



FILED

24 OCT 2025 PM 03:45

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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: 01/01/2025 to 07/20/2025

1. Committee I.D. Number

140082

4. Candidate Last Name First Name M.I.

SEMAAN THOMAS

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

MAYOR, NEW BALTIMORE

2. Committee Name

FRIENDS OF TOM SEMAAN

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

5. Committee's Mailing Address

**52723 COULTER COURT
NEW BALTIMORE, MI 48047**

6. Treasurer's Name & Residential Address

**THOMAS SEMAAN
52723 COULTER COURT
NEW BALTIMORE, MI 48047**

Area Code and Phone (586) 725-6194
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 (586) 725-6194

7. Treasurer's Business Address

**52723 COULTER COURT
NEW BALTIMORE, MI 48047**

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

**SUZANNE HAUGHTON
37328 25 MILE ROAD
NEW BALTIMORE, MI 48047**

Area Code and Phone (586) 725-6194

Area Code and Phone (586) 703-3315

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

08/05/2025

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

10/24/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/24/2025



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140082

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name FRIENDS OF TOM SEMAAN

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>18,430.25</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>18,430.25</u>	(18.) \$ <u>18,430.25</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>18,430.25</u>	(20.) \$ <u>18,430.25</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>200.00</u>	(21.) \$ <u>200.00</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>7,170.36</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>7,170.36</u>	(23.) \$ <u>7,170.36</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>8,812.69</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>18,430.25</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>27,242.94</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>7,170.36</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>20,072.58</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140082
2. Committee Name FRIENDS OF TOM SEMAAN

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>05/09/2025</u>	
Name & Address: CHRISTOPHER LABELLE 49746 GOULETTE POINTE DR NEW BALTIMORE, MI 48047		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>LABELLE ELECTRIC</u> Business Address <u>241 CHURCH ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/09/2025</u>	
Name & Address: LOUIS CAMPBELL 7375 FLAMINGO ST ALGONAC, MI 48001		\$ <u>500.00</u>	\$ <u>500.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/09/2025</u>	
Name & Address: TIMOTHY TOMLINSON 22600 HALL RD CLINTON TWP, MI 48036		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>YORK, DOLAN & TOMLINSON, P.C.</u> Business Address <u>22600 HALL RD, CLINTON TOWNSHIP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/09/2025</u>	
Name & Address: RONALD LAMPARTER 12 WINDEMERE PL GROSSE POINTE FARMS, MI 48236		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHAIRMAN</u> Employer <u>DC35</u> Business Address <u>7205 STERLING PONDS CT, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,450.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140082
2. Committee Name FRIENDS OF TOM SEMAAN

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>05/09/2025</u> Name & Address: JOHN SCHALDENBRAND 46615 SUGARBUSH RD NEW BALTIMORE, MI 48047		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRODUCTION MANAGER</u> Employer <u>SUNSATON POWERBOATS</u> Business Address <u>9635 KRETZ DRIVE, ALGONAC, MI 48001</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/09/2025</u> Name & Address: MARK WILLIAMS 9166 MARINE CITY HWY CASCO, MI 48064		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MARKS AUTO SERVICE</u> Business Address <u>9166 MARINE CITY HWY, CASCO, MI 48064</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/20/2025</u> Name & Address: KEITH PIONK 52732 LAUREL OAK LN NEW BALTIMORE, MI 48047		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTY BROKER</u> Employer <u>KMP REALTY</u> Business Address <u>35054 23 MILE RD, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/20/2025</u> Name & Address: HEIDI BAYER 140 S WILSON BLVD MT CLEMENS, MI 48043		\$ <u>500.00</u>	\$ <u>500.00</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			

Page Subtotal 2,000.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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1. Committee I.D. Number 140082
2. Committee Name FRIENDS OF TOM SEMAAN

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>05/20/2025</u>	
Name & Address: CHRIS ROSS 35811 ALFRED ST NEW BALTIMORE, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</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 <u>05/20/2025</u>	
Name & Address: JOHN SEMAAN 52910 BASE ST NEW BALTIMORE, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2025</u>	
Name & Address: THOMAS LAUZON 36078 SURFSIDE DR NEW BALTIMORE, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2025</u>	
Name & Address: MICHAEL MARKHAM 23140 NEWBERRY RD NISULA, MI 49952		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **400.00**

Grand Total of All Schedules 1A
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Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 140082
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/20/2025</u> Name & Address: LISA MONAHAN 35660 ST CLAIR DR NEW BALTIMORE, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</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 <u>05/20/2025</u> Name & Address: JAMES WOODS 4315 HARMONY DR SHELBYVILLE, MI 49344		\$ <u>100.00</u>	\$ <u>100.00</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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/20/2025</u> Name & Address: JOSEPH MONAHAN 35660 ST CLAIR DR NEW BALTIMORE, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/20/2025</u> Name & Address: ANTHONY SAGESE 54910 BRADSHAW DR NEW BALTIMORE, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 250.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2025</u>	
Name & Address: JOHN JOHNSON 48637 SHADY GLEN DR CHESTERFIELD, MI 48051		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT & CEO</u> Employer <u>SE MICHIGAN CHAMBER OF COMMERCE</u> Business Address <u>59 N WALNUT ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2025</u>	
Name & Address: JAMES SAELENS 51059 BASE ST NEW BALTIMORE, MI 48047		\$ <u>200.00</u>	\$ <u>200.00</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 # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>05/20/2025</u>	
Name & Address: CANDICE MILLER FOR MACOMB 12900 HALL RD STERLING HEIGHTS, MI 48313		\$ <u>100.00</u>	\$ <u>100.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2025</u>	
Name & Address: DAN ACCIAVATTI 49839 MILLER CT CHESTERFIELD, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 600.00

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/20/2025</u> Name & Address: LEONARD WOODSIDE 52395 WALNUT DR CHESTERFIELD, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</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 <u>05/20/2025</u> Name & Address: MONICA HAYMAN 36049 HATHAWAY ST NEW BALTIMORE, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/20/2025</u> Name & Address: PAUL CASSIDY GREEN DR HARSENS ISLAND, MI 48028		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>GREEN DR, HARSENS ISLAND, MI 48028</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/20/2025</u> Name & Address: SHEET METAL WORKERS LOCAL 80 17100 W 12 MILE RD SOUTHFIELD, MI 48076		\$ <u>280.00</u>	\$ <u>280.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **630.00**

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2025</u>	
Name & Address: LAUREEN HUFF 53637 ATHERTON ST NEW BALTIMORE, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</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 <u>05/20/2025</u>	
Name & Address: ALBERT ORNELAS 36929 MAIN ST NEW BALTIMORE, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2025</u>	
Name & Address: JAMES HUDSON 38212 MURDICK DR NEW BALTIMORE, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2025</u>	
Name & Address: JUDY WORTHINGTON 8615 ANCHOR BAY DR CLAY, MI 48001		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 300.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2025</u>	
Name & Address: ROBERT CLANCY 52823 BASE ST NEW BALTIMORE, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</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 <u>05/20/2025</u>	
Name & Address: SHAWN ELLIOTT 52467 CHESTERFIELD RD CHESTERFIELD, MI 48051		\$ <u>50.00</u>	\$ <u>50.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2025</u>	
Name & Address: THOMAS GOLDENBOGEN 36500 FRONT ST NEW BALTIMORE, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2025</u>	
Name & Address: JACK TOWNSEND 60971 GRATIOT AVE NEW HAVEN, MI 48048		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 300.00

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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>05/20/2025</u>	
Name & Address: MICHAEL ELYA 53657 BRENTWOOD DR NEW BALTIMORE, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</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 <u>05/20/2025</u>	
Name & Address: BERNARD BECKER 35625 BRADSHAW DR NEW BALTIMORE, MI 48047		\$ <u>250.00</u>	\$ <u>250.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2025</u>	
Name & Address: DOUGLAS FILZEK 57148 STARCREEK CT WASHINGTON, MI 48094		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>57148 STARCREEK CT, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2025</u>	
Name & Address: RANDALL KUCHENMEISTER 10043 DIXIE HWY IRA, MI 48023		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>NORTH SURF LLC</u> Business Address <u>53540 JEWELL RD, SHELBY TOWNSHIP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,150.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140082
2. Committee Name FRIENDS OF TOM SEMAAN

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>05/20/2025</u>	
Name & Address: DUSAN NIKIC 53385 ZACHARY DR CHESTERFIELD, MI 48047		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>FIRST CLASS EXPRESS</u> Business Address <u>37171 GREEN ST, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2025</u>	
Name & Address: GERGORY IACOBELLI 53639 CHRISTY DR CHESTERFIELD, MI 48051		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAND DEVELOPER</u> Employer <u>CHESTERFIELD 5</u> Business Address <u>61435 INDUSTRIAL DR, MACOMB, MI 48042</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2025</u>	
Name & Address: GREGORY SHOULDERS 51340 WASHINGTON ST NEW BALTIMORE, MI 48047		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANUFACTURING</u> Employer <u>SELF</u> Business Address <u>51340 WASHINGTON ST, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2025</u>	
Name & Address: RICHARD SIMON 27600 BERTRAND ST CHESTERFIELD, MI 48051		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>RICHARDS AUTO PARTS</u> Business Address <u>35562 23 MILE RD, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,800.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140082
2. Committee Name FRIENDS OF TOM SEMAAN

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>05/20/2025</u> Name & Address: JENNIFER MCADAMS 22638 POINTE DR ST CLAIR SHORES, MI 48081		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MARKETING MANAGER</u> Employer <u>DTE</u> Business Address <u>22638 POINTE DR, ST CLAIR SHORES, MI 48081</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/20/2025</u> Name & Address: WILLIAM BLOUNT 53848 BRENTWOOD DR NEW BALTIMORE, MI 48047		\$ <u>125.00</u>	\$ <u>125.00</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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/20/2025</u> Name & Address: ERIC JONES 35876 MAIN ST NEW BALTIMORE, MI 48047		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VP</u> Employer <u>MOTOR CITY ELECTRIC</u> Business Address <u>9440 GRINNELL AVE, DETROIT, MI 48213</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/20/2025</u> Name & Address: MARY GAROFALO 45343 MARKET ST SHELBY TOWNSHIP, MI 48315		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>IRA DEVELOPMENT, LLC</u> Business Address <u>45343 MARKET ST, SHELBY TOWNSHIP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 775.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140082
2. Committee Name FRIENDS OF TOM SEMAAN

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>05/20/2025</u>	
Name & Address: DONALD HAUGHTON 37328 25 MILE RD NEW BALTIMORE, MI 48047		\$ <u>150.00</u>	\$ <u>150.00</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2025</u>	
Name & Address: JOHN KOSANKE 36550 AUDREY NEW BALTIMORE, MI 48047		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR OF PUBLIC SAFETY</u> Employer <u>GROSSE POINTE WOODS</u> Business Address <u>20025 MACK PLAZA DR, GROSSE POINTE WOODS, MI 48236</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2025</u>	
Name & Address: MILAN NIKICH 53385 ZACHARY DR CHESTERFIELD, MI 48047		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>FIRST CLASS EXPRESS</u> Business Address <u>37171 GREEN ST, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2025</u>	
Name & Address: SCOTT LOCKWOOD 950 SOUTHDOWN RD BLOOMFIELD HILLS, MI 48304		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VP</u> Employer <u>ANDERSON, ECKSTEIN & WESTRICK</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TOWNSHIP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 900.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140082
2. Committee Name FRIENDS OF TOM SEMAAN

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>05/20/2025</u>	
Name & Address: JACK DAILY 54590 RIDGE RD NEW BALTIMORE, MI 48047		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2025</u>	
Name & Address: MARK WELSHONS 54566 BEACON COVE NEW BALTIMORE, MI 48047		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2025</u>	
Name & Address: JOHN MONTE 6305 HESSEN RD IRA, MI 48023		\$ <u>100.00</u>	\$ <u>100.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2025</u>	
Name & Address: TOM FIGLAN 36728 STACEY ST NEW BALTIMORE, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 240.00

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140082
2. Committee Name FRIENDS OF TOM SEMAAN

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>05/20/2025</u>	
Name & Address: JOHN BECKER 20129 WINDHAM DR MACOMB, MI 48044		\$ <u>50.00</u>	\$ <u>50.00</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 <u>06/02/2025</u>	
Name & Address: STEPHEN PANGORI 8106 ROSEBUD LN CLARKSTON VLG, MI 48348		\$ <u>100.00</u>	\$ <u>100.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/03/2025</u>	
Name & Address: JOE ORAM P.O. BOX 252755 WEST BLOOMFIELD, MI 48325		\$ <u>100.00</u>	\$ <u>100.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/03/2025</u>	
Name & Address: MIKE BAHOURA 5398 VAN NESS DR BLOOMFIELD HILLS, MI 48302		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LAW OFFICES OF MIKE BAHOURA, PLLC</u> Business Address <u>77 E LONG LAKE RD SUITE 100, Bloomfield Hills, MI 48304</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,475.00**

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140082
2. Committee Name FRIENDS OF TOM SEMAAN

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>06/03/2025</u>	
Name & Address: JOSEPH HERFY 6594 WESTLAKE CT TROY, MI 48085		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>6594 WESTLAKE CT, TROY, MI 48085</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/03/2025</u>	
Name & Address: IVAN AMMORI 568 CHASE LN BLOOMFIELD HILLS, MI 48304		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>I. AMMOURI, INC</u> Business Address <u>77 E LONG LAKE RD, Bloomfield Hills, MI 48304</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/30/2025</u>	
Name & Address: MICHAEL ACHO TARTONI 32665 BIDDESTONE LN FARMINGTON HILLS, MI 48334		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>DENALI LANDSCAPING</u> Business Address <u>32665 BIDDESTONE LN, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/07/2025</u>	
Name & Address: SUSAN CIPRIANO 36140 FRONT ST NEW BALTIMORE, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **3,725.00**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140082
2. Committee Name FRIENDS OF TOM SEMAAN

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>07/07/2025</u>	
Name & Address: JEFFREY BYRUM 53728 MEADOW VIEW LN NEW BALTIMORE, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</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 <u>07/07/2025</u>	
Name & Address: RALPH DEBUCCE JR 37177 BRETT DR NEW BALTIMORE, MI 48047		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES MANAGER</u> Employer <u>JIM RIEHLS FRIENDLY CADILLAC</u> Business Address <u>18900 HALL RD, CLINTON TOWNSHIP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/07/2025</u>	
Name & Address: JASON HARVEY 36676 POPLAR DR NEW BALTIMORE, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/07/2025</u>	
Name & Address: AUDREY JEFFREY 35259 23 MILE RD NEW BALTIMORE, MI 48047		\$ <u>103.48</u>	\$ <u>103.48</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FUNERAL DIRECTOR</u> Employer <u>WASIK FUNERAL HOME</u> Business Address <u>35259 23 MILE RD, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 453.48

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140082
2. Committee Name FRIENDS OF TOM SEMAAN

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>07/07/2025</u>	
Name & Address: FRANK KRAUSE 35066 NEWPORT CT NEW BALTIMORE, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</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 <u>07/07/2025</u>	
Name & Address: MARILYN RICKEL 35704 KILKENNY DR NEW BALTIMORE, MI 48047		\$ <u>103.48</u>	\$ <u>103.48</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/07/2025</u>	
Name & Address: CATHERINE GOTHRO 53780 BLAKELY ST NEW BALTIMORE, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/07/2025</u>	
Name & Address: MARY SHIELDS 52995 WASHINGTON ST NEW BALTIMORE, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **353.48**

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140082
2. Committee Name FRIENDS OF TOM SEMAAN

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>07/07/2025</u> Name & Address: COY BLANKENSHIP 54860 BRADSHAW DR NEW BALTIMORE, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</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 <u>07/07/2025</u> Name & Address: DANIEL DICRISTOFARO 35537 BROOKE CT NEW BALTIMORE, MI 48047		\$ <u>154.97</u>	\$ <u>154.97</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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/07/2025</u> Name & Address: THEODORE WHITTLESEY 1415 OAKLAND AVE ST CLAIR, MI 48079		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>WHITTLESEY DEVELOPMENT LTD</u> Business Address <u>35346 23 MILE RD SUITE C, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/07/2025</u> Name & Address: JEFF BOHM 3453 ST CLAIR SHORES BLVD EAST CHINA TOWNSHIP, MI 48054		\$ <u>257.94</u>	\$ <u>257.94</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SELF EMPLOYED</u> Business Address <u>3453 ST CLAIR SHORES BLVD, EAST CHINA TOWNSHIP, MI 48054</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,012.91**

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140082
2. Committee Name FRIENDS OF TOM SEMAAN

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>07/07/2025</u>	
Name & Address: JUDITH NIKESCH 52747 COULTER CT NEW BALTIMORE, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</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 <u>07/07/2025</u>	
Name & Address: EVELYN MILHAM 51126 WASHINGTON ST NEW BALTIMORE, MI 48047		\$ <u>515.38</u>	\$ <u>515.38</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VET TECH</u> Employer <u>ANCHOR BAY VETERINARY CENTER</u> Business Address <u>36755 GREEN ST, NEW BALTIMORE, MI 48047</u> 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

615.38

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

18,430.25

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **140082**

CANDIDATE COMMITTEE

2. Committee Name **FRIENDS OF TOM SEMAAN**

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 a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	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 Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: NICOLAS ANDREASSON 6681 WOODBANK DR BLOOMFIELD HILLS, MI 48301 If over \$100.00 cumulative, please provide: Occupation: OWNER Employer Name & Business Address: BLIND OWL RESTAURANT 36310 MAIN ST, NEW BALTIMORE, MI 48047 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☒ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description LIGHT HORS D'OEUVRES 5. Date Of Receipt: 05/19/2025 6. Vendor Name & Address:	\$ 200.00	\$ 200.00
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	\$	\$
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	\$	\$

[Click Here for Memo Itemization](#)

[Click Here for Memo Itemization](#)

Page Subtotal

200.00

200.00

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

200.00

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140082**
2. Committee Name **FRIENDS OF TOM SEMAAN**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name BLIND OWL RESTAURANT Address 36310 MAIN ST NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: CAMPAIGN KICK OFF ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/18/2025 Date	\$ 170.00
Expenditure #2 Name TOWN PUMP BAR Address 51110 BEDFORD ST NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: FUNDRAISING COMMITTEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/07/2025 Date	\$ 110.00
Expenditure #3 Name UNITED STATES POSTAL SERVICE Address 35339 23 MILE RD NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: STAMPS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/29/2025 Date	\$ 146.00
Expenditure #4 Name KNAPPS CITY GARAGE Address 36370 MAIN ST NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: MEETING ON ENDORSEMENTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/30/2025 Date	\$ 56.00
Expenditure #5 Name AMERICAN GRAPHICS Address 34895 GROESBECK HWY CLINTON TOWNSHIP, MI 48035 ☐ Fund Raiser	Purpose: BUSINESS CARDS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/04/2025 Date	\$ 168.54

Subtotal this page **650.54**

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 **140082**
2. Committee Name **FRIENDS OF TOM SEMAAN**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name KNAPPS CITY GARAGE Address 36370 MAIN ST NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>CAMPAIGN STRATEGY MEETI</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/09/2025</u> Date	\$ <u>96.00</u>
Expenditure #2 Name AMERICAN GRAPHICS Address 34895 GROESBECK HWY CLINTON TOWNSHIP, MI 48035 ☐ Fund Raiser	Purpose: <u>SIGNS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/13/2025</u> Date	\$ <u>264.64</u>
Expenditure #3 Name AMERICAN CANCER SOCIETY Address 30651 HICKEY RD CHESTERFIELD, MI 48051 ☐ Fund Raiser	Purpose: <u>HOLE SPONSOR</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/14/2025</u> Date	\$ <u>200.00</u>
Expenditure #4 Name HOBBY LOBBY Address 50700 GRATIOT AVE CHESTERFIELD, MI 48051 ☐ Fund Raiser	Purpose: <u>MATERIALS FOR FUNDRAISER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/17/2025</u> Date	\$ <u>16.73</u>
Expenditure #5 Name NEW BALTIMORE LIONS CLUB Address P.O. BOX 394 NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>(2) HOLE SPONSORSHIPS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/30/2025</u> Date	\$ <u>200.00</u>

Subtotal this page **777.37**

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

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140082**
2. Committee Name **FRIENDS OF TOM SEMAAN**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name RED BARN MARKET 2 Address 8004 MARINE CITY HWY CASCO, MI 48064 ☐ Fund Raiser	Purpose: <u>LOTTERY BOARD DONATION RAFFLE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/31/2025</u> Date	\$ <u>50.00</u>
Expenditure #2 Name DOLLAR TREE Address 35340 23 MILE RD NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>THANK YOU CARDS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/17/2025</u> Date	\$ <u>22.53</u>
Expenditure #3 Name ALEXANDERS DELI DINER Address 35254 23 MILE RD NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>LUNCH WHILE PUTTING UP SIGNS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/20/2025</u> Date	\$ <u>30.00</u>
Expenditure #4 Name LUMBERJACK Address 35369 23 MILE RD NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>ZIP TIES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/20/2025</u> Date	\$ <u>16.95</u>
Expenditure #5 Name ALEXANDERS DELI DINER Address 35254 23 MILE RD NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>CAMPAIGN COMMITTEE MEETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/21/2025</u> Date	\$ <u>45.59</u>

Subtotal this page

165.07

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140082
2. Committee Name FRIENDS OF TOM SEMAAN

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name USA APPAREL Address 35339 23 MILE RD #315 NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>TSHIRTS AND POLOS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/21/2025</u> Date	\$ <u>902.00</u>
Expenditure #2 Name THE NEW GREEN STREET TAVERN Address 37700 GREEN ST NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>CAMPAIGN COMMITTEE MEETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/24/2025</u> Date	\$ <u>70.00</u>
Expenditure #3 Name AMERICAN GRAPHICS Address 34895 GROESBECK HWY CLINTON TOWNSHIP, MI 48035 ☐ Fund Raiser	Purpose: <u>VINYL STICKERS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/26/2025</u> Date	\$ <u>233.20</u>
Expenditure #4 Name USA APPAREL Address 35339 23 MILE RD #315 NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>PENS MAGNETS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/26/2025</u> Date	\$ <u>3,512.21</u>
Expenditure #5 Name PANTRY RESTAURANT Address 44945 MORLEY DR CLINTON TOWNSHIP, MI 48036 ☐ Fund Raiser	Purpose: <u>CAMPAIGN COMMITTEE MEETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/27/2025</u> Date	\$ <u>90.00</u>

Subtotal this page **4,807.41**

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

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140082**
2. Committee Name **FRIENDS OF TOM SEMAAN**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name BLIND OWL RESTAURANT Address 36310 MAIN ST NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>CAMPAIGN COMMITTEE MEETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/02/2025</u> Date	\$ <u>100.00</u>
Expenditure #2 Name LUMBERJACK Address 35369 23 MILE RD NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>CABLE TIES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/05/2025</u> Date	\$ <u>29.65</u>
Expenditure #3 Name KROGER Address 35000 23 MILE RD NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>DONUTS FOR SENIOR VISITS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/08/2025</u> Date	\$ <u>179.92</u>
Expenditure #4 Name AMERICAN GRAPHICS Address 34895 GROESBECK HWY CLINTON TOWNSHIP, MI 48035 ☐ Fund Raiser	Purpose: <u>4X4 SIGNS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/08/2025</u> Date	\$ <u>360.40</u>
Expenditure #5 Name ANCHOR BAY KNIGHTS OF COLUMBUS Address 50931 MARIA ST NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>HOLE SPONSOR</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/10/2025</u> Date	\$ <u>100.00</u>

Subtotal this page	769.97
Grand Total of all Schedules 1B (Complete on last page of Schedule)	7,170.36

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**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140082
2. Committee Name FRIENDS OF TOM SEMAAN

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>05/19/2025</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>100</u>	5. Type of Fund Raising Activity <u>RECEPTION</u>	6. Address and Name (If any) of the place where the activity was held. <u>BLIND OWL</u> <u>36310 MAIN ST</u> <u>NEW BALTIMORE, MI 48047</u> ☐ Private Residence
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7. Total Contributions 13,280.25
8. Other Receipts 0.00
9. Gross Receipts (Add lines 7 and 8) 13,280.25
10. Total Cost of Event 216.73
(Total Cost 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 Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.