



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

INDEPENDENT/POLITICAL  
COMMITTEE COVER PAGE

FILED  
10 SEP 10 AM 10:38  
CARHELLA SABAUGH  
MACOMB COUNTY CLERK  
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

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

This Statement covers From: 1/1/10 To 8/23/10

1. Committee I.D. Number <u>69299-50</u>		4. Committee's Mailing Address <u>45752 Brandwine</u> <u>Macomb Twp MI 48041</u> Area Code and Phone <u>586-267-0346</u> If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	
2. Committee Name <u>Macomb County</u> <u>Asst. Pros. Assoc</u>			
5. Treasurer's Name and Residential Address <u>Jurij Fedoruk</u> <u>1. S. Main</u> <u>MT. Clemens 48043</u> Area Code and Phone <u>(586) 469-2291</u>			
6. Treasurer's Business Address  Area Code and Phone		7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)  Area Code and Phone	
8. TYPE OF STATEMENT:  APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>STATE LEVEL</u>  8a. <u>TRIENNIAL STATEMENTS</u>  Even Year                      Odd Year <input type="checkbox"/> April 25 <input type="checkbox"/> January 31 <input type="checkbox"/> July 25 <input type="checkbox"/> July 25 <input type="checkbox"/> October 25 <input type="checkbox"/> October 25  8b. <u>QUARTERLY STATEMENTS</u> CAUCUS COMMITTEES (ONLY)  <input type="checkbox"/> January 31 <input type="checkbox"/> April 25 <input type="checkbox"/> July 25 <input type="checkbox"/> October 25  8c. <input type="checkbox"/> SPECIAL ELECTION INDEPENDENT EXPENDITURE REPORT		APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>COUNTY LEVEL</u>  8d. <input checked="" type="checkbox"/> ANNUAL STATEMENT <u>(2010)</u> Coverage Year 8e. <input type="checkbox"/> PRE-ELECTION OR 8f. <input checked="" type="checkbox"/> POST-ELECTION  Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> CONVENTION <input type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL <input type="checkbox"/> CAUCUS Date of Election, Convention or Caucus:  APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>STATE AND COUNTY LEVEL</u>  8g. <input type="checkbox"/> AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h to indicate which Statement is being amended)  8h. <input type="checkbox"/> 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.  <b>Note:</b> The disposition of residual funds must be reported on Schedule 2B and the Summary Page.	

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6 or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

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

Type or Print Name

Signature

Date

9/10/10



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number

692899-50

2. Committee Name

MAC. Co. Pros ATTY

**SUMMARY PAGE**  
**INDEPENDENT OR POLITICAL COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative for Calendar Year
3. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)	(3.) \$ 4190	(18.) \$
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$	(19.) \$
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3 + Line 4)	(5.) \$ 4190	(20.) \$
6. Itemized In-Kind Contributions (Schedule 2-IK, Column 7)	(6.) \$	(21.) \$
<b>EXPENDITURES</b>		
7a. Itemized Direct (Schedule 2B, Column 7)	(7a.) \$ 3065	
7b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(7b.) \$	
7c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(7c.) \$	
7d. Unitemized (less than \$50.01 each - no Schedule)	(7d.) \$	
8. Subtotal of Expenditures	(8.) \$ 3065	(22.) \$
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$ <del>3065</del>	(23.) \$
<b>10. TOTAL EXPENDITURES</b> (Add Line 8 + Line 9)	(10.) \$ 3065	(24.) \$
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)	(11.) \$	(25.) \$
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 2E)	(12a.) \$	
b. Owed to the Committee (Schedule 2E)	(12b.) \$	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ 3908 <sup>03</sup>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) + 4190	
15. SUBTOTAL Add lines 13 and 14	(15.) = 8098 <sup>03</sup>	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) - 3065	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 5033 <sup>03</sup>	

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



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 2A  
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number

69295-50

2. Committee Name

Macomb County Prosecutor's As

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)
<p>3. Contribution # 1</p> <p>Is this contribution from a PAC? <input type="checkbox"/> YES</p> <p>4. Date of Receipt <u>5/2/16</u></p> <p>Name: <u>Dena Keller</u></p> <p>Address: <u>Dena Keller</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	\$40	\$40
<p>3. Contribution # 2</p> <p>Is this contribution from a PAC? <input type="checkbox"/> YES</p> <p>4. Date of Receipt <u>5/17/16</u></p> <p>Name: <u>Jane Stevens</u></p> <p>Address: <u>Jane Stevens</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>A.P.A.</u> Employer <u>Macomb County</u></p> <p>Business Address <u>8413 Blairmar Ct G.P. Woods</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	\$160	\$160
<p>3. Contribution # 3</p> <p>Is this contribution from a PAC? <input type="checkbox"/> YES</p> <p>4. Date of Receipt _____</p> <p>Name: <u>Carol L. Cornille</u></p> <p>Address: <u>Carol L. Cornille</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	\$80	\$80
<p>3. Contribution # 4</p> <p>Is this contribution from a PAC? <input type="checkbox"/> YES</p> <p>4. Date of Receipt _____</p> <p>Name: <u>Jean Fennine</u></p> <p>Address: <u>Jean Fennine</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	\$80	\$80
<p>Page Subtotal</p> <p>Grand Total of All Schedules 2A</p> <p>(Complete on last page of Schedule)</p>	360	

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 2A  
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 69299-50  
2. Committee Name Mac. Cty. Pros. Assoc.

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)
<p>3. Contribution # 1 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>3-22-2010</u> Name: <u>Darra O. Slanec</u> Address: <u>43177 Rivergate Dr.</u> <u>Clinton Township, MI 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	\$80.00	
<p>3. Contribution # 2 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>4-26-2010</u> Name: <u>Saleema Goodman Sheikh</u> Address: <u>43550 Elinabeth Road, Suite 100</u> <u>Clinton Township, MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	\$80.00	
<p>3. Contribution # 3 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>4-28-2010</u> Name: <u>Richard J. Goodman</u> Address: <u>12770 Thirty-One Mile Road</u> <u>Washington, MI 48095</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	\$80.00	
<p>3. Contribution # 4 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>4-8-2010</u> Name: <u>David Paul Puttycus</u> Address: <u>17108 Mack</u> <u>Grosse Pointe, MI 48230</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	\$80.00	
<p>Page Subtotal Grand Total of All Schedules 2A (Complete on last page of Schedule)</p>		320

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MICHIGAN DEPARTMENT OF STATE  
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ITEMIZED CONTRIBUTIONS  
SCHEDULE 2A  
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 69299-50  
2. Committee Name Macomb County Bus Ass

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)
<p>3. Contribution # 1</p> <p>Is this contribution from a PAC? <input type="checkbox"/> YES      4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: <u>Michael Machersuk</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>	\$40	
<p>3. Contribution # 2</p> <p>Is this contribution from a PAC? <input type="checkbox"/> YES      4. Date of Receipt <u>5/3/10</u></p> <p>Name: _____</p> <p>Address: <u>S. Faunce</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>	\$80	
<p>3. Contribution # 3</p> <p>Is this contribution from a PAC? <input type="checkbox"/> YES      4. Date of Receipt <u>5/3/10</u></p> <p>Name: _____</p> <p>Address: <u>Sandra A. Harrison-Sratt</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>	\$80	
<p>3. Contribution # 4</p> <p>Is this contribution from a PAC? <input type="checkbox"/> YES      4. Date of Receipt <u>5/18/10</u></p> <p>Name: _____</p> <p>Address: <u>Patricia Simushko</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>	\$80	
<p style="text-align: right;">Page Subtotal</p> <p style="text-align: center;">Grand Total of All Schedules 2A (Complete on last page of Schedule)</p>		280

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MICHIGAN DEPARTMENT OF STATE  
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ITEMIZED CONTRIBUTIONS  
SCHEDULE 2A  
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 69299-50  
2. Committee Name Macomb County Bus. Assoc.

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)
<p>3. Contribution # 1 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: <u>William A. Harding</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	\$40.00	
<p>3. Contribution # 2 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: <u>Ryan Machasi</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	\$80	
<p>3. Contribution # 3 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: <u>Anne MacIntyre</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	\$40	
<p>3. Contribution # 4 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: <u>Chad Davis</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	\$80	
<p>Page Subtotal Grand Total of All Schedules 2A (Complete on last page of Schedule)</p>		240

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69295-50

GA

ITEMIZED CONTRIBUTIONS

SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number

2. Committee Name Macomb County Pres. Assoc.

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)
<p>3. Contribution # 1</p> <p>Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>5/20/10</u></p> <p>Name: <u>James Bernat</u></p> <p>Address: <u>James Bernat</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>A.P.S.</u> Employer <u>Macomb County</u></p> <p>Business Address <u>12400 Lynde, Clinton Twp MI</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p><del>120</del></p> <p>120</p>	
<p>3. Contribution # 2</p> <p>Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>5/14/10</u></p> <p>Name: <u>Vicki Walsh</u></p> <p>Address: <u>Vicki Walsh</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>840</p>	
<p>3. Contribution # 3</p> <p>Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>5/18/10</u></p> <p>Name: <u>Betsey Mellos</u></p> <p>Address: <u>Betsey Mellos</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>840</p>	
<p>3. Contribution # 4</p> <p>Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		
<p>Page Subtotal</p> <p>Grand Total of All Schedules 2A</p> <p>(Complete on last page of Schedule)</p>	<p>200</p>	

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 2A  
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 69299-50  
2. Committee Name Macomb Cty. Pros. Assoc.

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? <input type="checkbox"/> YES 4. Date of Receipt <u>5/12/2010</u> Name: <u>Dean David Alan</u> Address: <u>1 South Main Third Floor</u> <u>Mt. Clemens, MI 48043</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$40.00	
3. Contribution # 2 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>5/14/2010</u> Name: <u>Gordon Hosbein</u> Address: <u>1 South Main</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$80.00	
3. Contribution # 3 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>5/7/2010</u> Name: <u>Tracey A. Yokich</u> Address: <u>22710 Gordon Switch St.</u> <u>48081</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$40.00	
3. Contribution # 4 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: <u>Stephen M. Steinhardt</u> Address: <u>3420 Ravenna</u> <u>Royal Oak, MI 48073</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Macomb County</u> Business Address <u>1 S. Main, Third Floor, Mt Clemens, MI 48043</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$100.00	
Page Subtotal Grand Total of All Schedules 2A (Complete on last page of Schedule)		260

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1. Committee I.D. Number 69299-50  
2. Committee Name Mac. Cty. Pros. Assoc.

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)
<p>3. Contribution # 1 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>5-14-2010</u> Name: <u>Irit Walters</u> Address: <u>1436 Pierce St.</u> <u>Birmingham, MI 48009</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	\$80.00	
<p>3. Contribution # 2 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>5-14-2010</u> Name: <u>Yasmine Isshak</u> Address: <u>30870 Leelane</u> <u>Farmington Hills, MI 48336</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	\$80.00	
<p>3. Contribution # 3 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>4-29-2010</u> Name: <u>Carol M. Naumann</u> Address: <u>38746 Golfview Dr. E. Bld. #9</u> <u>Clinton Township, MI 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	\$80.00	
<p>3. Contribution # 4 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>4/30/2010</u> Name: <u>Donald B. Gillain</u> Address: <u>15. Main</u> <u>mt Clemens, MI 48043</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	\$40.00	
<p>Page Subtotal Grand Total of All Schedules 2A (Complete on last page of Schedule)</p>		280

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MICHIGAN DEPARTMENT OF STATE  
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ITEMIZED CONTRIBUTIONS  
SCHEDULE 2A  
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 69299-50  
2. Committee Name Mac. Cty. Pros. Assoc.

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)
<p>3. Contribution # 1 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>5/3/2010</u> Name: <u>Nancy Sinutko</u> Address: <u>47874 Willingham Way</u> <u>Shelby Township, MI 48315-4841</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$80.00</p>	
<p>3. Contribution # 2 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>5/17/2010</u> Name: <u>David Paul Putrycus</u> Address: <u>17108 Mack Ave.</u> <u>Grosse Pointe, MI 48230</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>self-employed</u> Business Address <u>17108 Mack Ave., Grosse Pointe, MI 48230</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$120.00</p>	
<p>3. Contribution # 3 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>5/10/2010</u> Name: <u>Jean Femminineo</u> Address: <u>46424 Bentley Cir. W</u> <u>Macomb, MI 48044-3924</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$80.00</p>	
<p>3. Contribution # 4 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>5/18/10</u> Name: <u>Dana M. Goldberg</u> Address: <u>1526 Cherokee Ave.</u> <u>Royal Oak, MI 48067-3307</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$80.00</p>	
<p>Page Subtotal Grand Total of All Schedules 2A (Complete on last page of Schedule)</p>	<p>360</p>	

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 2A  
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 6257-50  
2. Committee Name Macomb County Res Assoc

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)
<p>3. Contribution # 1 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>4/12/10</u> Name: Address: <u>Jade Feminine</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Self-Employed</u> Employer Business Address <u>110 S. Main St. Mt. Clemens 48043</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<u>250</u>	
<p>3. Contribution # 2 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>5/10/10</u> Name: Address: <u>Cecil D. St. Pierre</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Self-Employed</u> Employer Business Address <u>2 Crocker Bldg, Suite 202</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<u>160</u>	
<p>3. Contribution # 3 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>5/18/10</u> Name: Address: <u>Paul J. Blowski</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<u>140</u>	
<p>3. Contribution # 4 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: Address: 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		
<p>Page Subtotal Grand Total of All Schedules 2A (Complete on last page of Schedule)</p>	<u>450</u>	

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 2A  
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 69299-50  
2. Committee Name Mac. Cty. Pros. Assoc.

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)
<p>3. Contribution # 1 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>5/20/2010</u> Name: <u>Thomas Eleinko</u> Address: <u>1 S. Main, Third Floor</u> <u>Mt Clemens, MI 48043</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	\$40.00	
<p>3. Contribution # 2 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>5/20/2010</u> Name: <u>Suzanne Faunce</u> Address: <u>1 S. Main, Third Floor</u> <u>Mt Clemens, MI 48043</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	\$40.00	
<p>3. Contribution # 3 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>5/20/2010</u> Name: <u>Joseph Arnone</u> Address: <u>622 Canterbury Rd.</u> <u>Grosse Pointe, MI 48236-1250</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	\$80.00	
<p>3. Contribution # 4 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>5/20/2010</u> Name: <u>Joseph D. McCarthy, Jr.</u> Address: <u>2041 S. Parker St</u> <u>Marine City, MI 48039</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	\$80.00	
<p style="text-align: right;">Page Subtotal Grand Total of All Schedules 2A (Complete on last page of Schedule)</p>		240

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 2A  
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 6299-52  
2. Committee Name Macomb County Res-A

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)
<p>3. Contribution # 1 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>5/18/10</u> Name: Address: <u>Anden Jackson</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>A.P.A.</u> Employer <u>Macomb County</u> Business Address <u>969 Huntington St - Mt. Clemens</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<u>\$40</u>	
<p>3. Contribution # 2 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: Address: <u>Andy Leone</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Macomb County</u> Business Address <u>3380 Hesper - Clark Twp</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<u>\$120</u>	
<p>3. Contribution # 3 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>5/20/10</u> Name: Address: <u>Mary Jo Diegel</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Macomb County</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<u>\$40</u>	
<p>3. Contribution # 4 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>5/20/10</u> Name: Address: <u>Michael B. Kipatich</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<u>40</u>	
<p>Page Subtotal Grand Total of All Schedules 2A (Complete on last page of Schedule)</p>	<u>320</u>	

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 2A  
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 69299-50  
2. Committee Name Mac. Cty. Pros. Assoc.

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)
<p>3. Contribution # 1 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>5/20/2010</u> Name: <u>Eric J. Smith</u> Address: <u>15 Main, 4th Floor</u> <u>Mt. Clemens, MI 48043</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	\$80.00	
<p>3. Contribution # 2 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>5/20/2010</u> Name: <u>Molly Zappitell</u> Address: <u>5740 <del>Ammon</del> Ridgewood Drive</u> <u>Washington, MI 48094</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Macomb County</u> Business Address <u>15. Main, 3rd Floor, Mt Clemens, MI 48043</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	\$200.00	
<p>3. Contribution # 3 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>5/10/2010</u> Name: <u>James Joseph Sullivan</u> Address: <u>23100 Jefferson</u> <u>St. Clair Shores, MI 48080</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	\$80.00	
<p>3. Contribution # 4 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>5/20/2010</u> Name: <u>Jurij Fedorak</u> Address: <u>43227 Winterfield Dr.</u> <u>Sterling Heights, MI 48314</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	\$40.00	
<p style="text-align: right;">Page Subtotal Grand Total of All Schedules 2A (Complete on last page of Schedule)</p>		400

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MICHIGAN DEPARTMENT OF STATE  
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ITEMIZED CONTRIBUTIONS  
SCHEDULE 2A  
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number

69299-50

2. Committee Name

~~Macomb~~ Macomb County Pros Ass

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)
<p>3. Contribution # 1</p> <p>Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: Mark Pellecchia</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>AA</u> Employer <u>Self-Employed</u></p> <p>Business Address <u>43233 Hillcrest Dr, Sterling Heights</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	120	
<p>3. Contribution # 2</p> <p>Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>5/12/10</u></p> <p>Name: _____</p> <p>Address: Fischer</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	80	
<p>3. Contribution # 3</p> <p>Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		
<p>3. Contribution # 4</p> <p>Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		
<p>Page Subtotal Grand Total of All Schedules 2A (Complete on last page of Schedule)</p>		200

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MICHIGAN DEPARTMENT OF STATE  
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ITEMIZED CONTRIBUTIONS

SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 69299-50  
2. Committee Name Mac. Cty. Pros. Assoc.

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)
<p>3. Contribution # 1 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>5/20/10</u> Name: <u>Michael Servitto</u> Address: <u>29 Dickinson St Unit C</u> <u>Mt Clemens, MI 48043</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$40.00</p>	
<p>3. Contribution # 2 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>5/15/10</u> Name: <u>John Zappitell</u> Address: <u>43761 Via Antonio Drive</u> <u>Sterling Heights, MI 48314</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$40.00</p>	
<p>3. Contribution # 3 Is this contribution from a PAC? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>5/18/10</u> Name: <u>Warren Police Officers Assoc.</u> Address: <u>11304 14 Mile</u> <u>Warren, MI 48093</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$80.00</p>	
<p>3. Contribution # 4 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>5/11/10</u> Name: <u>Erika Breitfeld</u> Address: <u>45748 Rathmore Dr.</u> <u>Macomb Twp, MI 48044</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Macomb County</u> Business Address <u>15. Main, 4th Floor, Mt Clemens, MI 48043</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$120.00</p>	
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MICHIGAN DEPARTMENT OF STATE  
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ITEMIZED DIRECT EXPENDITURES  
SCHEDULE 2B  
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 69299-50  
2. Committee Name Mac. Cty. Pros. Assoc.

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: <u>ANARIT DUZEY</u> Address: <u>15 MAIN</u> <u>MT CLEMENS MI</u> 4. Purpose: <u>48043</u> <input type="checkbox"/> Fund Raiser	5. <u>ANARIT DUZEY</u> Name of Candidate <u>MAC Co Commis.</u> Office Sought & District # or Jurisdiction <u>MACOMB</u> County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>7/25/10</u>	<u>\$500</u>	
Expenditure #2 Name: <u>PHILIP DIMARIA</u> Address: <u>15 MAIN</u> <u>MT CLEMENS MI</u> 4. Purpose: <u>48043</u> <input type="checkbox"/> Fund Raiser	5. <u>PHILIP DIMARIA</u> Name of Candidate <u>MAC. Co. Commis</u> Office Sought & District # or Jurisdiction <u>MACOMB</u> County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>7/25/10</u>	<u>\$250</u>	
Expenditure #3 Name: <u>DON BROWN</u> Address: <u>15 MAIN</u> <u>MT CLEMENS MI</u> 4. Purpose: <u>48043</u> <input type="checkbox"/> Fund Raiser	5. <u>DON BROWN</u> Name of Candidate <u>MAC. Co. Commis.</u> Office Sought & District # or Jurisdiction <u>MACOMB</u> County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>7/25/10</u>	<u>\$250</u>	
Expenditure #4 Name: <u>WM CROUCHMAN</u> Address: <u>15 MAIN</u> <u>MT CLEMENS MI</u> 4. Purpose: <u>48043</u> <input type="checkbox"/> Fund Raiser	5. <u>WM CROUCHMAN</u> Name of Candidate <u>MAC Co. Commis.</u> Office Sought & District # or Jurisdiction <u>MACOMB</u> County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>7/25/10</u>	<u>\$500</u>	

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES  
SCHEDULE 2B  
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 6929950  
2. Committee Name Macomb County Pres Ass

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: <u>Jan Macgentry</u> Address: <u>15 MAIN</u> <u>MT Clemens MI</u> 4. Purpose: _____ <input type="checkbox"/> Fund Raiser	5. <u>Jan Macgentry</u> Name of Candidate <u>Mac Co Commis</u> Office Sought & District # or Jurisdiction <u>MACOMBS</u> County <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>7/25/10</u>	<u>\$500</u>	
Expenditure #2 Name: <u>Bob Smith Jr.</u> Address: _____ 4. Purpose: _____ <input type="checkbox"/> Fund Raiser	5. <u>Bob Smith Jr</u> Name of Candidate <u>Mac Co Commis</u> Office Sought & District # or Jurisdiction <u>MACOMBS</u> County <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>7/25/10</u>	<u>\$500</u>	
Expenditure #3 Name: <u>JAMES BIERNAT</u> Address: <u>15 MAIN</u> <u>MT Clemens</u> 4. Purpose: <u>REINBORNMENT PARTY</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate Office Sought & District # or Jurisdiction County <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>5/20/10</u>	<u>465</u>	
Expenditure #4 Name: <u>Kew Lammara</u> Address: <u>15 MAIN</u> <u>MT Clemens</u> <u>48043</u> 4. Purpose: _____ <input type="checkbox"/> Fund Raiser	5. <u>Kew Lammara</u> Name of Candidate <u>Mac Co Commis.</u> Office Sought & District # or Jurisdiction <u>MACOMBS</u> County <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>/10</u>	<u>100</u>	

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