

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 keeper3. This Statement covers From: 08/27/24 To 10/20/24

1. Committee I.D. Number

140488

2. Committee Name

Better Macomb PAC

4. Committee's Mailing Address

Better Macomb PAC
P.O. Box 171
Mt. Clemens MI 48046Area Code and Phone (586) 419-2443If 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 48094Area Code and Phone (586) 419-2443

6. Treasurer's Business Address

1 South Main
Mt. Clemens MI 48043

Area Code and Phone

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

N/A

Area Code and Phone

8. TYPE OF STATEMENT:

APPLICABLE TO INDEPENDENT AND POLITICAL
COMMITTEES REGISTERED ON STATE LEVEL8a. QUARTERLY STATEMENTS☐ January 31☐ April 25☐ July 25☒ October 258b. ☐ SPECIAL ELECTION INDEPENDENT
EXPENDITURE REPORTAPPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ON COUNTY LEVEL8c. ☐ ANNUAL STATEMENT
(_____ Coverage Year) Local
Candidates Exempted8d. ☒ PRE-ELECTION OR8e. ☐ POST-ELECTIONPre-Election or Post-Election
Statement relates to:☐ PRIMARY ☒ GENERAL☐ CONVENTION ☐ SCHOOL☐ SPECIAL ☐ CAUCUS

Date of Election, Convention or Caucus:

11/05/24☐ July 25 Quarterly☐ October 25 QuarterlyAPPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ONSTATE AND COUNTY LEVEL8f. ☐ 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 Don Brown
Designated Record Keeper Type or Print Name

Signature

Date 10/25/24



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.) \$	9,050.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	9,050.00	(18.) \$ 15,455.00
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$	0.00	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)	(5.) \$	9,050.00	(20.) \$ 15,455.00
IN-KIND CONTRIBUTIONS			
6. In-Kind Contributions			
a. Itemized (Schedule 2-1K, Column 7)	(6a.) \$	0.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$	NOT APPLICABLE	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$	0.00	(21.) \$ 0.00
EXPENDITURES			
8. Expenditures			
a. Itemized Direct (Schedule 2B, Column 7)	(8a.) \$	5,410.74	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(8b.) \$	0.00	
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(8c.) \$	0.00	
d. Unitemized (less than \$50.01 each - no Schedule)	(8d.) \$	0.00	
e. Subtotal of Expenditures	(8e.) \$	0.00	(22.) \$ 0.00
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$	898.56	(23.) \$ 6,773.15
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$	6,309.30	(24.) \$ 13,082.45
IN-KIND EXPENDITURES			
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)	(11.) \$	0.00	(25.) \$ 0.00
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 2E)	(12a.) \$	4,000.00	
b. Owed to the Committee (Schedule 2E)	(12b.) \$	0.00	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	1,428.97	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) +	9,050.00	
15. SUBTOTAL Add lines 13 and 14	(15.) =	10,478.97	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) -	6,309.30	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	4,169.67	*

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



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>08/27/24</u> Name & Address: <u>Eric Castigila</u> <u>1250 Stephenson</u> <u>Troy MI 48083</u> 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>
		Click Here for Memo Itemization Type	
3. Contribution # 2 Is this contribution from a PAC? ☐ YES 4. Date of Receipt <u>08/27/24</u> Name & Address: <u>Jamie A Roe</u> <u>49378 Camarosa Ln</u> <u>Macomb, MI 48044</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Consultant</u> Employer <u>Self Employed</u> Business Address <u>49378 Camarosa Ln, Macomb MI 48044</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>250</u>	\$ <u>250</u>
		Click Here for Memo Itemization Type	
3. Contribution # 3 Is this contribution from a PAC? ☐ YES 4. Date of Receipt <u>08/28/24</u> Name & Address: <u>Shane Gianino</u> <u>75 N. Main Street</u> <u>Suite 300</u> <u>Mount Clemens, MI 48043</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Sales</u> Employer <u>S.E. Michigan Chamber of Commerce</u> Business Address <u>59 Walnut, STE 206, Mt. Clemens MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>250</u>	\$ <u>250</u>
		Click Here for Memo Itemization Type	
3. Contribution # 4 Is this contribution from a PAC? ☐ YES 4. Date of Receipt <u>08/28/24</u> Name & Address: <u>Robert Lulgjuraj</u> <u>1517 Hamman Dr</u> <u>Troy, MI 48085</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Wayne County Prosecutor's Office</u> Business Address <u>1441 St. Antoine Street, Detroit, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>250</u>	\$ <u>350</u>
		Click Here for Memo Itemization Type	

Page Subtotal \$850.00

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>08/28/24</u> Name & Address: DANIEL RUSSELL 17680 Maisons Drive Clinton Township, MI 48038 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>250</u>	\$ <u>250</u>
		Click Here for Memo Itemization Type	
3. Contribution # 2 Is this contribution from a PAC? ☐ YES 4. Date of Receipt <u>09/12/24</u> Name & Address: Mohammad A. Qazi 6405 Middlebelt West Bloomfield, MI 48322 5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>Ciena Health Care</u> Business Address <u>4000 Town Ctr Ste 2000, Southfield, MI 48075-1415</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>1000</u>	\$ <u>1000</u>
		Click Here for Memo Itemization Type	
3. Contribution # 3 Is this contribution from a PAC? ☐ YES 4. Date of Receipt <u>10/02/24</u> Name & Address: Andrew F Fountain 5937 Oakland Valley Dr Rochester, MI 48306 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>
		Click Here for Memo Itemization Type	
3. Contribution # 4 Is this contribution from a PAC? ☐ YES 4. Date of Receipt <u>10/20/24</u> Name & Address: Kurt O'Keefe 1254 WOODBRIDGE 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>100</u>	\$ <u>100</u>
		Click Here for Memo Itemization Type	

Page Subtotal **\$1,450.00**

Grand Total of All Schedules 2A
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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 4. Date of Receipt <u>08/29/24</u> Name & Address: KASSAB, SAM 3910 COACHWOOD ROCHESTER, MI 48309 5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>GUARDIAN ANGEL HOME CARE</u> Business Address <u>1715 Northfield Dr, Rochester MI 48309</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>250</u>	\$ <u>08/28/24</u>
3. Contribution # 2 Is this contribution from a PAC? ☐ YES 4. Date of Receipt <u>08/28/24</u> Name & Address: BINSON, ROBERT 7356 VOENNER CENTER LINE, MI 48015 5. If over \$100.00 cumulative, please provide: Occupation <u>Self - Employed</u> Employer <u>Binson Home Health Care</u> Business Address <u>7356 VOENNER, CENTER LINE, MI 48015</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>250</u>	\$ <u>250</u>
3. Contribution # 3 Is this contribution from a PAC? ☐ YES 4. Date of Receipt <u>08/28/24</u> Name & Address: Mark Jansen 16015 Harvest Spring Ln Macomb, MI 48042 5. If over \$100.00 cumulative, please provide: Occupation <u>Finance</u> Employer <u>FIRST STATE BANK</u> Business Address <u>67225 Gratiot Avenue, Richmond, MI 48062</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>250</u>	\$ <u>250</u>
3. Contribution # 4 Is this contribution from a PAC? ☒ YES 4. Date of Receipt <u>08/28/24</u> Name & Address: Lucido for a Brighter Tomorrow PAC 6303 26 Mile Road, Ste. 203 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>250</u>	\$ <u>250</u>

Page Subtotal \$1,000.00

Grand Total of All Schedules 2A
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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 Name & Address: Slyvia Grot 11927 Hiawatha Dr Shelby Township, MI 48315 4. Date of Receipt <u>08/28/24</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Commissioner</u> Employer <u>Macomb County</u> Business Address <u>1 South Main, Mt. Clemens MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>250</u>	\$ <u>250</u> Click Here for Memo Itemization Type
3. Contribution # 2 Is this contribution from a PAC? ☐ YES Name & Address: Don Rochon 4100- 33 Mile Rd Bruce Twp, MI 48065 4. Date of Receipt <u>08/28/24</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Sales</u> Employer <u>Cornerstone Inc</u> Business Address <u>361 South Street, Rochester MI 48307</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>250</u>	\$ <u>250</u> Click Here for Memo Itemization Type
3. Contribution # 3 Is this contribution from a PAC? ☐ YES Name & Address: Alan Ackerman 365 Pine Ridge Dr Bloomfield Hills, MI 48304 4. Date of Receipt <u>08/28/24</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>250</u>	\$ <u>250</u> Click Here for Memo Itemization Type
3. Contribution # 4 Is this contribution from a PAC? ☐ YES Name & Address: STROLIS, VITO K 19874 WESTCHESTER DR CLINTON TOWNSHIP, MI 48038 4. Date of Receipt <u>08/28/24</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Self Employed</u> Employer <u>RUEHLES TOWING</u> Business Address <u>205 NORTH GRATIOT AVENUE MOUNT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>250</u>	\$ <u>250</u> Click Here for Memo Itemization Type

Page Subtotal \$1,000.00

Grand Total of All Schedules 2A
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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 08/28/24

Name & Address:

GCSI 21st Century PAC

3711 Beech Tree Lane

Okemos, MI 48864

\$ 250

\$ 250

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 08/28/24

Name & Address:

Greg Brock

P.O. Box 1114

Freeport, MI 49325

\$ 250

\$ 250

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

[Click Here for Memo Itemization Type](#)

Occupation Consultant Employer Self Employed

Business Address P.O. Box 1114, Freeport, MI 49325

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

3. Contribution # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 08/28/24

Name & Address:

FRABOTTA, ANTHONY

12900 HALL RD

STERLING HEIGHTS, MI 48313

\$ 250

\$ 250

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

[Click Here for Memo Itemization Type](#)

Occupation CEO Employer UHY Advisors

Business Address 12900 HALL RD STERLING HEIGHTS, MI 48313

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

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 08/28/24

Name & Address:

BOB KIRK

37539 HIDDEN VALLEY

CLINTON TOWNSHIP, MI 48036

\$ 250

\$ 250

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

[Click Here for Memo Itemization Type](#)

Occupation Principle Employer Centre Court Properties

Business Address 37539 HIDDEN VALLEY CLINTON TOWNSHIP, MI 48036

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

Page Subtotal

\$ 1,000.00

Grand Total of All Schedules 2A
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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>08/28/24</u> Name & Address: Chris Farraj 50421 Hayes Rd Shelby MI 48315 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Allergy Free Bakery</u> Business Address <u>50421 Hayes Rd, Shelby MI 48315</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 4. Date of Receipt <u>08/24/24</u> Name & Address: AUSTYN, RYLEY A 7120 MUERDALE ST WEST BLOOMFIELD TOWNSHIP, MI 48322 5. If over \$100.00 cumulative, please provide: Occupation <u>Consultant</u> Employer <u>Self-Employed</u> Business Address <u>7120 MUERDALE ST WEST BLOOMFIELD TOWNSHIP, MI 48322</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>500</u>	\$ <u>500</u>
3. Contribution # 3 Is this contribution from a PAC? ☒ YES 4. Date of Receipt <u>08/28/24</u> Name & Address: Red White and Blue PAC 201 Townsend St, STE 900 Lansing MI 48933-1529 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>1000</u>	\$ <u>1000</u>
3. Contribution # 4 Is this contribution from a PAC? ☐ YES 4. Date of Receipt <u>08/30/24</u> Name & Address: Audrey Brown 709 Boulder Pointe Drive Washington, MI 48094 5. If over \$100.00 cumulative, please provide: Occupation <u>Independant Agent</u> Employer <u>AFLAC</u> Business Address <u>709 Boulder Pointe Drive Washington, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>250</u>	\$ <u>250</u>

Page Subtotal \$2,000.00

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

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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 Name & Address: <u>.Stephen Saph Jr.</u> <u>P.O. Box 46907</u> <u>Mt. Clemens, MI 48046</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Insurance Agent</u> Employer <u>Nichol & Saph</u> Business Address <u>44 Macomb Pl, Mt. Clemens MI 48046-6907</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser 3. Contribution # 2 Is this contribution from a PAC? ☒ YES Name & Address: <u>Nesbitt for Michigan</u> <u>P.O. Box 419</u> <u>Paw Paw, MI 49079</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 # 3 Is this contribution from a PAC? ☐ YES Name & Address: <u>Ronald C. Lamparter</u> <u>12 Windemere PL</u> <u>Grosse Pointe Farms, MI 48236</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> 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: _____ _____ _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>250</u>	\$ <u>250</u>
		\$ <u>500</u>	\$ <u>500</u>
		\$ <u>1000</u>	\$ <u>1000</u>
		\$ _____	\$ _____

Page Subtotal \$1,750.00
Grand Total of All Schedules 2A
(Complete on last page of Schedule) \$9,050.00

Enter this total
on line 3a of
Summary Page



ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

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

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 Jay DeDoyer 8060 Anchor Bay Dr Algonac MI 48001 4. Purpose: <u>Donation</u> ☐ Fund Raiser	5. <u>Jay DeBoyer</u> Name of Candidate <u>State Representative, 63rd District</u> Office Sought & District # or Jurisdiction <u>Macomb</u> County ☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>10/17/2</u> Date	<u>\$ 150</u>	<u>\$ 150</u>
Click Here for Memo Itemization Type				
Expenditure #2 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				
Expenditure #3 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				
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 **\$150.00**

Grand Total of all Schedules 2B
(Complete on last page of Schedule) **5,410.75**

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

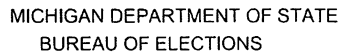
1. Committee I.D. Number 140488
BETTER MACOMB PAC
2. Committee Name _____

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: Tractor Supply Company 12020 Hall Rd Sterling Hgts, MI 48313 4. Purpose: _____ ☐ Fund Raiser	5. <u>Donad J. Trump</u> Name of Candidate President of the United States Office Sought & District # or Jurisdiction Macomb County ☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>09/06/24</u> Date	<u>\$ 560.74</u> 	<u>\$ 560.74</u>
Expenditure #2 Name & Address: Right Strategies LLC 1670 NW 18th Street, Suite 104 Ankney, IA 50023 4. Purpose: <u>Consulting Services</u> ☐ 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	<u>09/09/24</u> Date	<u>\$ 100.00</u> 	<u>\$ 100.00</u>
Expenditure #3 Name & Address: CTE Joe Romano 12236 GRINDLEY STERLING HEIGHTS, MI 48312 4. Purpose: <u>Donation</u> ☐ Fund Raiser	5. <u>Joe Romano</u> Name of Candidate County Commissioner, District 6 Office Sought & District # or Jurisdiction Macomb County ☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>09/11/24</u> Date	<u>\$ 1000</u> 	<u>\$ 1000</u>
Expenditure #4 Name & Address: CTE James Perna 38180 SADDLE LANE CLINTON TWP, MI 48036 4. Purpose: <u>Donation</u> ☐ Fund Raiser	5. <u>James Perna</u> Name of Candidate County Commissioner, District 7 Office Sought & District # or Jurisdiction Macomb County ☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>09/11/24</u> Date	<u>\$ 1000</u> 	<u>\$ 1000</u>

Subtotal this page

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

Enter this total
on line 8a of the
Summary Page



1. Committee I.D. Number 140488
BETTER MACOMB PAC

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: Money Time LLC 2280 Cumberland Rochester Hills, MI 48307	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	09/23/24 Date	\$ 200 	\$ 200
4. Purpose: Consulting ☐ Fund Raiser				Click Here for Memo Itemization Type
Expenditure #2 Name & Address: Gus Ghanam for Macomb 32068 Margaret CT Warren , MI 48093	5. Gus Ghanam Name of Candidate County Commissioner, District 11 Office Sought & District # or Jurisdiction Macomb County Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	10/01/24 Date	\$ 1000 	\$ 1000
4. Purpose: Donation ☐ Fund Raiser				Click Here for Memo Itemization Type
Expenditure #3 Name & Address: CTE Don VanSyckel 41128 Ginger Ct Sterling Heights, MI 48314	5. Don VanSyckel Name of Candidate County Commisioner, District 5 Office Sought & District # or Jurisdiction Macomb County Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	10/10/24 Date	\$ 1000 	\$ 1000
4. Purpose: Donation ☐ Fund Raiser				Click Here for Memo Itemization Type
Expenditure #4 Name & Address: CTE Anthony Forlini 39285 N. BLOM HARRISON TWP, MI 48045	5. Anthony Forlini Name of Candidate Macomb County Clerk Office Sought & District # or Jurisdiction Macomb County Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	10/11/24 Date	\$ 500 	\$ 500
4. Purpose: Donation ☐ Fund Raiser				Click Here for Memo Itemization Type

Subtotal this page	\$2,700.00
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Grand Total of all Schedules 2B
(Complete on last page of Schedule)

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: Right Strategies LLC 2153 Wealthy St. SE, Suite 166 East Grand Rapids, MI 49506	5. Audrey Brown Name of Candidate Washington Twp Clerk Office Sought & District # or Jurisdiction Ballot Proposal Macomb County	08/30/24 Date	\$ 503.88	\$ 898.56
4. Purpose: Text Messaging Support: ☒ Oppose ☐	☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	Click Here for Memo Itemization Type		
Expenditure #2				
Name & Address: Right Strategies LLC 2153 Wealthy St. SE, Suite 166 East Grand Rapids, MI 49506	5. Audrey Brown Name of Candidate Washington Twp Clerk Office Sought & District # or Jurisdiction Ballot Proposal County	8/30/24 Date	\$ 394.68	\$ 898.56
4. Purpose: Support: ☐ Oppose ☐	☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	Click Here for Memo Itemization Type		
Expenditure #3				
Name & Address:	5. _____ Name of Candidate Office Sought & District # or Jurisdiction Ballot Proposal County	_____ Date	\$ _____	\$ _____
4. Purpose: Support: ☐ Oppose ☐	☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	Click Here for Memo Itemization Type		

Subtotal this page

898.56

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

898.56

Enter this total
on line 9 of the
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS
SCHEDULE 2E**

1. Committee I.D. Number 140488

POLITICAL OR INDEPENDENT COMMITTEE

2. Committee Name Better Macomb PAC

This Schedule itemizes:

- a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: Don Brown 6515 Old Coach Trail; Washington, MI 48094 Corp? ☐ Yes	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>07/29/24</u> 6. <u>Original Amount of Debt</u> <u>\$ 4000</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0</u>	<u>\$ 4000</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Owed to or by: Corp? ☐ Yes	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt</u> <u>\$</u> _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u> _____	<u>\$</u> _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Owed to or by: Corp? ☐ Yes	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt</u> <u>\$</u> _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u> _____	<u>\$</u> _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Page Subtotal (Outstanding debt)				4000
Grand Total of all Schedules 2E (Complete on last page of Schedule showing amounts owed by or to the committee.)				4000

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

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.