



FILED
30 JAN 2023 AM 10:40
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: 10/21/2022 to 12/31/2022

1. Committee I.D. Number
92266

2. Committee Name
FRIENDS OF MICHAEL BOUCHARD

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**

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.

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	/	Submitted electronically, signature on file _____ Signature	Date 01/30/2023
Candidate _____ Type or Print Name	/	Submitted electronically, signature on file _____ Signature	Date 01/30/2023



1. Committee I.D. Number 92266

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name FRIENDS OF MICHAEL BOUCHARD

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>8,250.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>8,250.00</u>	(18.) \$ <u>210,500.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>10.38</u>	(19.) \$ <u>510.51</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>8,260.38</u>	(20.) \$ <u>211,010.51</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</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>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>3,100.45</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>417.83</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>3,518.28</u>	(23.) \$ <u>49,876.13</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>211,428.87</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>8,260.38</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>219,689.25</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>3,518.28</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>216,170.97</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>11/02/2022</u> Name & Address: JAMAL KAMMO 3345 ERIE DR WEST BLOOMFIELD TOWNSHIP, MI 48324	<u>\$ 1,000.00</u>	<u>\$ 1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/04/2022</u> Name & Address: NICHOLAS COBURN 631 RUDGATE RD BLOOMFIELD HILLS, MI 48304	<u>\$ 3,000.00</u>	<u>\$ 3,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>BLOOMFIELD CAPITAL</u> Business Address <u>700 FOREST AVE, BIRMINGHAM, MI 48009</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/07/2022</u> Name & Address: DANIELLE ALLOR 10618 LIGHTHOUSE POINT SOUTH LYON, MI 48178	<u>\$ 1,050.00</u>	<u>\$ 1,050.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SOLOMON PLUMBING</u> Business Address <u>29665 WILLIAM K SMITH DR, LYON TWP, MI 48165</u> 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>11/07/2022</u> Name & Address: DANIEL ALLOR II 10618 LIGHTHOUSE POINT SOUTH LYON, MI 48178	<u>\$ 1,050.00</u>	<u>\$ 3,050.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SOLOMON PLUMBING</u> Business Address <u>29665 WILLIAM K SMITH DR, LYON TWP, MI 48165</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **6,100.00**

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>11/09/2022</u> Name & Address: WILLIAM FORTENBAUGH 42849 NORTHVILLE PL DR APT 1206 NORTHVILLE, MI 48167 5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>SOLOMON PLUMBING</u> Business Address <u>29665 WILLIAM K SMITH DR, LYON TWP, MI 48165</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>500.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/09/2022</u> Name & Address: RUSS SHELTON 855 S ROCHESTER RD ROCHESTER HILLS, MI 48307 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 type="checkbox"/> Fund Raiser	\$ <u>1,000.00</u>	\$ <u>2,500.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/13/2022</u> Name & Address: VALERIE MACFARLANE 3165 TUCKAHOE RD BLOOMFIELD HILLS, MI 48301 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>3165 TUCKAHOE RD, BLOOMFIELD HILLS, MI 48301</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>200.00</u>	\$ <u>200.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/17/2022</u> Name & Address: ERICA ALLOR 243 HENRY ST NEW YORK, NY 10002 5. If over \$100.00 cumulative, please provide: Occupation <u>CRM TECHNICAL SPECIALIST</u> Employer <u>ABBOTT</u> Business Address <u>243 STEVEN PL, WOODMERE, NY 11598</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>450.00</u>	\$ <u>950.00</u>

Page Subtotal **2,150.00**

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

8,250.00

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 Name & Address: FIFTH THIRD BANK 38 FOUNTAIN SQ PLZ CINCINNATI, OH 45202	Date of Receipt <u>10/31/2022</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ <u>3.46</u>
Receipt #2 Name & Address: FIFTH THIRD BANK 38 FOUNTAIN SQ PLZ CINCINNATI, OH 45202	Date of Receipt <u>11/30/2022</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) <u>-1</u> <input type="checkbox"/> Fund Raiser	\$ <u>3.34</u>
Receipt #3 Name & Address: FIFTH THIRD BANK 38 FOUNTAIN SQ PLZ CINCINNATI, OH 45202	Date of Receipt <u>12/30/2022</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) <u>-1</u> <input type="checkbox"/> Fund Raiser	\$ <u>3.58</u>
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Page Subtotal			10.38
Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			10.38

Enter this total on
line 4 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 Name FIFTH THIRD BANK Address 38 FOUNTAIN SQ PLZ CINCINNATI, OH 45202 <input type="checkbox"/> Fund Raiser	Purpose: <u>BANK FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/09/2022</u> Date	\$ <u>86.35</u>
Expenditure #2 Name 1-800-SELF-STORAGE.COM Address 2477 W MAPLE RD TROY, MI 48084 <input type="checkbox"/> Fund Raiser	Purpose: <u>STORAGE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/14/2022</u> Date	\$ <u>447.50</u>
Expenditure #3 Name ALLIE BROTHERS Address 20295 MIDDLEBELT RD LIVONIA, MI 48152 <input type="checkbox"/> Fund Raiser	Purpose: <u>SUPPLIES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/16/2022</u> Date	\$ <u>927.43</u>
Expenditure #4 Name AMAZON Address 410 TERRY AVE SEATTLE, WA 98104 <input type="checkbox"/> Fund Raiser	Purpose: <u>SUPPLIES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/28/2022</u> Date	\$ <u>148.36</u>
Expenditure #5 Name TUDOR DIXON FOR GOVERNOR Address 123 W ALLEGAN ST LANSING, MI 48933 <input type="checkbox"/> Fund Raiser	Purpose: <u>REIMBURSEMENT - ERROR/OMISSION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/30/2022</u> Date	\$ <u>115.44</u>

Subtotal this page **1,725.08**

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 Name GODADDY INC. Address 14455 N HAYDEN RD SCOTTSDALE, AZ 85260 <input type="checkbox"/> Fund Raiser	Purpose: <u>DOMAIN PURCHASE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/01/2022</u> Date	\$ <u>281.68</u>
Expenditure #2 Name GODADDY INC. Address 14455 N HAYDEN RD SCOTTSDALE, AZ 85260 <input type="checkbox"/> Fund Raiser	Purpose: <u>WEB DOMAIN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/05/2022</u> Date	\$ <u>58.34</u>
Expenditure #3 Name FIFTH THIRD BANK Address 38 FOUNTAIN SQ PLZ CINCINNATI, OH 45202 <input type="checkbox"/> Fund Raiser	Purpose: <u>BANK FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/09/2022</u> Date	\$ <u>285.35</u>
Expenditure #4 Name ARISTOTLE INTERNATIONAL, INC. Address 205 PENNSYLVANIA AVE. SE WASHINGTON, DC 20003 <input type="checkbox"/> Fund Raiser	Purpose: <u>SOFTWARE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/16/2022</u> Date	\$ <u>750.00</u>
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **1,375.37**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **3,100.45**

Enter this total
on line 8a of
Summary Page