



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FILED

25 OCT 2022 AM 11:47

OAKLAND COUNTY CLERK  
PONTIAC, 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: 07/21/2022 to 10/20/2022

1. Committee I.D. Number

**92266**

2. Committee Name

**FRIENDS OF MICHAEL BOUCHARD**

5. Committee's Mailing Address

**P O BOX 1835  
BIRMINGHAM, MI 48012**

Area Code and Phone (248) 645-5664  
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.

4. Candidate Last Name First Name M.I.

**BOUCHARD MICHAEL J**

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

**COUNTY SHERIFF, OAKLAND COUNTY**

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

6. Treasurer's Name & Residential Address

**ANTHONY H BUFFA  
1590 CHANTICLAIR CIRCLE  
WIXOM, MI 48393**

Area Code & Phone (586) 441-8212

7. Treasurer's Business Address

**1590 CHANTICLAIR CIRCLE  
WIXOM, MI 48393**

Area Code and Phone (586) 441-8212

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

Area Code and Phone () -

**9. TYPE OF STATEMENT**

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

Pre-Election or Post-Election Statement relates to:

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

Date of Election, Convention or Caucus

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

- ☐ July Quarterly  
☒ October Quarterly

9c. ☐ Annual Statement (2022 )  
Coverage Year

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

**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 lates 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

**10/25/2022**

Candidate

Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

**10/25/2022**



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 92266

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name FRIENDS OF MICHAEL BOUCHARD

| RECEIPTS                                                                                        | Column I<br>This Period        | Column II<br>Cumulative this election cycle |
|-------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------|
| 3. Contributions                                                                                |                                |                                             |
| a. Itemized (Schedule 1A - Column 6)                                                            | (3a.) \$ <u>75,700.00</u>      |                                             |
| b. Unitemized (less than \$20.01 each - no Schedule)                                            | (3b.) \$ <u>NOT APPLICABLE</u> |                                             |
| c. Subtotal of "Contributions"                                                                  | (3c.) \$ <u>75,700.00</u>      | (18.) \$ <u>202,250.00</u>                  |
| 4. Other Receipts (Schedule 1A -1, Column 6)                                                    | (4.) \$ <u>7.32</u>            | (19.) \$ <u>500.13</u>                      |
| <b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b><br>(Add Line 3c + Line 4)                      | (5.) \$ <u>75,707.32</u>       | (20.) \$ <u>202,750.13</u>                  |
| <b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>                                                 |                                |                                             |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7)                                              | (6.) \$ <u>3,750.00</u>        | (21.) \$ <u>3,750.00</u>                    |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6)                                              | (7.) \$ <u>0.00</u>            | (22.) \$ <u>0.00</u>                        |
| <b>EXPENDITURES</b>                                                                             |                                |                                             |
| 8. Expenditures                                                                                 |                                |                                             |
| a. Itemized (Schedule 1B, Column 6)                                                             | (8a.) \$ <u>856.79</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>515.30</u>         |                                             |
| <b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)                                  | (9.) \$ <u>1,372.09</u>        | (23.) \$ <u>46,357.85</u>                   |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(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>          |                                             |
| <b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Add Line 10a + Line 10b)                  | (11.) \$ <u>0.00</u>           | (24.) \$ <u>0.00</u>                        |
| <b>DEBTS AND OBLIGATIONS</b>                                                                    |                                |                                             |
| 12. Debts and Obligations                                                                       |                                |                                             |
| a. Owed <b>by</b> the Committee (Schedule 1E)                                                   | (12a.) \$ <u>0.00</u>          |                                             |
| b. Owed <b>to</b> the Committee (Schedule 1E)                                                   | (12b.) \$ <u>0.00</u>          |                                             |
| <b>BALANCE STATEMENT</b>                                                                        |                                |                                             |
| 13. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.) | (13.) \$ <u>137,093.64</u>     |                                             |
| 14. Amount received during reporting period<br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ <u>75,707.32</u>    |                                             |
| 15. SUBTOTAL Add lines 13 and 14                                                                | (15.) = \$ <u>212,800.96</u>   |                                             |
| 16. Amount expended during reporting period<br>(Add lines 9 and 11)                             | (16.) - \$ <u>1,372.09</u>     |                                             |
| 17. ENDING BALANCE<br>(Subtract line 16 from line 15)                                           | (17.) \$ <u>211,428.87</u> *   |                                             |



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 92266  
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>08/10/2022</u><br>Name & Address:<br><b>ANTHONY VITTIGLIO</b><br><b>755 BROOKWOOD WALKER</b><br><b>BLOOMFIELD HILLS, MI 48304</b>                                                                                                                                           |  | \$ <u>1,100.00</u> | \$ <u>1,100.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>PARTNER</u> Employer <u>DENEWETH, VITTIGLIO &amp; SASSAK, P.C..</u><br>Business Address <u>1175 W LONG LAKE RD, TROY, MI 48098</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                  |  |                    |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/10/2022</u><br>Name & Address:<br><b>BENEDICT RYBICKI</b><br><b>733 BALFOUR ST</b><br><b>GROSSE POINTE PARK, MI 48230</b>                                                                                                                                                 |  | \$ <u>400.00</u>   | \$ <u>400.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>CERTIFIED PUBLIC ACCOUNTANT</u> Employer <u>DOEREN MAYHEW</u><br>Business Address <u>305 W BIG BEAVER RD, TROY, MI 48084</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser             |  |                    |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/10/2022</u><br>Name & Address:<br><b>NICOLE HOGAN</b><br><b>1233 GLENN CT</b><br><b>COMMERCE TWP, MI 48390</b>                                                                                                                                                           |  | \$ <u>100.00</u>   | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____      Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                                         |  |                    |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/10/2022</u><br>Name & Address:<br><b>ALEXANDER GRAVLIN</b><br><b>935 E 4TH ST</b><br><b>ROYAL OAK, MI 48067</b>                                                                                                                                                          |  | \$ <u>500.00</u>   | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>REAL ESTATE AGENT</u> Employer <u>LEE AND ASSOCIATES</u><br>Business Address <u>26555 EVERGREEN RD, SUITE 1060, SOUTHFIELD, MI 48076</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |  |                    |                                                                                 |

Page Subtotal 2,100.00

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 92266  
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/10/2022</u> |                                                                                 |
| Name & Address:<br><b>SHARI SMITH</b><br><b>515 N 2ND ST</b><br><b>BRIGHTON, MI 48116</b>                                                                                                                                                                                                                                                               |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                            |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                      | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/10/2022</u> |                                                                                 |
| Name & Address:<br><b>CHRISTINE ALLOR</b><br><b>2006 E 4TH ST</b><br><b>ROYAL OAK, MI 48067</b>                                                                                                                                                                                                                                                         |                                           | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>REGISTERED NURSE</u> Employer <u>BEAUMONT HEALTH</u><br>Business Address <u>3601 W 13 MILE RD, ROYAL OAK, MI 48073</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                                     | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/10/2022</u> |                                                                                 |
| Name & Address:<br><b>SEAN SMITH</b><br><b>335 FIRST ST</b><br><b>NORTHVILLE, MI 48167</b>                                                                                                                                                                                                                                                              |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                            |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                                     | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/10/2022</u> |                                                                                 |
| Name & Address:<br><b>JACQUELYN SMITH</b><br><b>335 FIRST ST</b><br><b>NORTHVILLE, MI 48167</b>                                                                                                                                                                                                                                                         |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                            |                                           |                                      |                                                                                 |

Page Subtotal **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 92266  
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/10/2022</u> |                                                                                 |
| Name & Address:<br><b>PATRICIA SIEGEL</b><br><b>5352 VERSAILLES AVE</b><br><b>BRIGHTON, MI 48116</b>                                                                                                                                                                                                                                                                                  |                                           | \$ <u>250.00</u>                     | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer <u>RETIRED</u><br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                                        |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/10/2022</u> |                                                                                 |
| Name & Address:<br><b>STEVEN SALLEN</b><br><b>28400 NORTHWESTERN HWY</b><br><b>SUITE 300</b><br><b>SOUTHFIELD, MI 48034</b>                                                                                                                                                                                                                                                           |                                           | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>MADDIN HAUSER ROTH &amp; HELLER P.C.</u><br>Business Address <u>28400 NORTHWESTERN HWY, SUITE 300, SOUTHFIELD, MI 48034</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/10/2022</u> |                                                                                 |
| Name & Address:<br><b>JULIE MECHIGIAN</b><br><b>3008 VERO DR</b><br><b>HIGHLAND TWP, MI 48356</b>                                                                                                                                                                                                                                                                                     |                                           | \$ <u>2,000.00</u>                   | \$ <u>2,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>PROPERTY MANAGER</u> Employer <u>SELF EMPLOYED</u><br>Business Address <u>3008 VERO DR, HIGHLAND TWP, MI 48356</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                   |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/10/2022</u> |                                                                                 |
| Name & Address:<br><b>ERIC SIEGEL</b><br><b>17376 W 12 MILE RD</b><br><b>SUITE 110</b><br><b>SOUTHFIELD, MI 48076</b>                                                                                                                                                                                                                                                                 |                                           | \$ <u>750.00</u>                     | \$ <u>750.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>OWNER</u> Employer <u>EDS INVESTMENT PROPERTIES INC.</u><br>Business Address <u>17376 W 12 MILE RD, SUITE 110, SOUTHFIELD, MI 48076</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser              |                                           |                                      |                                                                                 |

Page Subtotal **3,500.00**

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 92266  
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>08/10/2022</u><br>Name & Address:<br><b>WILLIAM HEDLUND</b><br><b>4811 MCMILLAN CT</b><br><b>ROCHESTER HILLS, MI 48306</b>                                                                                                                          |  | \$ <u>50.00</u>  | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                      |  |                  |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/10/2022</u><br>Name & Address:<br><b>ALICIA PETRUCCI</b><br><b>7043 AUGUSTINE CT</b><br><b>FENTON, MI 48430</b>                                                                                                                                   |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                      |  |                  |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/10/2022</u><br>Name & Address:<br><b>RAYMOND RAAB</b><br><b>859 CANYON CREEK DR</b><br><b>HOLLY, MI 48442</b>                                                                                                                                    |  | \$ <u>50.00</u>  | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                      |  |                  |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/10/2022</u><br>Name & Address:<br><b>ERICA ALLOR</b><br><b>243 HENRY ST</b><br><b>NEW YORK, NY 10002</b>                                                                                                                                         |  | \$ <u>500.00</u> | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>CRM TECHNICAL SPECIALIST</u> Employer <u>ABBOTT</u><br>Business Address <u>243 STEVEN PL, WOODMERE, NY 11598</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |  |                  |                                                                                 |

Page Subtotal 700.00

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

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line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 92266  
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/10/2022</u> |                                                                                 |
| Name & Address:<br><b>CHARLES GLEESON</b><br>7445 E GREENWICH DR<br>BLOOMFIELD HILLS, MI 48301                                                                                                                                                                                                                                                                      |                                           | \$ <u>1,000.00</u>                   | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>OWNER</u> Employer <u>CE GLEESON CONSTRUCTORS INC.</u><br>Business Address <u>984 LIVERNOIS RD, TROY, MI 48083</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                 |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                                  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/10/2022</u> |                                                                                 |
| Name & Address:<br><b>DANIEL ALLOR III</b><br>2006 E 4TH ST<br>ROYAL OAK, MI 48067                                                                                                                                                                                                                                                                                  |                                           | \$ <u>1,000.00</u>                   | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>OWNER</u> Employer <u>DAN ALLOR PLUMBING &amp; HEATING</u><br>Business Address <u>29550 WILLIAM K SMITH DR, LYON TWP, MI 48165</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                                                 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/10/2022</u> |                                                                                 |
| Name & Address:<br><b>JACKSON STEWART</b><br>6931 BIG TRAIL RD<br>HOLLY, MI 48442                                                                                                                                                                                                                                                                                   |                                           | \$ <u>50.00</u>                      | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                                        |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                                                 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/10/2022</u> |                                                                                 |
| Name & Address:<br><b>BARRY KEMPER</b><br>31631 S RIVER RD<br>HARRISON TWP, MI 48045                                                                                                                                                                                                                                                                                |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                                        |                                           |                                      |                                                                                 |

Page Subtotal 2,150.00

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 92266  
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>08/10/2022</u><br>Name & Address:<br><b>CHARLEEN KEMPER</b><br><b>31631 S RIVER RD</b><br><b>HARRISON TWP, MI 48045</b>                                                                                                                                                                      |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                                                               |  |                  |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/10/2022</u><br>Name & Address:<br><b>PAMELA SZYDLOWSKI</b><br><b>1609 SUNSET BLVD</b><br><b>ROYAL OAK, MI 48067</b>                                                                                                                                                                        |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                                                               |  |                  |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/10/2022</u><br>Name & Address:<br><b>MARK SZYDLOWSKI</b><br><b>1609 SUNSET BLVD</b><br><b>ROYAL OAK, MI 48067</b>                                                                                                                                                                         |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                                                               |  |                  |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/10/2022</u><br>Name & Address:<br><b>MEGAN DAY</b><br><b>3666 OLDE DOMINION DR</b><br><b>BRIGHTON, MI 48114</b>                                                                                                                                                                           |  | \$ <u>500.00</u> | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>CLINICAL MENTAL HEALTH COUNSELOR</u> Employer <u>RELATIONSHIP CENTER OF MICHIGAN</u><br>Business Address <u>5841 WHITMORE LAKE RD, BRIGHTON, MI 48116</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |  |                  |                                                                                 |

Page Subtotal 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 92266  
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/10/2022</u> |                                                                                 |
| Name & Address:<br><b>DANIEL CONNELL</b><br>20602 DUNHAM RD<br>CLINTON TWP, MI 48038                                                                                                                                                                                                                                                                    |                                           | \$ <u>200.00</u>                     | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>PROJECT MANAGER</u> Employer <u>OAKLAND PLUMBING</u><br>Business Address <u>20602 DUNHAM RD, CLINTON TWP, MI 48038</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                      | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/10/2022</u> |                                                                                 |
| Name & Address:<br><b>MICHAEL GENSON</b><br>2483 CUMBERLAND DR<br>WHITE LAKE TWP, MI 48383                                                                                                                                                                                                                                                              |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                            |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                                     | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/10/2022</u> |                                                                                 |
| Name & Address:<br><b>KAREN GENSON</b><br>2483 CUMBERLAND DR<br>WHITE LAKE TWP, MI 48383                                                                                                                                                                                                                                                                |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                            |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                                     | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/10/2022</u> |                                                                                 |
| Name & Address:<br><b>DANIEL C ALLOR</b><br>3524 TRENTWOOD DR<br>COMMERCE TWP, MI 48382                                                                                                                                                                                                                                                                 |                                           | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer <u>RETIRED</u><br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> 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 92266  
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/10/2022</u> |                                                                                 |
| Name & Address:<br><b>AMY MAIDA</b><br><b>1377 CALLAWAY CT</b><br><b>HOWELL, MI 48843</b>                                                                                                                                                                                                                                                        |                                           | \$ <u>50.00</u>                      | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                     |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                               | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/10/2022</u> |                                                                                 |
| Name & Address:<br><b>BRETT COHEN</b><br><b>5213 RECTOR CT</b><br><b>BLOOMFIELD TWP, MI 48302</b>                                                                                                                                                                                                                                                |                                           | \$ <u>700.00</u>                     | \$ <u>700.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>OWNER</u> Employer <u>J. SIMON &amp; SONS</u><br>Business Address <u>3773 TWELVE MILE RD, BERKLEY, MI 48072</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                              | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/10/2022</u> |                                                                                 |
| Name & Address:<br><b>LARRY ALLOR</b><br><b>4844 CROOKED STICK CT</b><br><b>BRIGHTON, MI 48116</b>                                                                                                                                                                                                                                               |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                     |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                              | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/10/2022</u> |                                                                                 |
| Name & Address:<br><b>STEPHANIE ALLOR</b><br><b>4844 CROOKED STICK CT</b><br><b>BRIGHTON, MI 48116</b>                                                                                                                                                                                                                                           |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                     |                                           |                                      |                                                                                 |

Page Subtotal 950.00

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 92266  
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

| 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) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|---------------------------------------------------------------------------------|
| <p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/10/2022</u></p> <p>Name &amp; Address:<br/><b>JAKE EVERTS</b><br/>47840 MILL RD.<br/>APT. 5<br/>HOUGHTON, MI 49931</p> <p>5. If over \$100.00 cumulative, please provide:<br/>Occupation _____ Employer _____<br/>Business Address _____<br/>Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>                                                                                               |  | \$ <u>50.00</u>    | \$ <u>50.00</u>                                                                 |
| <p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/10/2022</u></p> <p>Name &amp; Address:<br/><b>TONY GALLO</b><br/>6303 26 MILE RD<br/>SUITE 200<br/>WASHINGTON, MI 48094</p> <p>5. If over \$100.00 cumulative, please provide:<br/>Occupation <u>PRINCIPAL</u>      Employer <u>GALLO COMPANIES</u><br/>Business Address <u>6303 26 MILE RD, WASHINGTON, MI 48094</u><br/>Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>                   |  | \$ <u>1,000.00</u> | \$ <u>1,000.00</u>                                                              |
| <p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/10/2022</u></p> <p>Name &amp; Address:<br/><b>JEFFREY WANKO</b><br/>9397 BERGIN RD<br/>HOWELL, MI 48843</p> <p>5. If over \$100.00 cumulative, please provide:<br/>Occupation <u>CEO</u>      Employer <u>CERTIFIED ELECTRIC GROUP</u><br/>Business Address <u>570 BOYD ST, PONTIAC, MI 48342</u><br/>Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>                                      |  | \$ <u>1,000.00</u> | \$ <u>1,000.00</u>                                                              |
| <p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/10/2022</u></p> <p>Name &amp; Address:<br/><b>SCOTT BOWERS</b><br/>3640 CHATHAM WAY<br/>ANN ARBOR, MI 48105</p> <p>5. If over \$100.00 cumulative, please provide:<br/>Occupation <u>ATTORNEY</u>      Employer <u>TANOURY, NAUTS, MCKINNEY &amp; GARBARINO, PLLC</u><br/>Business Address <u>38777 SIX MILE RD, LIVONIA, MI 48152</u><br/>Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p> |  | \$ <u>200.00</u>   | \$ <u>200.00</u>                                                                |

Page Subtotal 2,250.00

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 92266  
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

|                                                                                                                                                                                                                                                                                                                                                                             |  |                  |                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------|---------------------------------------------------------------------------------|
| <small>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.</small>                                                                        |  | 6. Amount        | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/10/2022</u><br>Name & Address:<br><b>BRIAN ALLOR</b><br><b>2853 S HICKORY RIDGE RD</b><br><b>HIGHLAND TWP, MI 48380</b>                                                                                                                                                    |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                                                |  |                  |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/10/2022</u><br>Name & Address:<br><b>ELIZABETH ALLOR</b><br><b>2853 S HICKORY RIDGE RD</b><br><b>HIGHLAND TWP, MI 48380</b>                                                                                                                                                 |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                                                |  |                  |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/10/2022</u><br>Name & Address:<br><b>SUSAN ALLOR</b><br><b>7141 SILVER LAKE RD</b><br><b>WOLVERINE, MI 49799</b>                                                                                                                                                           |  | \$ <u>200.00</u> | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>STATE REPRESENTATIVE</u> Employer <u>MICHIGAN HOUSE OF REPRESENTATIVES</u><br>Business Address <u>124 N CAPITOL AVE, LANSING, MI 48933</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |  |                  |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/10/2022</u><br>Name & Address:<br><b>PATRICK ALLOR</b><br><b>7141 SILVER LAKE RD</b><br><b>WOLVERINE, MI 49799</b>                                                                                                                                                         |  | \$ <u>200.00</u> | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer <u>RETIRED</u><br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                              |  |                  |                                                                                 |

Page Subtotal **600.00**

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 92266  
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>08/10/2022</u><br>Name & Address:<br><b>JON SAVOY</b><br>5000 TOWN CENTER<br>SUITE 2506<br>SOUTHFIELD, MI 48075                                                                                                                                                     |  | \$ <u>500.00</u> | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>PRINCIPAL</u> Employer <u>LEE &amp; ASSOCIATES</u><br>Business Address <u>5000 TOWN CENTER, SUITE 2506, SOUTHFIELD, MI 48075</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |  |                  |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/10/2022</u><br>Name & Address:<br><b>PATRICK SIELOFF</b><br>8400 CHERRY HILL RD<br>SUPERIOR TWP, MI 48198                                                                                                                                                         |  | \$ <u>500.00</u> | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>OWNER</u> Employer <u>DANJO CONSTRUCTION</u><br>Business Address <u>5781 S SHELDON RD, CANTON, MI 48188</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                      |  |                  |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/10/2022</u><br>Name & Address:<br><b>DENNIS TUCKER</b><br>6324 LENNON RD<br>SWARTZ CREEK, MI 48473                                                                                                                                                               |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____      Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                                 |  |                  |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/10/2022</u><br>Name & Address:<br><b>MICHAEL CANNON</b><br>9155 DENTON HILL RD<br>FENTON, MI 48430                                                                                                                                                               |  | \$ <u>700.00</u> | \$ <u>700.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>CONTRACTOR</u> Employer <u>SELF</u><br>Business Address <u>9155 DENTON HILL RD, FENTON, MI 48430</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                             |  |                  |                                                                                 |

Page Subtotal **1,800.00**

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

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line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 92266  
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>08/10/2022</u><br>Name & Address:<br><b>JONATHAN FARKAS</b><br><b>595 BRIGHTON LAKE RD</b><br><b>BRIGHTON, MI 48116</b>                                                                                                                                   |  | \$ <u>1,000.00</u> | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>REAL ESTATE BROKER</u> Employer <u>SELF</u><br>Business Address <u>595 BRIGHTON LAKE RD, BRIGHTON, MI 48116</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser        |  |                    |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input checked="" type="checkbox"/> YES      4. Date of Receipt <u>08/10/2022</u><br>Name & Address:<br><b>PLUNKETT COONEY PAC</b><br><b>38505 WOODWARD AVE</b><br><b>SUITE 2000</b><br><b>BLOOMFIELD HILLS, MI 48304</b>                                                                                          |  | \$ <u>500.00</u>   | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____      Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                       |  |                    |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/10/2022</u><br>Name & Address:<br><b>DARIN WEST</b><br><b>1138 PENARTH CT</b><br><b>COMMERCE TWP, MI 48382</b>                                                                                                                                         |  | \$ <u>200.00</u>   | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>MANAGER</u> Employer <u>SOLOMON PLUMBING</u><br>Business Address <u>29665 WILLIAM K SMITH DR, LYON TWP, MI 48165</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |  |                    |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/10/2022</u><br>Name & Address:<br><b>JERI THOMASSON</b><br><b>4450 QUEBEC LN</b><br><b>BRIGHTON, MI 48116</b>                                                                                                                                          |  | \$ <u>200.00</u>   | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ASSISTANT</u> Employer <u>SOLOMON PLUMBING</u><br>Business Address <u>29665 WILLIAM K SMITH DR, LYON TWP, MI 48165</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |  |                    |                                                                                 |

Page Subtotal **1,900.00**

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 92266  
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/10/2022</u> |                                                                                 |
| Name & Address:<br>TONI HOCHSTEIN<br>2661 KATIE LN<br>MILFORD TWP, MI 48380                                                                                                                                                                                                           |                                           | \$ <u>50.00</u>                      | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/10/2022</u> |                                                                                 |
| Name & Address:<br>GEORGE ZERVOS<br>21620 GARFIELD RD<br>NORTHVILLE, MI 48167                                                                                                                                                                                                         |                                           | \$ <u>50.00</u>                      | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/10/2022</u> |                                                                                 |
| Name & Address:<br>THOMAS REIDY<br>961 CANDLESTICK CT<br>BLOOMFIELD HILLS, MI 48304                                                                                                                                                                                                   |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/10/2022</u> |                                                                                 |
| Name & Address:<br>SAMUEL ASHLEY<br>3273 WHITFIELD DR<br>WATERFORD TWP, MI 48329                                                                                                                                                                                                      |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |

Page Subtotal 300.00

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 92266  
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/10/2022</u> |                                                                                 |
| Name & Address:<br><b>JON VANDERGRONDEN</b><br><b>5175 FENTON RD</b><br><b>FENTON, MI 48430</b>                                                                                                                                                                                                                                                              |                                           | \$ <u>450.00</u>                     | \$ <u>450.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>SUPERINTENDENT</u> Employer <u>SOLOMON PLUMBING</u><br>Business Address <u>29665 WILLIAM K SMITH DR, LYON TWP, MI 48165</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                           | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/10/2022</u> |                                                                                 |
| Name & Address:<br><b>JOHN VAN OYEN</b><br><b>719 S LAFAYETTE ST</b><br><b>SOUTH LYON, MI 48178</b>                                                                                                                                                                                                                                                          |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                                 |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                                          | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/10/2022</u> |                                                                                 |
| Name & Address:<br><b>JOHN BLANKENSHIP JR</b><br><b>745 LAGUNA DR</b><br><b>COMMERCE TWP, MI 48390</b>                                                                                                                                                                                                                                                       |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                                 |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                                          | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/10/2022</u> |                                                                                 |
| Name & Address:<br><b>CHARLES LANGE</b><br><b>134 BROWN STREET</b><br><b>SAINT CLAIR, MI 48079</b>                                                                                                                                                                                                                                                           |                                           | \$ <u>200.00</u>                     | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>DRIVER</u> Employer <u>SOLOMON PLUMBING</u><br>Business Address <u>29665 WILLIAM K SMITH DR, LYON TWP, MI 48165</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser         |                                           |                                      |                                                                                 |

Page Subtotal 850.00

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

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Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 92266  
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/10/2022</u> |                                                                                 |
| Name & Address:<br><b>RONALD HUNT</b><br><b>1034 LAPORT AVE</b><br><b>MT MORRIS, MI 48458</b>                                                                                                                                                                                                                                                                 |                                           | \$ <u>200.00</u>                     | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>DOCTOR</u> Employer <u>SELF</u><br>Business Address <u>44250 DEQUINDRE RD, STERLING HEIGHTS, MI 48314</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                    |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                            | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/10/2022</u> |                                                                                 |
| Name & Address:<br><b>MICHAEL MOORE</b><br><b>24702 ROSEMONT DR</b><br><b>SOUTH LYON, MI 48178</b>                                                                                                                                                                                                                                                            |                                           | \$ <u>200.00</u>                     | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>VICE PRESIDENT</u> Employer <u>SCHALLER CORPORATION</u><br>Business Address <u>49495 GRATIOT AVE, CHESTERFIELD, MI 48051</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                                           | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/10/2022</u> |                                                                                 |
| Name & Address:<br><b>LIA JOHNSTON</b><br><b>6452 STEWART LN.</b><br><b>ANN ARBOR, MI 48105</b>                                                                                                                                                                                                                                                               |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                                  |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                                           | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/10/2022</u> |                                                                                 |
| Name & Address:<br><b>HEATHER GENSON</b><br><b>7153 BLACK OAK CT</b><br><b>WATERFORD TWP, MI 48327</b>                                                                                                                                                                                                                                                        |                                           | \$ <u>150.00</u>                     | \$ <u>150.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>TEACHER</u> Employer <u>CARSON CITY SCHOOLS</u><br>Business Address <u>213 E SHERMAN ST, CARSON CITY, MI 48811</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser           |                                           |                                      |                                                                                 |

Page Subtotal 650.00

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 92266  
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/10/2022</u> |                                                                                 |
| Name & Address:<br><b>DAN O'HALLORAN</b><br>10445 FARMBROOK DR<br>BRIGHTON, MI 48114                                                                                                                                                                                                                                                            |                                           | \$ <u>200.00</u>                     | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>PLUMBER</u> Employer <u>SELF</u><br>Business Address <u>10445 FARMBROOK DR, BRIGHTON, MI 48114</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser             |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                              | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/10/2022</u> |                                                                                 |
| Name & Address:<br><b>LARRY LEO</b><br>48357 HILLTOP DR E<br>PLYMOUTH, MI 48170                                                                                                                                                                                                                                                                 |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                    |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                             | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/10/2022</u> |                                                                                 |
| Name & Address:<br><b>DAMON PIERCE</b><br>1270 MC COY ST<br>COMMERCE TWP, MI 48390                                                                                                                                                                                                                                                              |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                    |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                             | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/10/2022</u> |                                                                                 |
| Name & Address:<br><b>JAMES PALAZETI</b><br>3014 DIETZ RD<br>WILLIAMSTON, MI 48895                                                                                                                                                                                                                                                              |                                           | \$ <u>200.00</u>                     | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>VICE PRESIDENT</u> Employer <u>ROYAL STONE</u><br>Business Address <u>3014 DIETZ RD, WILLIAMSTON, MI 48895</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |

Page Subtotal 600.00

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



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 92266  
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/10/2022</u> |                                                                                 |
| Name & Address:<br><b>RUSSELL REDMER</b><br><b>11480 DENTON HILL RD</b><br><b>FENTON, MI 48430</b>                                                                                                                                                                                                                                                 |                                           | \$ <u>50.00</u>                      | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                       |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/10/2022</u> |                                                                                 |
| Name & Address:<br><b>GRIFFIN MECHIGIAN</b><br><b>2246 SHORE LINE DR</b><br><b>BRIGHTON, MI 48114</b>                                                                                                                                                                                                                                              |                                           | \$ <u>50.00</u>                      | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                       |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                                | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/07/2022</u> |                                                                                 |
| Name & Address:<br><b>DAVID FISCHER JR</b><br><b>855 PLEASANT ST</b><br><b>BIRMINGHAM, MI 48009</b>                                                                                                                                                                                                                                                |                                           | \$ <u>1,000.00</u>                   | \$ <u>7,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>EXECUTIVE</u> Employer <u>THE SUBURBAN COLLECTION</u><br>Business Address <u>1795 MAPLELAWN RD, TROY, MI 48084</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser           |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                                | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/07/2022</u> |                                                                                 |
| Name & Address:<br><b>LEONARD BORMAN</b><br><b>1084 BROOKWOOD ST</b><br><b>BIRMINGHAM, MI 48009</b>                                                                                                                                                                                                                                                |                                           | \$ <u>1,000.00</u>                   | \$ <u>1,100.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ADVISOR</u> Employer <u>BROOKWOOD INVESTMENT ADVISORS</u><br>Business Address <u>1084 BROOKWOOD ST, BIRMINGHAM, MI 48009</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |

Page Subtotal 2,100.00

Grand Total of All Schedules 1A  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 92266  
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

| 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? <input checked="" type="checkbox"/> YES | 4. Date of Receipt <u>09/07/2022</u> |                                                                                 |
| Name & Address:<br>SCHOSTAK FAMILY PAC<br>17800 N LAUREL PARK DR<br>SUITE 200C<br>LIVONIA, MI 48152                                                                                                                                                                                                                                                      |                                                      | \$ <u>3,000.00</u>                   | \$ <u>3,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                             |                                                      |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                       | PAC Receipt? <input type="checkbox"/> YES            | 4. Date of Receipt <u>09/07/2022</u> |                                                                                 |
| Name & Address:<br>DAVID FISCHER<br>1250 W LONG LAKE RD<br>BLOOMFIELD HILLS, MI 48302                                                                                                                                                                                                                                                                    |                                                      | \$ <u>2,150.00</u>                   | \$ <u>7,150.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>OWNER</u> Employer <u>SUBURBAN COLLECTION</u><br>Business Address <u>1795 MAPLELAWN RD, TROY, MI 48084</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser              |                                                      |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                                      | PAC Receipt? <input type="checkbox"/> YES            | 4. Date of Receipt <u>09/07/2022</u> |                                                                                 |
| Name & Address:<br>JENNIFER FISCHER<br>1250 W LONG LAKE RD<br>BLOOMFIELD HILLS, MI 48302                                                                                                                                                                                                                                                                 |                                                      | \$ <u>2,850.00</u>                   | \$ <u>2,850.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                    |                                                      |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                                      | PAC Receipt? <input type="checkbox"/> YES            | 4. Date of Receipt <u>09/07/2022</u> |                                                                                 |
| Name & Address:<br>SCOTT JONNA<br>2764 TURTLELAKE DR<br>BLOOMFIELD HILLS, MI 48302                                                                                                                                                                                                                                                                       |                                                      | \$ <u>1,000.00</u>                   | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>MANAGER</u> Employer <u>AF JONNA DEVELOPMENT</u><br>Business Address <u>4036 TELEGRAPH RD, BLOOMFIELD TWP, MI 48302</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                                      |                                      |                                                                                 |

Page Subtotal 9,000.00

Grand Total of All Schedules 1A  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 92266  
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/07/2022</u> |                                                                                 |
| Name & Address:<br>JEFFREY WEISS<br>30555 NORTHWESTERN HWY<br>SUITE 300<br>FARMINGTON HILLS, MI 48334                                                                                                                                                                                                                                                  |                                           | \$ <u>750.00</u>                     | \$ <u>750.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>CPA</u> Employer <u>SELF</u><br>Business Address <u>30555 NORTHWESTERN HWY, SUITE 300, FARMINGTON HILLS, MI 48334</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                     | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/07/2022</u> |                                                                                 |
| Name & Address:<br>EDWARD SCHULAK<br>567 ASPEN RD<br>BIRMINGHAM, MI 48009                                                                                                                                                                                                                                                                              |                                           | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>CHAIRMAN</u> Employer <u>EDENROC SCIENCES LLC</u><br>Business Address <u>567 ASPEN RD, BIRMINGHAM, MI 48009</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser       |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/07/2022</u> |                                                                                 |
| Name & Address:<br>STUART BORMAN<br>PO BOX 519<br>BIRMINGHAM, MI 48012                                                                                                                                                                                                                                                                                 |                                           | \$ <u>3,000.00</u>                   | \$ <u>3,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>CEO</u> Employer <u>FLEX-CABLE</u><br>Business Address <u>450 N OLD WOODWARD AVE, BIRMINGHAM, MI 48009</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser            |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/07/2022</u> |                                                                                 |
| Name & Address:<br>CARRIE YATOOMA<br>1712 HAMILTON DR<br>BLOOMFIELD HILLS, MI 48302                                                                                                                                                                                                                                                                    |                                           | \$ <u>5,000.00</u>                   | \$ <u>5,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>OWNER</u> Employer <u>OCG COMPANIES</u><br>Business Address <u>1712 HAMILTON DR, BLOOMFIELD HILLS, MI 48302</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser       |                                           |                                      |                                                                                 |

Page Subtotal 9,250.00

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 92266  
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>09/07/2022</u><br>Name & Address:<br><b>CHANDLER YATOOMA</b><br><b>127 S BERKSHIRE DR</b><br><b>BLOOMFIELD TWP, MI 48302</b>                                                                                                                                   |  | \$ <u>5,000.00</u> | \$ <u>5,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>HOMEMAKER</u> Employer <u>SELF</u><br>Business Address <u>127 S BERKSHIRE DR, BLOOMFIELD TWP, MI 48302</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                  |  |                    |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/07/2022</u><br>Name & Address:<br><b>BLAKE GEORGE</b><br><b>3379 W LONG LAKE RD</b><br><b>WEST BLOOMFIELD TOWNSHIP, MI 48323</b>                                                                                                                             |  | \$ <u>1,000.00</u> | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>FOUNDER</u> Employer <u>BMG MEDIA</u><br>Business Address <u>975 E MAPLE RD, BIRMINGHAM, MI 48009</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                       |  |                    |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/07/2022</u><br>Name & Address:<br><b>MARTIN KAJY</b><br><b>6459 BAUERVIC BLVD</b><br><b>WEST BLOOMFIELD TOWNSHIP, MI 48322</b>                                                                                                                              |  | \$ <u>500.00</u>   | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>OWNER</u> Employer <u>KAJY PROPERTIES</u><br>Business Address <u>6459 BAUERVIC BLVD, WEST BLOOMFIELD TOWNSHIP, MI 48322</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |  |                    |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/07/2022</u><br>Name & Address:<br><b>AARON BELEN</b><br><b>27387 WOODWARD AVE</b><br><b>BERKLEY, MI 48072</b>                                                                                                                                               |  | \$ <u>1,000.00</u> | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>OWNER</u> Employer <u>AFB INVESTMENTS</u><br>Business Address <u>27387 WOODWARD AVE, BERKLEY, MI 48072</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                  |  |                    |                                                                                 |

Page Subtotal 7,500.00

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

Enter this total on  
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Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 92266  
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/07/2022</u> |                                                                                 |
| Name & Address:<br><b>SHANNON SHAYA</b><br><b>204 CHARING CROSS CT</b><br><b>BLOOMFIELD HILLS, MI 48304</b>                                                                                                                                                                                                                                                        |                                           | \$ <u>1,000.00</u>                   | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>SELF</u><br>Business Address <u>32600 STEPHENSON HWY, MADISON HEIGHTS, MI 48071</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                      |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                                 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/07/2022</u> |                                                                                 |
| Name & Address:<br><b>NICKOLAS HANNAWA</b><br><b>5420 WING LAKE RD</b><br><b>BLOOMFIELD TWP, MI 48302</b>                                                                                                                                                                                                                                                          |                                           | \$ <u>1,000.00</u>                   | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>SELF</u><br>Business Address <u>2909 E BIG BEAVER RD, TROY, MI 48083</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                 |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                                                | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/07/2022</u> |                                                                                 |
| Name & Address:<br><b>LAITH HANNA</b><br><b>1161 PEMBROKE DR</b><br><b>BLOOMFIELD HILLS, MI 48304</b>                                                                                                                                                                                                                                                              |                                           | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>CEO</u> Employer <u>MOTOR CITY PETROLEUM</u><br>Business Address <u>15100 GOULD ST, DEARBORN, MI 48126</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                        |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                                                | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/07/2022</u> |                                                                                 |
| Name & Address:<br><b>CHARLES GLEESON</b><br><b>7445 E GREENWICH DR</b><br><b>BLOOMFIELD HILLS, MI 48301</b>                                                                                                                                                                                                                                                       |                                           | \$ <u>3,000.00</u>                   | \$ <u>4,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>OWNER</u> Employer <u>CE GLEESON CONSTRUCTORS INC.</u><br>Business Address <u>7445 E GREENWICH DR, BLOOMFIELD HILLS, MI 48301</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |

Page Subtotal 5,500.00

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 92266  
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>09/07/2022</u><br>Name & Address:<br><b>JOSEPH SAKER</b><br><b>560 SOUTHFIELD RD</b><br><b>BIRMINGHAM, MI 48009</b>                                                                                                                                 |  | \$ <u>350.00</u>   | \$ <u>350.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>SENIOR VP</u> Employer <u>MORGAN STANLEY</u><br>Business Address <u>34901 WOODWARD AVE, BIRMINGHAM, MI 48009</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |  |                    |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/07/2022</u><br>Name & Address:<br><b>CHARLES GILARDONE</b><br><b>3985 LAKELAND LN</b><br><b>BLOOMFIELD TWP, MI 48302</b>                                                                                                                          |  | \$ <u>1,000.00</u> | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>CEO</u> Employer <u>GILARDONE COMPANY</u><br>Business Address <u>46900 WEST RD, WIXOM, MI 48393</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser              |  |                    |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/07/2022</u><br>Name & Address:<br><b>GREGORY SHEENA</b><br><b>4129 GOLF RIDGE DR</b><br><b>BLOOMFIELD TWP, MI 48302</b>                                                                                                                          |  | \$ <u>500.00</u>   | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>SELF</u><br>Business Address <u>4129 GOLF RIDGE DR, BLOOMFIELD TWP, MI 48302</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser        |  |                    |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/07/2022</u><br>Name & Address:<br><b>JEFFREY SERMAN</b><br><b>27730 FAIRWAY HILLS DR</b><br><b>FRANKLIN, MI 48025</b>                                                                                                                            |  | \$ <u>1,000.00</u> | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>SELF</u><br>Business Address <u>27730 FAIRWAY HILLS DR, FRANKLIN, MI 48025</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |  |                    |                                                                                 |

Page Subtotal 2,850.00

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

Enter this total on  
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Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 92266  
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/07/2022</u> |                                                                                 |
| Name & Address:<br><b>DALE DELIZIO</b><br><b>6956 DUCHESS CT</b><br><b>TROY, MI 48098</b>                                                                                                                                                                                                                                                      |                                           | \$ <u>300.00</u>                     | \$ <u>450.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>PRESIDENT</u> Employer <u>DELPRO ENTERPRISES</u><br>Business Address <u>6956 DUCHESS CT, TROY, MI 48098</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                             | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/07/2022</u> |                                                                                 |
| Name & Address:<br><b>RANDALL VARCOE</b><br><b>1865 ELSIE DR</b><br><b>WEST BLOOMFIELD TOWNSHIP, MI 48324</b>                                                                                                                                                                                                                                  |                                           | \$ <u>1,000.00</u>                   | \$ <u>1,500.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>OWNER</u> Employer <u>VARCOE PLUMBING</u><br>Business Address <u>949 LOCHAVEN RD, WATERFORD TWP, MI 48327</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                            | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/07/2022</u> |                                                                                 |
| Name & Address:<br><b>STEPHEN GABBARA</b><br><b>1247 CAMBRIDGE CIR</b><br><b>WATERFORD TWP, MI 48327</b>                                                                                                                                                                                                                                       |                                           | \$ <u>1,000.00</u>                   | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>GENERAL MANAGER</u> Employer <u>SZOTT FORD</u><br>Business Address <u>8800 E HOLLY RD, HOLLY, MI 48442</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser    |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                            | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/07/2022</u> |                                                                                 |
| Name & Address:<br><b>MICHAEL CHAYET</b><br><b>3940 CRESTHAVEN DR</b><br><b>WATERFORD TWP, MI 48328</b>                                                                                                                                                                                                                                        |                                           | \$ <u>250.00</u>                     | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer <u>RETIRED</u><br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                 |                                           |                                      |                                                                                 |

Page Subtotal 2,550.00

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 92266  
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>09/07/2022</u><br>Name & Address:<br><b>J AUGUSTUS BROOKS</b><br><b>8785 COOLEY LAKE RD</b><br><b>WHITE LAKE TWP, MI 48386</b>                                                                                                                                 |  | \$ <u>100.00</u>   | \$ <u>300.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>DOCTOR</u> Employer <u>SELF</u><br>Business Address <u>8785 COOLEY LAKE RD, WHITE LAKE TWP, MI 48386</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                    |  |                    |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/07/2022</u><br>Name & Address:<br><b>CASSANDRA GINOPOLIS</b><br><b>2702 LARI CT</b><br><b>WEST BLOOMFIELD TOWNSHIP, MI 48324</b>                                                                                                                             |  | \$ <u>500.00</u>   | \$ <u>650.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>REGISTERED NURSE</u> Employer <u>HENRY FORD HOSPITAL</u><br>Business Address <u>2799 W GRAND BLVD, DETROIT, MI 48202</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser    |  |                    |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/07/2022</u><br>Name & Address:<br><b>JEFFREY SAKWA</b><br><b>280 HARMON ST</b><br><b>APT 290</b><br><b>BIRMINGHAM, MI 48009</b>                                                                                                                             |  | \$ <u>1,000.00</u> | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>CONSULTANT</u> Employer <u>SELF</u><br>Business Address <u>280 HARMON ST, BIRMINGHAM, MI 48009</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                          |  |                    |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/07/2022</u><br>Name & Address:<br><b>DANIEL SEBOLD</b><br><b>5051 BEACH RD</b><br><b>TROY, MI 48098</b>                                                                                                                                                     |  | \$ <u>1,000.00</u> | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>PARTNER</u> Employer <u>SEBOLD AND ASSOCIATES</u><br>Business Address <u>35990 WOODWARD AVE, BLOOMFIELD HILLS, MI 48304</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |  |                    |                                                                                 |

Page Subtotal 2,600.00

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

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line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 92266  
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>09/07/2022</u><br>Name & Address:<br><b>PAUL ZLOTOFF</b><br>280 DAINES ST<br>STE 300<br>BIRMINGHAM, MI 48009<br>5. If over \$100.00 cumulative, please provide:<br>Occupation <u>CHAIRMAN</u> Employer <u>UNIPROP INC</u><br>Business Address <u>280 DAINES ST, STE 300, BIRMINGHAM, MI 48009</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                            |  | \$ <u>5,000.00</u> | \$ <u>5,000.00</u>                                                              |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/07/2022</u><br>Name & Address:<br><b>JEFFREY KAFTAN</b><br>29100 NORTHWESTERN HWY<br>SUITE 260<br>SOUTHFIELD, MI 48034<br>5. If over \$100.00 cumulative, please provide:<br>Occupation <u>OWNER</u> Employer <u>KAFTAN ENTERPRISES</u><br>Business Address <u>29100 NORTHWESTERN HWY, SUITE 260, SOUTHFIELD, MI 48034</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |  | \$ <u>1,000.00</u> | \$ <u>1,000.00</u>                                                              |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/07/2022</u><br>Name & Address:<br><b>JAMES ROSENTHAL</b><br>360 CRANBROOK RD<br>BLOOMFIELD HILLS, MI 48304<br>5. If over \$100.00 cumulative, please provide:<br>Occupation <u>PRESIDENT</u> Employer <u>NATIONAL LUMBER CO.</u><br>Business Address <u>180 E BROWN ST, BIRMINGHAM, MI 48009</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                          |  | \$ <u>1,000.00</u> | \$ <u>2,000.00</u>                                                              |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/07/2022</u><br>Name & Address:<br><b>BRIAN YALDOO</b><br>5423 CLARIDGE LN<br>WEST BLOOMFIELD TOWNSHIP, MI 48322<br>5. If over \$100.00 cumulative, please provide:<br>Occupation <u>REAL ESTATE AGENT</u> Employer <u>SELF</u><br>Business Address <u>5423 CLARIDGE LN, WEST BLOOMFIELD TOWNSHIP, MI 48322</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser            |  | \$ <u>500.00</u>   | \$ <u>650.00</u>                                                                |

Page Subtotal 7,500.00

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 92266  
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/07/2022</u> |                                                                                 |
| Name & Address:<br><b>RUSS SHELTON</b><br><b>855 S ROCHESTER RD</b><br><b>ROCHESTER HILLS, MI 48307</b>                                                                                                                                                                               |                                           | \$ <u>1,000.00</u>                   | \$ <u>1,500.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:                                                                                                                                                                                                                                       |                                           |                                      |                                                                                 |
| Occupation <u>OWNER</u> Employer <u>SHELTON PONTIAC-BUICK</u>                                                                                                                                                                                                                         |                                           |                                      |                                                                                 |
| Business Address <u>855 S ROCHESTER RD, ROCHESTER HILLS, MI 48307</u>                                                                                                                                                                                                                 |                                           |                                      |                                                                                 |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                                                                          |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/07/2022</u> |                                                                                 |
| Name & Address:<br><b>MATTHEW LESTER</b><br><b>2550 S TELEGRAPH RD</b><br><b>STE 200</b><br><b>BLOOMFIELD TWP, MI 48302</b>                                                                                                                                                           |                                           | \$ <u>5,000.00</u>                   | \$ <u>5,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:                                                                                                                                                                                                                                       |                                           |                                      |                                                                                 |
| Occupation <u>OWNER</u> Employer <u>PRINCETON ENTERPRISES</u>                                                                                                                                                                                                                         |                                           |                                      |                                                                                 |
| Business Address <u>2550 S TELEGRAPH RD, STE 200, BLOOMFIELD TWP, MI 48302</u>                                                                                                                                                                                                        |                                           |                                      |                                                                                 |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                                                                          |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <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                                                                                                                                                |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <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                                                                                                                                                |                                           |                                      |                                                                                 |

Page Subtotal

**6,000.00**

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

**75,700.00**

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED OTHER RECEIPTS  
SCHEDULE 1A-1**

**CANDIDATE COMMITTEE**

1. Committee I.D. Number **92266**

2. Committee Name **FRIENDS OF MICHAEL BOUCHARD**

| 3. Name & Address From Whom Received                                                                                 | 4. Date of Receipt                | 5. Type of Receipt                                                                                                                                                                                        | 6. Amount                                   |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Receipt #1<br>Name & Address:<br><b>FIFTH THIRD BANK</b><br><b>38 FOUNTAIN SQ PLZ</b><br><b>CINCINNATI, OH 45202</b> | Date of Receipt <b>07/29/2022</b> | <input type="checkbox"/> Loan from a Lending Institution<br><input checked="" type="checkbox"/> Interest<br><input type="checkbox"/> Refund \Rebate<br><input type="checkbox"/> Other (Specify) <b>-1</b> | \$ <b>2.23</b>                              |
| Receipt #2<br>Name & Address:<br><b>FIFTH THIRD BANK</b><br><b>38 FOUNTAIN SQ PLZ</b><br><b>CINCINNATI, OH 45202</b> | Date of Receipt <b>08/31/2022</b> | <input type="checkbox"/> Loan from a Lending Institution<br><input checked="" type="checkbox"/> Interest<br><input type="checkbox"/> Refund \Rebate<br><input type="checkbox"/> Other (Specify) <b>-1</b> | \$ <b>2.47</b>                              |
| Receipt #3<br>Name & Address:<br><b>FIFTH THIRD BANK</b><br><b>38 FOUNTAIN SQ PLZ</b><br><b>CINCINNATI, OH 45202</b> | Date of Receipt <b>09/30/2022</b> | <input type="checkbox"/> Loan from a Lending Institution<br><input checked="" type="checkbox"/> Interest<br><input type="checkbox"/> Refund \Rebate<br><input type="checkbox"/> Other (Specify) _____     | \$ <b>2.62</b>                              |
| Receipt #4<br>Name & Address:                                                                                        | Date of Receipt _____             | <input type="checkbox"/> Loan from a Lending Institution<br><input type="checkbox"/> Interest<br><input type="checkbox"/> Refund \Rebate<br><input type="checkbox"/> Other (Specify) _____                | \$ _____<br>Click for Memo Itemization Type |
| Receipt #5<br>Name & Address:                                                                                        | Date of Receipt _____             | <input type="checkbox"/> Loan from a Lending Institution<br><input type="checkbox"/> Interest<br><input type="checkbox"/> Refund \Rebate<br><input type="checkbox"/> Other (Specify) _____                | \$ _____<br>Click for Memo Itemization Type |
| Receipt #6<br>Name & Address:                                                                                        | Date of Receipt _____             | <input type="checkbox"/> Loan from a Lending Institution<br><input type="checkbox"/> Interest<br><input type="checkbox"/> Refund \Rebate<br><input type="checkbox"/> Other (Specify) _____                | \$ _____<br>Click for Memo Itemization Type |
| Receipt #7<br>Name & Address:                                                                                        | Date of Receipt _____             | <input type="checkbox"/> Loan from a Lending Institution<br><input type="checkbox"/> Interest<br><input type="checkbox"/> Refund \Rebate<br><input type="checkbox"/> Other (Specify) _____                | \$ _____<br>Click for Memo Itemization Type |
| Page Subtotal                                                                                                        |                                   |                                                                                                                                                                                                           | <b>7.32</b>                                 |
| Grand Total of All Schedules 1A -1<br>(Complete on last page of Schedule)                                            |                                   |                                                                                                                                                                                                           | <b>7.32</b>                                 |

Enter this total on  
line 4 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number **92266**

## CANDIDATE COMMITTEE

2. Committee Name **FRIENDS OF MICHAEL BOUCHARD**

| 3. Name and Address from whom received<br>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).<br>Report <u>all</u> in-kind contributions.                                                                                                                                                            | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>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? <input type="checkbox"/> Yes<br>Name & Address:<br><b>DAN ALLOR</b><br><b>29665 WILLIAM K SMITH DR</b><br><b>LYON TWP, MI 48165</b><br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation: <b>OWNER</b><br>Employer Name & Business Address:<br><b>SOLOMON PLUMBING</b><br><b>29665 WILLIAM K SMITH DR,</b><br><b>LYON TWP, MI 48165</b><br><input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>FOOD AND DRINKS FOR FUNDRAISER</b><br>5. Date Of Receipt: <b>08/10/2022</b><br>6. Vendor Name & Address: | \$ <b>2,000.00</b>             | \$ <b>2,000.00</b>                                        |
| Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>NAJAH KONJA</b><br><b>3920 BROOKSIDE DR</b><br><b>BLOOMFIELD TWP, MI 48302</b><br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation: <b>OWNER</b><br>Employer Name & Address:<br><b>WILD BILL'S TOBACCO</b><br><b>3920 BROOKSIDE DR,</b><br><b>BLOOMFIELD TWP, MI 48302</b><br><input type="checkbox"/> Fund Raiser Contribution       | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>FOOD AND DRINKS FOR FUNDRAISER</b><br>5. Date Of Receipt: <b>09/07/2022</b><br>6. Vendor Name & Address: | \$ <b>1,750.00</b>             | \$ <b>1,750.00</b>                                        |
| Contribution #3      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation:<br>Employer Name & Address:<br><br><input type="checkbox"/> Fund Raiser Contribution                                                                                                                                                                                                | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description<br>5. Date Of Receipt:<br>6. Vendor Name & Address:                                                                    | \$                             | \$                                                        |

[Click Here for Memo Itemization](#)

Page Subtotal

**3,750.00**

**3,750.00**

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

**3,750.00**

Enter this total  
on line 6 of Summary  
Page



**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **92266**  
2. Committee Name **FRIENDS OF MICHAEL BOUCHARD**

| 3. Name and address of person or vendor to whom paid                                                                                                                         | 4. Purpose (Required Information)                                                                                                                      | 5. Date                   | 6. Amount        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|
| <b>Expenditure #1</b><br>Name <b>STARBUCKS</b><br><br>Address<br><b>2401 UTAH AVE S</b><br><b>SEATTLE, WA 98134</b><br><br><input type="checkbox"/> Fund Raiser              | Purpose: <b>COFFEE</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement   | <b>07/27/2022</b><br>Date | \$ <b>100.00</b> |
| <b>Expenditure #2</b><br>Name <b>FIFTH THIRD BANK</b><br><br>Address<br><b>38 FOUNTAIN SQ PLZ</b><br><b>CINCINNATI, OH 45202</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <b>BANK FEE</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <b>08/09/2022</b><br>Date | \$ <b>86.35</b>  |
| <b>Expenditure #3</b><br>Name <b>FIFTH THIRD BANK</b><br><br>Address<br><b>38 FOUNTAIN SQ PLZ</b><br><b>CINCINNATI, OH 45202</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <b>BANK FEE</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <b>09/09/2022</b><br>Date | \$ <b>86.36</b>  |
| <b>Expenditure #4</b><br>Name <b>DELTA</b><br><br>Address<br><b>1030 DELTA BLVD</b><br><b>ATLANTA, GA 30354</b><br><br><input type="checkbox"/> Fund Raiser                  | Purpose: <b>FLIGHT</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement   | <b>09/26/2022</b><br>Date | \$ <b>369.80</b> |
| <b>Expenditure #5</b><br>Name <b>DELTA</b><br><br>Address<br><b>1030 DELTA BLVD</b><br><b>ATLANTA, GA 30354</b><br><br><input type="checkbox"/> Fund Raiser                  | Purpose: <b>FLIGHT</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement   | <b>09/26/2022</b><br>Date | \$ <b>127.93</b> |

Subtotal this page

**770.44**

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 **92266**  
2. Committee Name **FRIENDS OF MICHAEL BOUCHARD**

| 3. Name and address of person or vendor to whom paid                                                                                                            | 4. Purpose (Required Information)                                                                                                                      | 5. Date                   | 6. Amount       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------|
| Expenditure #1<br>Name <b>FIFTH THIRD BANK</b><br><br>Address<br><b>38 FOUNTAIN SQ PLZ<br/>CINCINNATI, OH 45202</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <b>BANK FEE</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <b>10/12/2022</b><br>Date | \$ <b>86.35</b> |
| Expenditure #2<br>Name<br><br>Address<br><br><br><input type="checkbox"/> Fund Raiser                                                                           | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement           | _____<br>Date             | \$ _____        |
| Expenditure #3<br>Name<br><br>Address<br><br><br><input type="checkbox"/> Fund Raiser                                                                           | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement           | _____<br>Date             | \$ _____        |
| Expenditure #4<br>Name<br><br>Address<br><br><br><input type="checkbox"/> Fund Raiser                                                                           | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement           | _____<br>Date             | \$ _____        |
| Expenditure #5<br>Name<br><br>Address<br><br><br><input type="checkbox"/> Fund Raiser                                                                           | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement           | _____<br>Date             | \$ _____        |

Subtotal this page **86.35**  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **856.79**

Enter this total  
on line 8a of  
Summary Page



**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number **92266**  
2. Committee Name **FRIENDS OF MICHAEL BOUCHARD**

**- USE A SEPARATE SHEET FOR EACH EVENT -**

|                                                 |                                                                                              |                                                           |                                                                                                                                                                                                     |
|-------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. Date Event Was Held<br><br><b>08/10/2022</b> | 4. Number of Individuals Attending or Participating (whichever is greater)<br><br><b>100</b> | 5. Type of Fund Raising Activity<br><br><b>FUNDRAISER</b> | 6. Address and Name (If any) of the place where the activity was held.<br><b>SOLOMON PLUMBING<br/>29665 WILLIAM K SMITH DR<br/>LYON TWP, MI 48165</b><br><input type="checkbox"/> Private Residence |
|-------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

7. Total Contributions **20,950.00**  
8. Other Receipts **0.00**  
9. Gross Receipts (Add lines 7 and 8) **20,950.00**  
10. Total Cost of Event **2,000.00**  
(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.



**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number **92266**  
2. Committee Name **FRIENDS OF MICHAEL BOUCHARD**

**- USE A SEPARATE SHEET FOR EACH EVENT -**

|                                                 |                                                                                             |                                                                         |                                                                                                                                                                                              |
|-------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. Date Event Was Held<br><br><b>09/07/2022</b> | 4. Number of Individuals Attending or Participating (whichever is greater)<br><br><b>50</b> | 5. Type of Fund Raising Activity<br><br>FUNDRAISER AT PRIVATE RESIDENCE | 6. Address and Name (If any) of the place where the activity was held.<br><b>3920 BROOKSIDE DR<br/>BLOOMFIELD TWP, MI<br/>48302</b><br><input checked="" type="checkbox"/> Private Residence |
|-------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

7. Total Contributions **54,750.00**  
8. Other Receipts **0.00**  
9. Gross Receipts (Add lines 7 and 8) **54,750.00**  
10. Total Cost of Event **1,750.00**  
(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.