



**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

1. Committee I.D. Number 140488		3. This Statement covers From: <u>05/15/24</u> To <u>07/21/24</u>					
2. Committee Name Better Macomb PAC		4. Committee's Mailing Address PO Box 171 Mt. Clemens, MI 48046 Area Code and Phone <u>419-2443</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 Don Brown 6515 Old Coach Trail Washington, MI 48094 Area Code and Phone <u>419-2443</u>							
6. Treasurer's Business Address 1 South Main Mt. Clemens, MI 48043 Area Code and Phone <u>469-5125</u>		7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) N/A Area Code and Phone					
<table border="1"><tr><td rowspan="2">8. TYPE OF STATEMENT: APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>STATE LEVEL</u> 8a. <u>QUARTERLY STATEMENTS</u> ☐ January 31 ☐ April 25 ☐ July 25 ☐ October 25 8b. ☐ SPECIAL ELECTION INDEPENDENT EXPENDITURE REPORT</td><td colspan="2">APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>COUNTY LEVEL</u> 8c. ☐ ANNUAL STATEMENT (<u> </u> Coverage Year) Local Candidates Exempted 8d. ☒ PRE-ELECTION OR 8e. ☐ POST-ELECTION Pre-Election or Post-Election Statement relates to: ☒ PRIMARY ☐ GENERAL ☐ CONVENTION ☐ SCHOOL ☐ SPECIAL ☐ CAUCUS Date of Election, Convention or Caucus: <u>08/06/24</u> ☐ July 25 Quarterly ☐ October 25 Quarterly</td><td>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 <u> </u> 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.</td></tr></table>				8. TYPE OF STATEMENT: APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>STATE LEVEL</u> 8a. <u>QUARTERLY STATEMENTS</u> ☐ January 31 ☐ April 25 ☐ July 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> </u> Coverage Year) Local Candidates Exempted 8d. ☒ PRE-ELECTION OR 8e. ☐ POST-ELECTION Pre-Election or Post-Election Statement relates to: ☒ PRIMARY ☐ GENERAL ☐ CONVENTION ☐ SCHOOL ☐ SPECIAL ☐ CAUCUS Date of Election, Convention or Caucus: <u>08/06/24</u> ☐ 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 <u> </u> 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.
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	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>Don Brown</u> Type or Print Name <u>Don Brown</u> Signature Date <u>07/22/24</u>							



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140488

2. Committee Name Better Macomb PAC

SUMMARY PAGE
INDEPENDENT OR POLITICAL COMMITTEE

RECEIPTS		Column I This Period	Column II Cumulative for Calendar Year
3. Contributions			
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)	(3a.) \$	<u>2,405.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>2,405.00</u>	(18.) \$ <u>2,405.00</u>
4. Other Receipts (Schedule 2A-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>2,405.00</u>	(20.) \$ <u>2,405.00</u>
IN-KIND CONTRIBUTIONS			
6. In-Kind Contributions			
a. Itemized (Schedule 2-IK, Column 7)	(6a.) \$	<u>0.00</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.) \$	<u>0.00</u>	(21.) \$ <u>0.00</u>
EXPENDITURES			
8. Expenditures			
a. Itemized Direct (Schedule 2B, Column 7)	(8a.) \$	<u>500.00</u>	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(8b.) \$	<u>0.00</u>	
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(8c.) \$	<u>0.00</u>	
d. Unitemized (less than \$50.01 each - no Schedule)	(8d.) \$	<u>0.00</u>	
e. Subtotal of Expenditures	(8e.) \$	<u>500.00</u>	(22.) \$ <u>500.00</u>
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$	<u>1,790.00</u>	(23.) \$ <u>1,790.00</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$	<u>2,290.00</u>	(24.) \$ <u>2,290.00</u>
IN-KIND EXPENDITURES			
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)	(11.) \$	<u>0.00</u>	(25.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 2E)	(12a.) \$	<u>0.00</u>	
b. Owed to the Committee (Schedule 2E)	(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>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) +	<u>2,405.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) =	<u>2,405.00</u>	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) -	<u>2,290.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>115.00</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 140488

2. Committee Name Better Macomb PAC

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

6. Amount

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

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 06/24/24

Name & Address:

Olivia Brown

\$ 25

\$ 25

2011 Sinclair Ave NE

Grand Rapids, MI 49505

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 06/24/24

Name & Address:

Anthony Locano

\$ 25

\$ 25

77601 Capac Rd

Armada Township, MI 48005

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 # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 06/24/24

Name & Address:

Audrey Brown

\$ 100

\$ 100

7009 Boulder Pointe Drive

Washington, MI 48094

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

[Memo Itemization Below](#)

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 06/24/24

Name & Address:

Alexandra Wolf

\$ 25

\$ 25

17303 Dolores St

Livonia MI 48152

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

Page Subtotal

\$ 175.00

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 140488

2. Committee Name Better Macomb PAC

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

6. Amount

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

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 06/24/24

Name & Address:

Nuo Gojcaj

\$ 100

\$ 100

3231 Primrose Dr

Rochester Hills, MI 48307

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 06/24/24

Name & Address:

Ertis Tereziu

\$ 25

\$ 25

3769 Cone Ave

Rochester Hills, MI 48309-4373

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 # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 06/24/24

Name & Address:

Robert Lulgjuraj

\$ 100

\$ 100

1517 Hamman Dr

Troy, MI 48085

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 # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 06/25/24

Name & Address:

Albert Gjokaj

\$ 25

\$ 25

42734 Stepnitz

Clinton Twp. MI 48036

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

Page Subtotal

\$ 250.00

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 140488

2. Committee Name Better Macomb PAC

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

6. Amount

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

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 06/25/24

Name & Address:

Mark Gjokaj

32588 Bruggeman

Warren, MI 48088

\$ 25

\$ 25

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 06/25/24

Name & Address:

Alex Aprile

170 Nakota Street

Clawson, MI 48017

\$ 25

\$ 25

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 # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 06/25/24

Name & Address:

Buthaniah Al-Janabi

32406 Barclay Square

Warren, MI 48093

\$ 25

\$ 25

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 # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 06/25/24

Name & Address:

Fran Gjokaj

13031 Oak Park Blvd

Oak Park, MI 48237

\$ 25

\$ 25

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

Page Subtotal

\$100.00

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 140488

2. Committee Name Better Macomb PAC

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

6. Amount

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

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 06/26/24

Name & Address:

Shir Nikko Anuddin

\$ 100

\$ 100

21625 Englehardt Street

St Clair Shores, MI 48080

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 06/26/24

Name & Address:

Linda Torp

\$ 100

\$ 100

38870 Ryan

Harrison Twp, MI 48045

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 # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 06/26/24

Name & Address:

Gust Ghanam

\$ 100

\$ 100

32068 Margaret Ct.

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 # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 06/26/24

Name & Address:

Crystal Richardson

\$ 25

\$ 25

4068 Scott B Drive

St. Clair Shores, MI 48079

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

Page Subtotal

\$325.00

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 140488

2. Committee Name Better Macomb PAC

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).		6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution # 1 Is this contribution from a PAC? ☐ YES 4. Date of Receipt <u>06/26/24</u> Name & Address: Scott Ray 9045 Coleman Road Haslett, MI 48840 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>25</u>	\$ <u>25</u>
3. Contribution # 2 Is this contribution from a PAC? ☐ YES 4. Date of Receipt <u>06/26/24</u> Name & Address: Tim Rix 35390 Monroe Street Richmond MI 48062 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>50</u>	\$ <u>50</u>
3. Contribution # 3 Is this contribution from a PAC? ☐ YES 4. Date of Receipt <u>06/26/24</u> Name & Address: Kyle McKee 21912 Harper Ave 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>25</u>	\$ <u>25</u>
3. Contribution # 4 Is this contribution from a PAC? ☐ YES 4. Date of Receipt <u>06/26/24</u> Name & Address: Mike Nicley 11716 Meadow Place Washington MI 48094 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100</u>	\$ <u>100</u>

Page Subtotal **\$200.00**

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 140488

2. Committee Name Better Macomb PAC

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3. Contribution # 1 Is this contribution from a PAC? ☐ YES 4. Date of Receipt <u>06/26/24</u> Name & Address: <u>Mark Stanaj</u> <u>3240 Waterford Ct, Apt 1310</u> <u>Rochester Hills, MI 48309</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</u>	\$ <u>25</u>
3. Contribution # 2 Is this contribution from a PAC? ☐ YES 4. Date of Receipt <u>06/26/24</u> Name & Address: <u>David Glaeser</u> <u>38322 Pine Dr</u> <u>Clinton Twp, MI 48038</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</u>	\$ <u>25</u>
3. Contribution # 3 Is this contribution from a PAC? ☐ YES 4. Date of Receipt <u>06/26/24</u> Name & Address: <u>Doug Wozniak</u> <u>53831 Whitby Way</u> <u>Shelby Twp, MI 48316</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</u>	\$ <u>25</u>
3. Contribution # 4 Is this contribution from a PAC? ☐ YES 4. Date of Receipt <u>05/27/24</u> Name & Address: <u>Ben Pupillo</u> <u>25614 Huron</u> <u>Roseville, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>10</u>	\$ <u>10</u>

Page Subtotal

\$85.00

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

Enter this total
on line 3a of
Summary Page



ITEMIZED CONTRIBUTIONS

SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 140488

2. Committee Name Better Macomb PAC

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).		6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution # 1 Is this contribution from a PAC? ☐ YES Name & Address: Brain Rener 255 Beverly Ave Auburn MI 48326 4. Date of Receipt <u>06/28/24</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Finacial Advisor</u> Employer <u>Self - Employeeed</u> Business Address <u>255 Beverly Ave, Auburn Hills MI 48326</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>250</u>	\$ <u>250</u>
3. Contribution # 2 Is this contribution from a PAC? ☐ YES Name & Address: Don Brown 6515 Old Coach Trail Washington, MI 48094 4. Date of Receipt <u>06/28/24</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Commissioner</u> Employer <u>Macomb County</u> Business Address <u>1 South Main Street, Mt. Clemens MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>1000</u>	\$ <u>1000</u>
3. Contribution # 3 Is this contribution from a PAC? ☐ YES Name & Address: Wendy Downing 36460 Alfred St. New Baltimore, MI 48047 4. Date of Receipt <u>07/02/24</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>10</u>	\$ <u>10</u>
3. Contribution # 4 Is this contribution from a PAC? ☐ YES Name & Address: Harold Haugh 19464 Candlelight Riseville, MI 48066 4. Date of Receipt <u>07/02/24</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>10</u>	\$ <u>10</u>

Page Subtotal **\$1,270.00**

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 DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number **140488**
Better Macomb PAC
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: CTE Michelle Nard P.O. Box 5315 Warren, MI 48090	5. <u>Michelle Nard</u> Name of Candidate <u>County Commissioner 12th District</u> Office Sought & District # or Jurisdiction <u>Macomb</u> County	<u>07/03/24</u> Date	<u>500</u>	<u>500</u>
4. Purpose: <u>Donation</u>	☐ Fund Raiser	☐ Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement		
Expenditure #2 Name & Address:	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County	_____ Date	\$ _____	\$ _____
4. Purpose: _____	☐ 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	\$ _____	\$ _____
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. <u>N/A</u> Name of Candidate <u>N/A</u> Office Sought & District # or Jurisdiction <u>N/A</u> County	_____ Date	\$ _____	\$ _____
4. Purpose: <u>Food</u>	☐ Fund Raiser	☐ Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement		

Subtotal this page **\$500.00**

Grand Total of all Schedules 2B
(Complete on last page of Schedule) **\$500.00**

Enter this total
on line 8a of the
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED INDEPENDENT EXPENDITURES
SCHEDULE 2B-1
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number **140488**
2. Committee Name **Better Macomb PAC**

Complete this form to report Independent Expenditures made for or against a candidate or a ballot issue. Do not use this schedule to report any direct expenditures to Candidate Committees or Ballot Question Committees, or the provision of in-kind goods or services to Candidate Committees or Ballot Question Committees.

3. Name and address of person or vendor paid	5. Candidate or Ballot Proposal Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: The Record P.O. Box 171 Washington, MI 48094	5. <u>Audrey Brown</u> Name of Candidate <u>Washington Township Clerk</u> Office Sought & District # or Jurisdiction <u>MACOMB</u> Ballot Proposal County ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>07/19/24</u> Date	\$ <u>1,790</u>	\$ <u>1,790</u>
4. Purpose: <u>Advertising</u> Support: ☒ Oppose ☐	Click Here for Memo Itemization Type			
Expenditure #2 Name & Address:	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ Ballot Proposal _____ County ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	_____ Date	\$ _____	\$ _____
4. Purpose: _____ Support: ☐ Oppose ☐	Click Here for Memo Itemization Type			
Expenditure #3 Name & Address:	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ Ballot Proposal _____ County ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	_____ Date	\$ _____	\$ _____
4. Purpose: _____ Support: ☐ Oppose ☐	Click Here for Memo Itemization Type			

Subtotal this page

\$1,790.00

Grand Total of all Schedules 2B-1
(Complete on last page of Schedule)

\$1,790.00

Enter this total
on line 9 of the
Summary Page