ☒ Poll Workers f. ☒ Get-Out-The Vote Activity (Specify): ck poll no. Cumulative for Candidate or Ballot Proposal \$ _____	11/07/23 Date	\$ 100.00
Candidate Name _____ Office Sought & District # or Jurisdiction _____ Candidate's County _____ Statewide Proposal Name Voter Support Local Proposal Name _____ Indicate County _____			

Subtotal this page **\$480.00**

Grand Total of all Schedules B-G
(Complete on last page of Schedule)
Enter this total on Line Summary Page **\$480.00**



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 2F
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number **138765**
OFFICIAL DEMOCRATIC BLACK CAUCUS OF MACOMB COUNTY
2. Committee Name _____

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>06/10/23</u>	4. Number of Individuals Attending or Participating (whichever is greater) 72	5. Type of Fund Raising Activity SCHOLARSHIP DINNER	6. Address and Name (If any) of the place where the activity was held CENTURY CLUB SCHOENNER RD. STERLING HGTS, MI 48092 ☐ Private Residence
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7. Total Contributions 8356.00

8. Other Receipts 3000.00

9. Gross Receipts (Add lines 7 and 8) 11356.00

10. Total Cost of Event _____

*Includes In-Kind Contributions and All
Expenditures Made For the Event

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Direct Contributions Schedule (2A), Itemized In-Kind Contributions Schedule (2-IK), Itemized Expenditures Schedule (2B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.