



FILED

01 DEC 2024 PM 09:47

MACOMB COUNTY CLERK
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FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

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

3. This Statement covers From: 10/21/2024 to 11/25/2024

1. Committee I.D. Number

140482

4. Candidate Last Name First Name M.I.

KOLA MEGAN

2. Committee Name

MEGAN KOLA FOR COUNTY COMMISSION

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

05 COUNTY COMMISSIONER, MACOMB COUNTY

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

5. Committee's Mailing Address

**P.O. BOX 554
STERLING HEIGHTS, MI 48311**

6. Treasurer's Name & Residential Address

**BARBARA WINTER
23051 TAWAS
HAZEL PARK, MI 48030**

Area Code and Phone (586) 804-8306
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.

Area Code & Phone (248) 544-1439

7. Treasurer's Business Address

**23051 TAWAS
HAZEL PARK, MI 48030**

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

Area Code and Phone (248) 544-1439

Area Code and Phone () -

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☐ Primary
☒ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement ()
Coverage Year

9d. ☐ Amendment to Campaign Statement
(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

Date of Election, Convention or Caucus

11/05/2024

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper _____
Type or Print Name

Signature

Submitted electronically,
signature on file

Date

12/01/2024

Candidate _____
Type or Print Name

Signature

Submitted electronically,
signature on file

Date

12/01/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140482

2. Committee Name MEGAN KOLA FOR COUNTY COMMISSION

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>2,000.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>2,000.00</u>	(18.) \$ <u>9,695.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>2,000.00</u>	(20.) \$ <u>9,695.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>240.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>2,932.18</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>2,932.18</u>	(23.) \$ <u>9,695.00</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>932.18</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>2,000.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>2,932.18</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>2,932.18</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>0.00</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140482
2. Committee Name MEGAN KOLA FOR COUNTY COMMISSION

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☒ YES	4. Date of Receipt <u>10/31/2024</u>	
Name & Address: UAW MICHIGAN V-PAC 8000 E JEFFERSON AVE DETROIT, MI 48214		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal

2,000.00

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

2,000.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140482**
2. Committee Name **MEGAN KOLA FOR COUNTY COMMISSION**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MASS MAILING LLC Address 35468 MOUND RD STERLING HEIGHTS, MI 48310 ☐ Fund Raiser	Purpose: POST CARD MAILING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/01/2024 Date	\$ 318.00
Expenditure #2 Name AMERICAN GRAPHICS PRINTING Address 34895 GROESBECK HWY CLINTON TOWNSHIP, MI 48035 ☐ Fund Raiser	Purpose: ELECTION DAY LIT PRINTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/04/2024 Date	\$ 311.16
Expenditure #3 Name KROGER Address 43893 SCHOENHERR RD STERLING HEIGHTS, MI 48313 ☐ Fund Raiser	Purpose: GAS CARDS FOR VOLUNTEERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/04/2024 Date	\$ 150.00
Expenditure #4 Name OFFICE DEPOT Address 44835 SCHOENHERR RD STERLING HEIGHTS, MI 48313 ☐ Fund Raiser	Purpose: ELECTION DAY SUPPLIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/05/2024 Date	\$ 79.37
Expenditure #5 Name COSTCO Address 45460 MARKET ST SHELBY TWP, MI 48315 ☐ Fund Raiser	Purpose: FOOD AND SNACKS FOR VOLUNTEERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/05/2024 Date	\$ 173.65

Subtotal this page **1,032.18**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140482**
2. Committee Name **MEGAN KOLA FOR COUNTY COMMISSION**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CAROL KING Address 46308 CHATEAU THIERRY BLVD MACOMB, MI 48044 ☐ Fund Raiser	Purpose: <u>PHONE BANKING SERVICES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/07/2024</u> Date	\$ <u>900.00</u>
Expenditure #2 Name MARASH KOLA Address 8125 OGDEN DR STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: <u>WEBSITE DESIGN AND MAINTAINANCE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/08/2024</u> Date	\$ <u>600.00</u>
Expenditure #3 Name BARABRA WINTER Address 23051 TAWAS AVE HAZEL PARK, MI 48030 ☐ Fund Raiser	Purpose: <u>CAMPAIGN FINANCE COMPLAINE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/17/2024</u> Date	\$ <u>400.00</u>
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____

Subtotal this page	1,900.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)	2,932.18

Enter this total
on line 8a of
Summary Page