



FILED
25 OCT 2023 AM 11:50
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: 07/21/2023 to 10/20/2023

1. Committee I.D. Number
97181

2. Committee Name
KAREN MCDONALD FOR PROSECUTOR

4. Candidate Last Name **MCDONALD** First Name **KAREN** M.I. **D**

4a. Office Sought Including District # or Community Served (If applicable)
COUNTY PROSECUTOR, OAKLAND COUNTY

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

5. Committee's Mailing Address
**PO BOX 1750
STE. 100
BIRMINGHAM, MI 48009**

Area Code and Phone (248) 229-5339
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
**SUSAN LICHTERMAN
26080 YORK
HUNTINGTON WOODS, MI 48070**

Area Code & Phone (248) 351-3000

7. Treasurer's Business Address
**26080 YORK
HUNTINGTON WOODS, MI 48070**

Area Code and Phone (248) 351-3000

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 (2023)
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 <u>10/25/2023</u>
Candidate _____ Type or Print Name	/	Submitted electronically, signature on file _____ Signature	Date <u>10/25/2023</u>



1. Committee I.D. Number 97181

2. Committee Name KAREN MCDONALD FOR PROSECUTOR

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>73,835.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>73,835.00</u>	(18.) \$ <u>469,554.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>73,835.00</u>	(20.) \$ <u>469,554.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>6,177.93</u>	(21.) \$ <u>21,571.83</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>18,818.14</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>18,818.14</u>	(23.) \$ <u>109,948.29</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>351,535.70</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>73,835.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>425,370.70</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>18,818.14</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>406,552.56</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

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>07/27/2023</u> Name & Address: JESSICA BLAKE 12923 VICTORIA AVE HUNTINGTON WOODS, MI 48070	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>12923 VICTORIA AVE, HUNTINGTON WOODS, MI 48070</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>08/01/2023</u> Name & Address: AUBREY TOBIN 2140 WALNUT LAKE RD WEST BLOOMFIELD TOWNSHIP, MI 48323	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>2140 WALNUT LAKE RD, WEST BLOOMFIELD TOWNSHIP, MI 48323</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 <u>08/03/2023</u> Name & Address: JASON TURKISH 25710 SALEM ROAD HUNTINGTON WOODS, MI 48070	\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>NYMAN TURKISH PC</u> Business Address <u>20750 CIVIC CENTER DR, SOUTHFIELD, MI 48076</u> 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>08/06/2023</u> Name & Address: LAURAN HOWARD 22 OAKLAND PARK BLVD PLEASANT RIDGE, MI 48069	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>OAKLAND COUNTY</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **1,250.00**

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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

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>08/07/2023</u> Name & Address: KYLE DUBAC 312 FAIRGROVE AVE ROYAL OAK, MI 48067		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADVOCACY & POLICY</u> Employer <u>UNITED WAY FOR SOUTHEASTERN MI</u> Business Address <u>3011 W GRAND BLVD, DETROIT, MI 48202</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>08/08/2023</u> Name & Address: NEISHA CHUDLER 2410 AVONDALE ST W SYLVAN LAKE, MI 48320		\$ <u>15.00</u>	\$ <u>375.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARALEGAL</u> Employer <u>OAKLAND COUNTY PROSECUTOR'S OFFICE</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</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>08/08/2023</u> Name & Address: JAIMIE HOROWITZ 26419 YORK RD HUNTINGTON WOODS, MI 48070		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>JUDGE</u> Employer <u>STATE OF MICHIGAN-45TH DISTRICT COURT</u> Business Address <u>13600 OAK PARK BLVD, OAK PARK, MI 48237</u> 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>08/08/2023</u> Name & Address: EDWARD LENNON 355 S OLD WOODWARD AVE STE. 100 BIRMINGHAM, MI 48009		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LENNON LAW PC</u> Business Address <u>355 S OLD WOODWARD AVE, STE. 100, BIRMINGHAM, MI 48009</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 765.00

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

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

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>08/08/2023</u> Name & Address: QUINCY MCALPINE 1682 PINNATE CT ROCHESTER, MI 48306		\$ <u>5,000.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>SELF</u> Business Address <u>1682 PINNATE CT, ROCHESTER, MI 48306</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>08/08/2023</u> Name & Address: DOUGLAS YOUNG 3653 HOLLENSHADE DR ROCHESTER HILLS, MI 48306		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>YOUNG INSURANCE LAW</u> Business Address <u>17 W 4TH ST, ROYAL OAK, MI 48067</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 <u>08/09/2023</u> Name & Address: LEANNA BELCHER 101 W BIG BEAVER RD TROY, MI 48084		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>GONE & BELCHER LAW</u> Business Address <u>101 W BIG BEAVER RD, TROY, MI 48084</u> 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>08/09/2023</u> Name & Address: STANFORD BLANCK 31305 WOODSIDE DR FRANKLIN, MI 48025		\$ <u>250.00</u>	\$ <u>2,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>WALLSIDE WINDOWS</u> Business Address <u>31305 WOODSIDE DR, FRANKLIN, MI 48025</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **6,000.00**

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/09/2023</u> Name & Address: <u>LJUBISA DRAGOVIC</u> <u>44 BEVERLY RD</u> <u>GROSSE POINTE FARMS, MI 48236</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>MEDICAL EXAMINER</u> Employer <u>OAKLAND COUNTY</u> Business Address <u>1200 TELEGRAPH RD, PONTIAC, MI 48341</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/09/2023</u> Name & Address: <u>TODD FLOOD</u> <u>10555 LINCOLN DR</u> <u>HUNTINGTON WOODS, MI 48070</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>FLOOD LAW</u> Business Address <u>401 N MAIN ST, ROYAL OAK, MI 48067</u> 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>08/09/2023</u> Name & Address: <u>MATTHEW FORREST</u> <u>645 GRISWOLD ST</u> <u>STE. 4300</u> <u>DETROIT, MI 48226</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>FORREST LAW</u> Business Address <u>24901 NORTHWESTERN HWY, SOUTHFIELD, MI 48075</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/09/2023</u> Name & Address: <u>HAROLD FRIEDMAN</u> <u>3535 W 13 MILE RD</u> <u>ROYAL OAK, MI 48073</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>BEAUMONT</u> Business Address <u>3535 W 13 MILE RD, ROYAL OAK, MI 48073</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>

Page Subtotal **1,750.00**

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/09/2023</u> Name & Address: BENJAMIN GONEK 18731 GLENWOOD BLVD LATHRUP VILLAGE, MI 48076 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LAW OFFICES OF BENJAMIN GONEK</u> Business Address <u>500 GRISWOLD ST, STE. 2450, DETROIT, MI 48226</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/09/2023</u> Name & Address: WOLFGANG MUELLER 19578 PIERSON DR NORTHVILLE, MI 48167 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MUELLER LAW FIRM</u> Business Address <u>41850 W 11 MILE RD, NOVI, MI 48375</u> 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>500.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/09/2023</u> Name & Address: DENNIS OBRYAN 401 S OLD WOODWARD AVE BIRMINGHAM, MI 48009 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LAW CENTER</u> Business Address <u>401 S OLD WOODWARD AVE, BIRMINGHAM, MI 48009</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/09/2023</u> Name & Address: JULES OLSMAN 26341 HENDRIE BLVD HUNTINGTON WOODS, MI 48070 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>OLSMAN MACKENZIE</u> Business Address <u>2684 W ELEVEN MILE RD, BERKLEY, MI 48072</u> 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>800.00</u>

Page Subtotal **3,250.00**

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/09/2023</u> Name & Address: ROBERT PAUL 26361 DUNDEE RD HUNTINGTON WOODS, MI 48070	<u>\$ 500.00</u>	<u>\$ 500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MAYOR</u> Employer <u>CITY OF HUNTINGTON WOODS</u> Business Address <u>26815 SCOTIA RD, HUNTINGTON WOODS, MI 48070</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>08/09/2023</u> Name & Address: GABI SILVER 12928 BORGMAN AVE HUNTINGTON WOODS, MI 48070	<u>\$ 250.00</u>	<u>\$ 250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>CRIPPS & SILVER</u> Business Address <u>1300 BROADWAY ST, STE 800, DETROIT, MI 48226</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 <u>08/09/2023</u> Name & Address: DANIEL TUKEL 4001 PARK DR WEST BLOOMFIELD, MI 48324	<u>\$ 250.00</u>	<u>\$ 250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>BUTZEL LONG</u> Business Address <u>150 W JEFFERSON AVE, DETROIT, MI 48226</u> 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>08/09/2023</u> Name & Address: RANDY WALLACE 1506 N ALTADENA AVE ROYAL OAK, MI 48067	<u>\$ 250.00</u>	<u>\$ 250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>OLSMAN MACKENZIE</u> Business Address <u>2684 W ELEVEN MILE RD, BERKLEY, MI 48072</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **1,250.00**

Grand Total of All Schedules 1A
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/10/2023</u> Name & Address: RONALD CORNELL 1312 DEVONSHIRE RD GROSSE POINTE PARK, MI 48230		\$ <u>750.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SK DETROIT LAW PARTNERS</u> Business Address <u>2000 TOWN CENTER, SOUTHFIELD, MI 48075</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>08/15/2023</u> Name & Address: LISA BAKER 3433 GREEN HILL CT WEST BLOOMFIELD TOWNSHIP, MI 48324		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LONG LAW</u> Business Address <u>150 W SECOND ST., STE. 250, ROYAL OAK, MI 48067</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 <u>08/15/2023</u> Name & Address: JEFFREY BERGERON 5045 E COTTONTAIL RUN RD PARADISE VALLEY, AZ 85253		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>NA</u> Business Address _____ 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>08/15/2023</u> Name & Address: THOMAS CHISHOLM 1864 FAIRVIEW ST BIRMINGHAM, MI 48009		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>NA</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **3,000.00**

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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

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>08/15/2023</u>	
Name & Address: GERALD EVELYN 2150 BRYANSTON CRESCENT ST DETROIT, MI 48207		\$ <u>500.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>535 GRISWOLD ST, STE. 2040, DETROIT, MI 48226</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>08/15/2023</u>	
Name & Address: HAROLD FRIED 432 S WASHINGTON AVE #1803 ROYAL OAK, MI 48067		\$ <u>1,750.00</u>	\$ <u>6,017.07</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>FRIED SAPERSTEIN SAKWA PC</u> Business Address <u>150 W 2ND ST, STE. 250, ROYAL OAK, MI 48067</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 <u>08/15/2023</u>	
Name & Address: ROBERT GROSS 414 LOTHROP RD GROSSE POINTE FARMS, MI 48236		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>PERKINS LAW GROUP</u> Business Address <u>615 GRISWOLD ST, STE. 400, DETROIT, MI 48226</u> 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>08/15/2023</u>	
Name & Address: EDDIE HALL 6689 ORCHARD LAKE RD WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>3,000.00</u>	\$ <u>3,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>AUTO DEALER</u> Employer <u>HALL AUTOMOTIVE GROUP</u> Business Address <u>27550 WOODWARD AVE, ROYAL OAK, MI 48067</u> 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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

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>08/15/2023</u> Name & Address: AMY HATHAWAY 1022 BUCKINGHAM GROSSE POINTE PARK, MI 48230	\$ <u>1,500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>AMY P HATHAWAY PLC</u> Business Address <u>2000 TOWN CENTER, STE. 1490, SOUTHFIELD, MI 48075</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>08/15/2023</u> Name & Address: LAURAN HOWARD 22 OAKLAND PARK BLVD PLEASANT RIDGE, MI 48069	\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>OAKLAND COUNTY</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</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 <u>08/15/2023</u> Name & Address: JAMES HOWARTH 207 GROSSE POINTE BLVD GROSSE POINTE FARMS, MI 48236	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>645 GRISWOLD ST, DETROIT, MI 48226</u> 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>08/15/2023</u> Name & Address: JOSHUA KAPLAN 150 WEST SECOND ST ROYAL OAK, MI 48067	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>FRIED SAPERSTEIN SAKWA PC</u> Business Address <u>150 W 2ND ST, ROYAL OAK, MI 48067</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **3,000.00**

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

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

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

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>08/15/2023</u> Name & Address: BRIAN LEGGHIO 645 GRISWOLD ST DETROIT, MI 48226	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>134 MARKET ST, MT CLEMENS, MI 48043</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>08/15/2023</u> Name & Address: STEVEN LEMBERG 648 S BATES ST BIRMINGHAM, MI 48009	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>COLLEGE CHOICE COUNSELING</u> Business Address <u>135 N OLD WOODWARD AVE, STE. 200, BIRMINGHAM, MI 48009</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 <u>08/15/2023</u> Name & Address: BRYAN MARCUS 29488 WOODWARD AVE STE. 451 ROYAL OAK, MI 48073	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>BRYAN D MARCUS PC</u> Business Address <u>29488 WOODWARD AVE, STE. 451, ROYAL OAK, MI 48073</u> 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>08/15/2023</u> Name & Address: THEODORE MCGREGOR 38419 WOOSTER ST CLINTON TWP, MI 48036	\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>IOM</u> Employer <u>SELF</u> Business Address <u>38419 WOOSTER ST, CLINTON TWP, MI 48036</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal 2,000.00

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

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

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>08/15/2023</u> Name & Address: ELIAS MUAWAD 7626 ACORN HILL CT WEST BLOOMFIELD TOWNSHIP, MI 48323	\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>24/7 CRIMINAL ATTORNEYS</u> Business Address <u>40700 WOODWARD AVE, STE. 305, BLOOMFIELD HILLS, MI 48304</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>08/15/2023</u> Name & Address: JOHN J PIETRFESA PO BOX 99 BLOOMFIELD HILLS, MI 48303	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PSYCHOLOGIST</u> Employer <u>SELF</u> Business Address <u>74 W LONG LAKE RD, STE. 104, BLOOMFIELD HILLS, MI 48304</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 <u>08/15/2023</u> Name & Address: LAYNE SAKWA 6450 WORLINGTON RD BLOOMFIELD HILLS, MI 48301	\$ <u>1,250.00</u>	\$ <u>1,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>FRIED SAPERSTEIN SAKWA</u> Business Address <u>150 W 2ND ST, STE. 250, ROYAL OAK, MI 48067</u> 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>08/15/2023</u> Name & Address: MELVIN SAPERSTEIN 150 W 2ND ST ROYAL OAK, MI 48067	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>FRIED SAPERSTEIN SAKWA</u> Business Address <u>150 W 2ND ST, ROYAL OAK, MI 48067</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **4,750.00**

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

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

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>08/15/2023</u> Name & Address: LARRY SHERMAN 3387 INDIAN SUMMER DR BLOOMFIELD TWP, MI 48302 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>CITY OF MADISON HEIGHTS</u> Business Address <u>300 W 13 MILE RD, MADISON HEIGHTS, MI 48071</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/15/2023</u> Name & Address: MATTHEW TAVI 56619 SUNSET DRIVE UTICA, MI 48316 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TAVI LAW</u> Business Address <u>630 N OLD WOODWARD AVE, STE. 303, BIRMINGHAM, MI 48009</u> 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>08/15/2023</u> Name & Address: DAVID WASSMAN 751 HAWTHORNE DR BLOOMFIELD HILLS, MI 48304 5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>BASE MEDIA</u> Business Address <u>PO BOX 383, BIRMINGHAM, MI 48012</u> 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>500.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/16/2023</u> Name & Address: NABIH AYAD 24059 FOX HOLLOW RUN HURON TWP, MI 48164 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>AYAD LAW</u> Business Address <u>645 GRISWOLD ST, DETROIT, MI 48226</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>

Page Subtotal **2,000.00**

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

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

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>08/16/2023</u>	
Name & Address: RONNIE J BOJI 255 S OLD WOODWARD AVE STE310 BIRMINGHAM, MI 48009		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>BOJI GROUP</u> Business Address <u>255 S OLD WOODWARD AVE, BIRMINGHAM, MI 48009</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>08/16/2023</u>	
Name & Address: JORDAN BOLTON 844 PILGRIM AVE BIRMINGHAM, MI 48009		\$ <u>180.00</u>	\$ <u>180.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TAFT LAW</u> Business Address <u>27777 NORTHWESTERN HWY, STE. 850, SOUTHFIELD, MI 48034</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 <u>08/16/2023</u>	
Name & Address: ALEXANDER BROWN 39445 SPRINGWATER DR TOWNSHIP OF NORTHVILLE, MI 48168		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ELIA & PONTO</u> Business Address <u>25800 NORTHWESTERN HWY, SOUTHFIELD, MI 48075</u> 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>08/16/2023</u>	
Name & Address: NICHOLAS CAMARGO 530 AUGUSTA DR ROCHESTER HILLS, MI 48309		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>FOSTER SWIFT COLLINS AND SMITH</u> Business Address <u>28411 NORTHWESTERN HWY, STE. 500, SOUTHFIELD, MI 48034</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **1,180.00**

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

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

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>08/16/2023</u>	
Name & Address: ADAM CLEMENTS 615 GRISWOLD ST STE. 400 DETROIT, MI 48226		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>PERKINS LAW GROUP</u> Business Address <u>615 GRISWOLD ST, STE. 400, DETROIT, MI 48226</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>08/16/2023</u>	
Name & Address: LOWELL FRIEDMAN 302 S MAIN ST ROYAL OAK, MI 48067		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>FRIEDMAN LAW FIRM</u> Business Address <u>302 S MAIN ST, ROYAL OAK, MI 48067</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 <u>08/16/2023</u>	
Name & Address: ROBERT HIGBEE 535 GRISWOLD ST STE. 1000 DETROIT, MI 48226		\$ <u>200.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LAW OFFICES OF ROBERT HIGBEE</u> Business Address <u>535 GRISWOLD ST, STE. 1000, DETROIT, MI 48226</u> 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>08/16/2023</u>	
Name & Address: LOYA KASSAB 4699 MC EWEN DR BLOOMFIELD TWP, MI 48302		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SELF</u> Business Address <u>4699 MC EWEN DR, 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			

Page Subtotal 1,200.00

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

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

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>08/16/2023</u> Name & Address: <u>CHRISTOPHER LIN</u> <u>247 TOWNSEND ST</u> <u>BIRMINGHAM, MI 48009</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>NIMO INTERNATIONAL</u> Business Address <u>2590 COOK CREEK DR, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/16/2023</u> Name & Address: <u>RON MACEACHERN</u> <u>3285 WITHERBEE DR</u> <u>TROY, MI 48084</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>GENERAL MANAGER</u> Employer <u>THE SUBURBAN COLLECTION</u> Business Address <u>1795 MAPLELAWN RD, TROY, MI 48084</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/16/2023</u> Name & Address: <u>THOMAS MACHASIC</u> <u>10751 HART AVE</u> <u>HUNTINGTON WOODS, MI 48070</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>10751 HART AVE, HUNTINGTON WOODS, MI 48070</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/16/2023</u> Name & Address: <u>MONTY MARXUS</u> <u>3087 PRIMROSE DR</u> <u>ROCHESTER HILLS, MI 48307</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>VP</u> Employer <u>SERVICELINK</u> Business Address <u>1355 CHERRINGTON PKWY, CORAPOLIS, PA 15108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>

Page Subtotal **1,000.00**

Grand Total of All Schedules 1A
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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

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>08/16/2023</u> Name & Address: MISTI RICE 483 BEDLINGTON DR ROCHESTER HILLS, MI 48307 5. If over \$100.00 cumulative, please provide: Occupation <u>GOVERNMENT AFFAIRS</u> Employer <u>MAGNA</u> Business Address <u>750 TOWER DR, TROY, MI 48098</u> 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 #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/16/2023</u> Name & Address: DIA SHAMMAMI 182 DOURDAN PL BLOOMFIELD HILLS, MI 48304 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/16/2023</u> Name & Address: DOMINIC SHAMMAMI 182 DOURDAN PL BLOOMFIELD HILLS, MI 48304 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/16/2023</u> Name & Address: GEORGE SHAOUNI 7065 TIMBERVIEW TRAIL WEST BLOOMFIELD TOWNSHIP, MI 48322 5. If over \$100.00 cumulative, please provide: Occupation <u>HEALTH CLUB MANAGER</u> Employer <u>POWERHOUSE GYM TROY</u> Business Address <u>2585 LIVERNOIS RD, TROY, MI 48083</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>

Page Subtotal **1,750.00**

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

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

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

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>08/16/2023</u> Name & Address: NEIL STREFLING 2430 CROMIE DR WARREN, MI 48092 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>26153 JOHN R RD, MADISON HEIGHTS, MI 48071</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/17/2023</u> Name & Address: DANA WEEKS 16100 FIVE PTS ST DETROIT, MI 48240 5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE DEVELOPER</u> Employer <u>SELF</u> Business Address <u>16100 FIVE PTS ST, DETROIT, MI 48240</u> 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>500.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/28/2023</u> Name & Address: ROBERT RILEY 129 LINDEN RD BIRMINGHAM, MI 48009 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>HONIGMAN</u> Business Address <u>39400 WOODWARD AVE, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" 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>09/06/2023</u> Name & Address: JOE BARBAT 3320 THREE LAKES LANE WEST BLOOMFIELD, MI 48324 5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>BARBAT MANAGEMENT</u> Business Address <u>7499 MIDDLEBELT RD, WEST BLOOMFIELD TOWNSHIP, MI 48322</u> 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>

Page Subtotal **1,950.00**

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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

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>09/06/2023</u>	
Name & Address: NEISHA CHUDLER 2410 AVONDALE ST W SYLVAN LAKE, MI 48320		\$ <u>15.00</u>	\$ <u>390.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARALEGAL</u> Employer <u>OAKLAND COUNTY PROSECUTOR'S OFFICE</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> 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>09/06/2023</u>	
Name & Address: BRIAN ELIAS 30442 S GREENBRIAR RD FRANKLIN, MI 48025		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENTREPRENEUR</u> Employer <u>SELF</u> Business Address <u>30442 S GREENBRIAR RD, FRANKLIN, MI 48025</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 <u>09/07/2023</u>	
Name & Address: MAYER MORGANROTH 344 N OLD WOODWARD AVE BIRMINGHAM, MI 48009		\$ <u>2,500.00</u>	\$ <u>8,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MORGANROTH & MORGANROTH</u> Business Address <u>344 N OLD WOODWARD AVE, BIRMINGHAM, MI 48009</u> 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>09/08/2023</u>	
Name & Address: DAVID KRAMER 364 W LEWISTON AVE FERNDAL, MI 48220		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE BROKER</u> Employer <u>GEMINI RISK PARTNERS</u> Business Address <u>1000 E GLENGARRY CIR, BLOOMFIELD HILLS, MI 48301</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **4,015.00**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

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>09/10/2023</u> Name & Address: MATT FRAIBERG 1710 ORCHARD LN BLOOMFIELD HILLS, MI 48301	\$ <u>30.00</u>	\$ <u>875.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>FRAIBERG & PERNIE</u> Business Address <u>1000 S OLD WOODWARD AVE, STE. 103, 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 #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/12/2023</u> Name & Address: B. ANDREW RIFKIN 1930 FAIRVIEW ST BIRMINGHAM, MI 48009	\$ <u>750.00</u>	\$ <u>1,750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>BANK RIFKIN</u> Business Address <u>1930 FAIRVIEW ST, BIRMINGHAM, MI 48009</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 <u>09/12/2023</u> Name & Address: DAVID SENAWI 1484 BIRD AVE BIRMINGHAM, MI 48009	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ 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>09/13/2023</u> Name & Address: JOHNSON FRANSO 852 MUER DR TROY, MI 48084	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>HIRMIZ, FRANSO, & ASSOCIATES</u> Business Address <u>33200 DEQUINDRE RD, STERLING HEIGHTS, MI 48310</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **2,030.00**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97181
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/13/2023</u> Name & Address: SHAWN HIRMIZ 3884 MILLSRING RD BLOOMFIELD HILLS, MI 48304	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>HIRMIZ, FRANSO, & ASSOCIATES</u> Business Address <u>33200 DEQUINDRE RD, STE. 202, STERLING HEIGHTS, MI 48310</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>09/13/2023</u> Name & Address: ANDREW ROSEN 1240 NORFOLK ST BIRMINGHAM, MI 48009	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>SELF</u> Business Address <u>1240 NORFOLK ST, BIRMINGHAM, MI 48009</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 <u>09/16/2023</u> Name & Address: JUDITH B ANCELL 37524 BURTON CT FARMINGTON HILLS, MI 48331	\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNSELOR</u> Employer <u>ROBERT B ANCELL & ASSOCIATES</u> Business Address <u>30200 TELEGRAPH RD, BINGHAM FARMS, MI 48025</u> 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>09/18/2023</u> Name & Address: RAY CORRELL 3843 ISLAND PARK DR WATERFORD TWP, MI 48329	\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>31700 W 13 MILE RD, STE. 96, FARMINGTON HILLS, MI 48334</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal 2,000.00

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

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

1. Committee I.D. Number 97181
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/19/2023</u> Name & Address: MATTHEW LESTER 5625 SHADOW LN BLOOMFIELD HILLS, MI 48302	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>PRINCETON MANAGEMENT</u> Business Address <u>26600 TELEGRAPH RD, STE. 200, SOUTHFIELD, MI 48033</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>09/19/2023</u> Name & Address: NARGIZ NESIMOVA 7324 KATRIN DR WEST BLOOMFIELD TOWNSHIP, MI 48322	\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>7324 KATRIN DR, WEST BLOOMFIELD TOWNSHIP, MI 48322</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 <u>09/25/2023</u> Name & Address: ANNE DOYLE 4405 N SQUIRREL RD AUBURN HILLS, MI 48326	\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>AUTHOR</u> Employer <u>SELF</u> Business Address <u>4405 N SQUIRREL RD, AUBURN HILLS, MI 48326</u> 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>09/25/2023</u> Name & Address: RYAN HILLER 733 LUNA CT ORION TWP, MI 48362	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ 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
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97181
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/25/2023</u> Name & Address: BARBARA MORRISON 2709 WINDSOR DR TROY, MI 48085	\$ <u>250.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>OAKLAND COUNTY PROSECUTOR'S OFFICE</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</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>09/26/2023</u> Name & Address: MIKE ACHESON 3305 INTERLAKEN ST WEST BLOOMFIELD TOWNSHIP, MI 48323	\$ <u>1,000.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INVESTOR</u> Employer <u>INTERLAKEN CAPITAL LLC</u> Business Address <u>261 E ROAD, BIRMINGHAM, MI 48009</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 <u>09/26/2023</u> Name & Address: ALLEN ASHOURIAN 503 LEWIS ST BIRMINGHAM, MI 48009	\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>ALLEN ASHOURIAN</u> Business Address <u>503 LEWIS ST, BIRMINGHAM, MI 48009</u> 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>09/26/2023</u> Name & Address: NICK E BACKOS 240 DAINES ST BIRMINGHAM, MI 48009	\$ <u>500.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LUSTIG LAW FIRM</u> Business Address <u>240 DAINES ST, BIRMINGHAM, MI 48009</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal 2,250.00

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

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/26/2023</u> Name & Address: SAMANTHA CHYETTE 619 SHIRLEY RD BIRMINGHAM, MI 48009 5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNICATIONS MANAGER</u> Employer <u>BEDROCK</u> Business Address <u>630 WOODWARD AVE, DETROIT, MI 48226</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/26/2023</u> Name & Address: STEVENS CRAIG 753 SEBAGO LN BLOOMFIELD HILLS, MI 48304 5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SELF</u> Business Address <u>753 SEBAGO LN, BLOOMFIELD HILLS, MI 48304</u> 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>09/26/2023</u> Name & Address: SAM ELIA 27231 CAMBRIDGE LN FARMINGTON HILLS, MI 48331 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ELIA & PONTO</u> Business Address <u>25800 NORTHWESTERN HWY, STE. 850, SOUTHFIELD, MI 48075</u> 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 # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/26/2023</u> Name & Address: ADAM GREENBURG 24301 CATHERINE INDUSTRIAL DR NOVI, MI 48375 5. If over \$100.00 cumulative, please provide: Occupation <u>CFO</u> Employer <u>MEDICAL ALTERNATIVES</u> Business Address <u>24301 CATHERINE INDUSTRIAL DR, NOVI, MI 48375</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>

Page Subtotal 2,500.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/26/2023</u> Name & Address: ROBERT KRAMER 6932 CARRINGTON CIR W WEST BLOOMFIELD TOWNSHIP, MI 48322 5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SELF</u> Business Address <u>6932 CARRINGTON CIR W, WEST BLOOMFIELD TOWNSHIP, MI 48322</u> 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 #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/26/2023</u> Name & Address: RENIS NUSHAJ 168 MELANIE LN TROY, MI 48098 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>168 MELANIE LN, TROY, MI 48098</u> 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>500.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/26/2023</u> Name & Address: BARRY SCHLUSSEL 24770 SUSSEX ST OAK PARK, MI 48237 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>24770 SUSSEX ST, OAK PARK, MI 48237</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/26/2023</u> Name & Address: GREGORY SHEENA 37405 GLENGROVE DR FARMINGTON HILLS, MI 48331 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TICKET FIX PRO, LLC</u> Business Address <u>29500 TELEGRAPH RD, SOUTHFIELD, MI 48034</u> 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>3,030.00</u>

Page Subtotal 2,750.00

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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

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>09/26/2023</u> Name & Address: KIMBERLY STOUT 2109 BORDEAUX ST WEST BLOOMFIELD TOWNSHIP, MI 48323	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>370 E MAPLE RD, 3RD FLOOR, BIRMINGHAM, MI 48009</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>09/26/2023</u> Name & Address: RAGHEED TOMA 34154 W 13 MILE RD FARMINGTON HILLS, MI 48331	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GENERAL MANAGER</u> Employer <u>POKEWORKS</u> Business Address <u>716 W BIG BEAVER RD, TROY, MI 48084</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 <u>09/26/2023</u> Name & Address: BENJAMIN WERBLING 1916 DEVONSHIRE RD BLOOMFIELD TWP, MI 48302	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>1916 DEVONSHIRE RD, 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 # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/03/2023</u> Name & Address: SIDNEY ATKINS 30755 HELMANDALE DR FRANKLIN, MI 48025	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>30755 HELMANDALE DR, FRANKLIN, MI 48025</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **1,000.00**

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

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

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

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>10/03/2023</u>	
Name & Address: ARBEN TAHO 15912 NATHAN DR MACOMB, MI 48044		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE AGENT</u> Employer <u>REMAX</u> Business Address <u>48617 HAYES RD, SHELBY TWP, MI 48315</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>10/03/2023</u>	
Name & Address: EDWARD ZELENAK 711 ST JOHNS BLVD LINCOLN PARK, MI 48146		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>CITY OF LINCOLN PARK</u> Business Address <u>1355 SOUTHFIELD RD, LINCOLN PARK, MI 48146</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 <u>10/07/2023</u>	
Name & Address: NEISHA CHUDLER 2410 AVONDALE ST W SYLVAN LAKE, MI 48320		\$ <u>15.00</u>	\$ <u>405.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARALEGAL</u> Employer <u>OAKLAND COUNTY PROSECUTOR'S OFFICE</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</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>10/10/2023</u>	
Name & Address: MATT FRAIBERG 1710 ORCHARD LN BLOOMFIELD HILLS, MI 48301		\$ <u>30.00</u>	\$ <u>905.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>FRAIBERG & PERNIE</u> Business Address <u>1000 S OLD WOODWARD 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			

Page Subtotal 795.00

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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

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>10/18/2023</u> Name & Address: ANDREW FARBMAN 212 BELVEDERE AVE CHARLEVOIX, MI 49720 5. If over \$100.00 cumulative, please provide: Occupation <u>FARBMAN GROUP</u> Employer <u>CEO</u> Business Address <u>28400 NORTHWESTERN HWY, SOUTHFIELD, MI 48034</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/19/2023</u> Name & Address: CHRISTOPHER CHESNEY 29281 CANAL ST NOVI, MI 48377 5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>THE FARBMAN GROUP</u> Business Address <u>28400 NORTHWESTERN HWY, SOUTHFIELD, MI 48034</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/19/2023</u> Name & Address: DAVID FARBMAN 5648 LANE LAKE RD BLOOMFIELD HILLS, MI 48302 5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>FARBMAN GROUP</u> Business Address <u>28400 NORTHWESTERN HWY, SOUTHFIELD, MI 48034</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/19/2023</u> Name & Address: ANDREW GUTMAN 28400 NORTHWESTERN HWY STE. 400 SOUTHFIELD, MI 48034 5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>FARBMAN GROUP</u> Business Address <u>28400 NORTHWESTERN HWY, STE. 400, SOUTHFIELD, MI 48034</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>2,500.00</u>	\$ <u>2,500.00</u>

Page Subtotal **10,000.00**

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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

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>10/19/2023</u> Name & Address: MICHAEL KALIL 5325 PUTNAM DR WEST BLOOMFIELD TOWNSHIP, MI 48323	\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMERCIAL REAL ESTATE</u> Employer <u>FARBMAN GROUP</u> Business Address <u>28400 NORTHWESTERN HWY, SOUTHFIELD, MI 48034</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>10/19/2023</u> Name & Address: RONALD RODORIGO 8721 MIDDLETON CT GROSSE ILE TOWNSHIP, MI 48138	\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>ENGINEERED COMFORT SYSTEMS</u> Business Address <u>12480 ALLEN RD, TAYLOR, MI 48180</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		
Click Here for Memo Itemization		
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		
Click Here for Memo Itemization		

Page Subtotal **3,000.00**

Grand Total of All Schedules 1A (Complete on last page of Schedule) **73,835.00**

Enter this total on line 3a of Summary Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 97181

CANDIDATE COMMITTEE

2. Committee Name KAREN MCDONALD FOR PROSECUTOR

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: JULES OLSMAN 26341 HENDRIE BLVD HUNTINGTON WOODS, MI 48070 If over \$100.00 cumulative, please provide: Occupation: ATTORNEY Employer Name & Business Address: OLSMAN MACKENZIE 2684 W ELEVEN MILE RD, BERKLEY, MI 48072 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>CATERING FOR EVENT</u> 5. Date Of Receipt: <u>08/08/2023</u> 6. Vendor Name & Address: WESTBORN MARKET 27659 WOODWARD AVE, BERKLEY, MI 48072	\$ <u>150.00</u>	\$ <u>300.00</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: HAROLD FRIED 432 S WASHINGTON AVE #1803 ROYAL OAK, MI 48067 If over \$100.00 cumulative, please provide: Occupation: ATTORNEY Employer Name & Address: FRIED SAPERSTEIN SAKWA PC 150 W 2ND ST, ROYAL OAK, MI 48067 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>FOOD AND BEVERAGE FOR EVENT</u> 5. Date Of Receipt: <u>08/15/2023</u> 6. Vendor Name & Address: TRATTORIA DA LUIGI 415 S WASHINGTON AVE, ROYAL OAK, MI 48067	\$ <u>2,767.07</u>	\$ <u>8,784.14</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: WADE FINK 2109 BORDEAUX ST WEST BLOOMFIELD TOWNSHIP, MI 48323 If over \$100.00 cumulative, please provide: Occupation: ATTORNEY Employer Name & Address: WADE FINK LAW PC 550 W MERRILL ST, BIRMINGHAM, MI 48009 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>STAFFING FOR EVENT</u> 5. Date Of Receipt: <u>09/26/2023</u> 6. Vendor Name & Address: PAPA JOE'S GOURMET MARKET & CATERING 6900 N ROCHESTER RD, ROCHESTER HILLS, MI 48306	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>

Page Subtotal **3,917.07** **10,084.14**

Grand Total of all Schedules 1-IK
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 97181

CANDIDATE COMMITTEE

2. Committee Name KAREN MCDONALD FOR PROSECUTOR

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: JACK KRAMER 32400 ROCK RIDGE LN FARMINGTON HILLS, MI 48334 If over \$100.00 cumulative, please provide: Occupation: ATTORNEY Employer Name & Business Address: JACK J KRAMER, PC 33200 DEQUINDRE RD, STERLING HEIGHTS, MI 48310 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>CATERING FOR EVENT</u> 5. Date Of Receipt: <u>09/26/2023</u> 6. Vendor Name & Address: PAPA JOE'S GOURMET MARKET & CATERING 6900 N ROCHESTER RD, ROCHESTER HILLS, MI 48306	\$ <u>1,600.00</u>	\$ <u>2,600.00</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: FARBMAN GROUP LLC 28400 NORTHWESTERN HWY SOUTHFIELD, MI 48034 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>FOOD FOR EVENT</u> 5. Date Of Receipt: <u>10/18/2023</u> 6. Vendor Name & Address: PANERA BREAD 28681 TELEGRAPH RD, SOUTHFIELD, MI 48034	\$ <u>660.86</u>	\$ <u>660.86</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____	\$ _____

[Click Here for Memo Itemization](#)

Page Subtotal **2,260.86** **3,260.86**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **6,177.93**

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name NGP VAN, INC Address 1445 NEW YORK AVE NW STE. 200 WASHINGTON, DC 20005 <input type="checkbox"/> Fund Raiser	Purpose: <u>DATABASE SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/27/2023</u> Date	\$ <u>960.00</u>
Expenditure #2 Name FLYWHEEL Address 1111 N 13TH ST STE. 208 OMAHA, NE 68102 <input type="checkbox"/> Fund Raiser	Purpose: <u>WEB HOSTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/31/2023</u> Date	\$ <u>30.00</u>
Expenditure #3 Name MAILCHIMP Address 675 PONCE DE LEON AVE NE STE. 5000 ATLANTA, GA 30308 <input type="checkbox"/> Fund Raiser	Purpose: <u>BLAST EMAIL SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/31/2023</u> Date	\$ <u>138.00</u>
Expenditure #4 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 <input type="checkbox"/> Fund Raiser	Purpose: <u>EMAIL SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/02/2023</u> Date	\$ <u>158.40</u>
Expenditure #5 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/03/2023</u> Date	\$ <u>21.50</u>

Subtotal this page **1,307.90**

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

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on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CYCLE STRATEGIES Address 2222 W GRAND RIVER AVE STE. A MERIDIAN TWP, MI 48864 <input type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISING CONSULTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/22/2023</u> Date	<u>\$ 10,500.00</u> Memo Itemization Below
Expenditure #2 Name CYCLE STRATEGIES Address 2222 W GRAND RIVER AVE STE. A MERIDIAN TWP, MI 48864 <input type="checkbox"/> Fund Raiser	Purpose: <u>COFFEE MEETING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/22/2023</u> Date	<u>\$ 20.00</u> Memo Itemization Below
Expenditure #3 Name ZALMAN'S DINNER Address 39475 WOODWARD AVE BLOOMFIELD HILLS, MI 48304 <input type="checkbox"/> Fund Raiser	Purpose: <u>COFFEE MEETING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/22/2023</u> Date	<u>\$ (20.00)</u> (Memo Itemization)
Expenditure #4 Name MAILCHIMP Address 675 PONCE DE LEON AVE NE STE. 5000 ATLANTA, GA 30308 <input type="checkbox"/> Fund Raiser	Purpose: <u>BLAST EMAIL SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/29/2023</u> Date	<u>\$ 138.00</u>
Expenditure #5 Name DETROIT BRANCH NAACP Address 8220 2ND AVE DETROIT, MI 48202 <input type="checkbox"/> Fund Raiser	Purpose: <u>EVENT SPONSORSHIP FREEDOM FUND DINNER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/31/2023</u> Date	<u>\$ 1,500.00</u>

Subtotal this page **12,158.00**
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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FLYWHEEL Address 1111 N 13TH ST STE. 208 OMAHA, NE 68102 <input type="checkbox"/> Fund Raiser	Purpose: <u>WEB HOSTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/31/2023</u> Date	\$ <u>30.00</u>
Expenditure #2 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>ACTBLUE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/05/2023</u> Date	\$ <u>208.88</u>
Expenditure #3 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 <input type="checkbox"/> Fund Raiser	Purpose: <u>EMAIL SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/05/2023</u> Date	\$ <u>158.40</u>
Expenditure #4 Name OAKLAND COUNTY DEMOCRATIC PARTY Address 555 HORACE BROWN DR STE. 202 MADISON HEIGHTS, MI 48071 <input type="checkbox"/> Fund Raiser	Purpose: <u>DONATION-PHIL HART DINNER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/13/2023</u> Date	\$ <u>250.00</u>
Expenditure #5 Name MICHIGAN LIST Address 17750 SHARON VALLEY RD MANCHESTER, MI 48158 <input type="checkbox"/> Fund Raiser	Purpose: <u>DONATION-EVENT TICKET</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/18/2023</u> Date	\$ <u>200.00</u>

Subtotal this page **847.28**
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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CYCLE STRATEGIES Address 2222 W GRAND RIVER AVE STE. A MERIDIAN TWP, MI 48864 <input type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISING CONSULTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/25/2023</u> Date	\$ <u>3,500.00</u>
Expenditure #2 Name MAILCHIMP Address 675 PONCE DE LEON AVE NE STE. 5000 ATLANTA, GA 30308 <input type="checkbox"/> Fund Raiser	Purpose: <u>BLAST EMAIL SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/29/2023</u> Date	\$ <u>138.00</u>
Expenditure #3 Name FLYWHEEL Address 1111 N 13TH ST STE. 208 OMAHA, NE 68102 <input type="checkbox"/> Fund Raiser	Purpose: <u>WEB HOSTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/02/2023</u> Date	\$ <u>30.00</u>
Expenditure #4 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 <input type="checkbox"/> Fund Raiser	Purpose: <u>EMAIL SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/02/2023</u> Date	\$ <u>158.40</u>
Expenditure #5 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/05/2023</u> Date	\$ <u>284.18</u>

Subtotal this page **4,110.58**
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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/11/2023</u> Date	\$ <u>394.38</u>
Expenditure #2 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	\$ _____
Expenditure #3 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	\$ _____
Expenditure #4 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	\$ _____
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 **394.38**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **18,818.14**

Enter this total on line 8a of Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>08/08/2023</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>20</u>	5. Type of Fund Raising Activity <u>FUNDRAISING RECEPTION</u>	6. Address and Name (If any) of the place where the activity was held. <u>PRIVATE HOME</u> <u>26341 HENDRIE BLVD</u> <u>HUNTINGTON WOODS, MI</u> <u>48070</u> <input checked="" type="checkbox"/> Private Residence
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7. Total Contributions 10,088.00

8. Other Receipts 0.00

9. Gross Receipts (Add lines 7 and 8) 10,088.00

10. Total Cost of Event 150.00
(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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>08/15/2023</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>43</u>	5. Type of Fund Raising Activity FUNDRAISING RECEPTION	6. Address and Name (If any) of the place where the activity was held. TRATTORIA DA LUIGI 415 S. WASHINGTON AVE ROYAL OAK, MI 48067 <input type="checkbox"/> Private Residence
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7. Total Contributions 31,180.00

8. Other Receipts 0.00

9. Gross Receipts (Add lines 7 and 8) 31,180.00

10. Total Cost of Event 2,767.07
(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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>09/26/2023</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>50</u>	5. Type of Fund Raising Activity <u>MEET & GREET</u>	6. Address and Name (If any) of the place where the activity was held. <u>555 W MERRILL ST BIRMINGHAM, MI 48009</u> <input type="checkbox"/> Private Residence
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7. Total Contributions 16,250.00

8. Other Receipts 0.00

9. Gross Receipts (Add lines 7 and 8) 16,250.00

10. Total Cost of Event 2,600.00
(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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>10/18/2023</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>20</u>	5. Type of Fund Raising Activity <u>FUNDRAISING RECEPTION</u>	6. Address and Name (If any) of the place where the activity was held. <u>THE FARBMAN GROUP</u> <u>28400 NORTHWESTERN HWY</u> <u>SOUTHFIELD, MI 48034</u> <input type="checkbox"/> Private Residence
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7. Total Contributions 13,000.00

8. Other Receipts 0.00

9. Gross Receipts (Add lines 7 and 8) 13,000.00

10. Total Cost of Event 660.86

(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.