



FILED

25 OCT 2023 PM 02:41

OAKLAND COUNTY CLERK
PONTIAC, MICHIGAN

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**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

97280

2. Committee Name

FRIENDS OF DAVE COULTER

5. Committee's Mailing Address

**PO BOX 201073
FERNDAL, MI 48220**

Area Code and Phone (248) 622-2257
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

4. Candidate Last Name

COULTER

First Name

DAVID

M.I.

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

COUNTY EXECUTIVE, OAKLAND COUNTY

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

6. Treasurer's Name & Residential Address

**DAVID COULTER
555 LEROY ST.
FERNDAL, MI 48220**

Area Code & Phone (248) 568-5049

7. Treasurer's Business Address

**555 LEROY ST.
FERNDAL, MI 48220**

Area Code and Phone (248) 568-5049

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 late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/25/2023

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/25/2023



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 97280

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name FRIENDS OF DAVE COULTER

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>67,096.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>67,096.00</u>	(18.) \$ <u>385,266.00</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>67,096.00</u>	(20.) \$ <u>385,266.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>6,406.42</u>	(21.) \$ <u>8,185.56</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>42,035.22</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>42,035.22</u>	(23.) \$ <u>242,482.54</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>94.44</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>53,420.00</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>280,866.57</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>67,096.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>347,962.57</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>42,035.22</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>305,927.35</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97280
2. Committee Name FRIENDS OF DAVE COULTER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/21/2023</u>	
Name & Address: BRIAN CASTERLINE 32366 VALLEY VIEW CIR FARMINGTON, MI 48336		\$ <u>5.00</u>	\$ <u>160.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>N/A</u> Employer <u>NONE</u> Business Address <u>32366 VALLEY VIEW CIR, FARMINGTON, MI 48336</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2023</u>	
Name & Address: NINA ABRAMS 12959 TALBOT LN HUNTINGTON WOODS, MI 48070		\$ <u>100.00</u>	\$ <u>1,100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>N/A</u> Employer <u>RETIRED</u> Business Address <u>12959 TALBOT LN, HUNTINGTON WOODS, MI 48070</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2023</u>	
Name & Address: CARRIE ACOSTA 4150 WESTOVER DR WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2023</u>	
Name & Address: WILLIAM ASHER 1003 IRVING AVE ROYAL OAK, MI 48067		\$ <u>75.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **190.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/2023</u> Name & Address: JASON BAUER 106 TREGENT ST PONTIAC, MI 48342		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRINTER</u> Employer <u>THE ORIGINAL PRINTE SHOPPE</u> Business Address <u>270 S TELEGRAPH RD, PONTIAC, MI 48341</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/2023</u> Name & Address: GERALDINE BUCKLES 16910 LOCHERBIE AVE BEVERLY HILLS, MI 48025		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/2023</u> Name & Address: ROSE BURKE 1911 CROSSWICK RD BLOOMFIELD HILLS, MI 48301		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/2023</u> Name & Address: SUSAN CAPELL 2477 GARLAND ST SYLVAN LAKE, MI 48320		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **410.00**

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

1. Committee I.D. Number 97280
2. Committee Name FRIENDS OF DAVE COULTER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2023</u>	
Name & Address: ANGELA DIGGS JACKSON 15411 ROSEMARY BLVD OAK PARK, MI 48237		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2023</u>	
Name & Address: SHARON DWORKIN 13348 BORGMAN AVE HUNTINGTON WOODS, MI 48070		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2023</u>	
Name & Address: DANIEL FAROUGH 7815 WINFIELD DR BRIGHTON, MI 48116		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2023</u>	
Name & Address: MIKE FLORES 508 MANATEE AVE HAZEL PARK, MI 48030		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 325.00

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

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/2023</u> Name & Address: MICHELLE FOSTER 535 FLOWERDALE ST FERNDAL, MI 48220		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/2023</u> Name & Address: BELINDA FRIIS 7388 MEADOWRIDGE DR WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/2023</u> Name & Address: DARLA GRANGER 28161 DANVERS DR FARMINGTON HILLS, MI 48334		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/2023</u> Name & Address: JERRY GUTMAN 6764 ENCLAVE WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 250.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2023</u>	
Name & Address: PAUL MASSARON 23245 HUNTERS LN SOUTHFIELD, MI 48033		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2023</u>	
Name & Address: ASHLEY MCGEE 10938 TERRACE RD HOLLY, MI 48442		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2023</u>	
Name & Address: DAVID MEADOR 1 ENERGY PLAZA DETROIT, MI 48226		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>N/A</u> Employer <u>RETIRED</u> Business Address <u>1 ENERGY PLAZA, DETROIT, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2023</u>	
Name & Address: DAVID PARUCH 1624 WOODSBORO DR ROYAL OAK, MI 48067		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 710.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2023</u>	
Name & Address: FRANCIS PINTO 2704 MERCURY CT ORION TWP, MI 48360		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2023</u>	
Name & Address: RONALD RISTAU 7477 GROVELAND RD HOLLY, MI 48442		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2023</u>	
Name & Address: SUSANNE WALDREP 2529 FREEMAN DR ORION TWP, MI 48360		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2023</u>	
Name & Address: BILL WEATHERSTON W CHELTON DR BEVERLY HILLS, MI 48025		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 180.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2023</u>	
Name & Address: CHERYL WILLETTE 21108 MEADOWLARK ST FARMINGTON, MI 48336		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2023</u>	
Name & Address: ROGER ZLOTOFF 280 DAINES ST STE 300 BIRMINGHAM, MI 48009		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>UNIPROP</u> Business Address <u>280 DAINES ST, BIRMINGHAM, MI 48009</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2023</u>	
Name & Address: MICHAEL ROSS 27177 FARMBROOK VILLA DR SOUTHFIELD, MI 48034		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/25/2023</u>	
Name & Address: ALEXANDER ASHKENAZI 2862 HORSESHOE CT AUBURN HILLS, MI 48326		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 370.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/25/2023</u>	
Name & Address: BARBARA TALLEY 15801 PROVIDENCE DR SOUTHFIELD, MI 48075		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2023</u>	
Name & Address: WILLIAM CAHALAN 507 N ALTADENA AVE ROYAL OAK, MI 48067		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2023</u>	
Name & Address: MAXIM COOK 68 W NEW YORK AVE PONTIAC, MI 48340		\$ <u>20.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2023</u>	
Name & Address: CHERYL FEIT 6358 TIMBERWOOD S WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>36.00</u>	\$ <u>136.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>N/A</u> Employer <u>RETIRED</u> Business Address <u>6358 TIMBERWOOD S, WEST BLOOMFIELD TOWNSHIP, MI 48322</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **116.00**

Grand Total of All Schedules 1A
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2023</u> Name & Address: JANICE WHEELOCK 212 POTAWATOMI BLVD ROYAL OAK, MI 48073		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/28/2023</u> Name & Address: RICHARD WILLIAMSON 126 LAFAYETTE AVE NE GRAND RAPIDS, MI 49503		\$ <u>35.00</u>	\$ <u>55.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/29/2023</u> Name & Address: MARK DA LA VERGNE 29 MAPLEFIELD RD PLEASANT RIDGE, MI 48069		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/29/2023</u> Name & Address: NANCY RODDA 6576 CHERRYLAWN AVE CLARKSTON, MI 48346		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 235.00

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

1. Committee I.D. Number 97280
2. Committee Name FRIENDS OF DAVE COULTER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/29/2023</u> Name & Address: RAYMOND ROSENFELD 3249 BRADWAY BLVD BLOOMFIELD HILLS, MI 48301		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/30/2023</u> Name & Address: KENT DOUGLAS 2191 KOHLER ST WATERFORD TWP, MI 48329		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/30/2023</u> Name & Address: JENNIFER POTEAT 4 GEDDES HEIGHTS DR ANN ARBOR, MI 48104		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/01/2023</u> Name & Address: LISA DOBIAS 30940 RUNNYMEDE ST FARMINGTON HILLS, MI 48334		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 205.00

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

1. Committee I.D. Number 97280
2. Committee Name FRIENDS OF DAVE COULTER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/01/2023</u>	
Name & Address: RODERICK GOODWIN 960 EAST PACES FERRY RD NE ATLANTA, GA 30326		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMINISTRATOR</u> Employer <u>US SECURITIES EXCHANGE CMSN</u> Business Address <u>960 EAST PACES FERRY RD NE, ATLANTA, GA 30326</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/01/2023</u>	
Name & Address: ASHLEY MCGEE 10938 TERRACE RD HOLLY, MI 48442		\$ <u>5.00</u>	\$ <u>15.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/02/2023</u>	
Name & Address: MELANIE HARTMAN 191 ERIN CASTLE DR ROCHESTER HILLS, MI 48306		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/02/2023</u>	
Name & Address: ELIZABETH HOWE 31 CAMBRIDGE BLVD PLEASANT RIDGE, MI 48069		\$ <u>1,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>N/A</u> Employer <u>RETIRED</u> Business Address <u>31 CAMBRIDGE BLVD, PLEASANT RIDGE, MI 48069</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,605.00**

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 97280
2. Committee Name FRIENDS OF DAVE COULTER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/02/2023</u>	
Name & Address: SHELDON LARKY 2100 RHINE WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/02/2023</u>	
Name & Address: KERRY PHILLIPS 3789 THORNBERRY CT ROCHESTER HILLS, MI 48309		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>28 N SAGINAW ST, PONTIAC, MI 48342</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/02/2023</u>	
Name & Address: JANET LEKAS 1480 W ROMEO RD LEONARD, MI 48367		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>FULLER OAK MANAGEMENT</u> Business Address <u>1480 W ROMEO RD, LEONARD, MI 48367</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/02/2023</u>	
Name & Address: NICHOLAS LEKAS 1480 W ROMEO RD LEONARD, MI 48367		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>FULLER OAK MANAGEMETN</u> Business Address <u>1480 W ROMEO RD, LEONARD, MI 48367</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 800.00

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 97280
2. Committee Name FRIENDS OF DAVE COULTER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/02/2023</u> Name & Address: PAUL ZLOTOFF 280 DAINES ST BIRMINGHAM, MI 48009		\$ <u>3,825.00</u>	\$ <u>10,975.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHAIRMAN</u> Employer <u>UNIPROP</u> Business Address <u>280 DAINES ST, BIRMINGHAM, MI 48009</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/02/2023</u> Name & Address: MARY TERESE ZLOTOFF 545 HAVERHILL RD BLOOMFIELD HILLS, MI 48304		\$ <u>1,175.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>N/A</u> Employer <u>NONE</u> Business Address <u>545 HAVERHILL RD, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/03/2023</u> Name & Address: DEAN BEVACQUA 161 E IROQUOIS RD PONTIAC, MI 48341		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>AMERICAN NEWSPAPER REPRESENTATIVE</u> Business Address <u>2075 W BIG BEAVER RD, TROY, MI 48084</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/04/2023</u> Name & Address: PATRICIA COONEY 6694 MELLOW WOOD LN WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **5,550.00**

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

1. Committee I.D. Number 97280
2. Committee Name FRIENDS OF DAVE COULTER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/21/2023</u>	
Name & Address: BRIAN CASTERLINE 32366 VALLEY VIEW CIR FARMINGTON, MI 48336		\$ <u>5.00</u>	\$ <u>165.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>N/A</u> Employer <u>NONE</u> Business Address <u>32366 VALLEY VIEW CIR, FARMINGTON, MI 48336</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/23/2023</u>	
Name & Address: ELIZABETH BAUER 725 W BRECKENRIDGE AVE FERNDALE, MI 48220		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>08/23/2023</u>	
Name & Address: CHALDEAN CHAMBER PAC 30095 NORTHWESTERN HWY FARMINGTON HILLS, MI 48334		\$ <u>2,000.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/23/2023</u>	
Name & Address: MICHAEL DIONNE 1244 AVON MANOR RD ROCHESTER HILLS, MI 48307		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 2,140.00

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

1. Committee I.D. Number 97280
2. Committee Name FRIENDS OF DAVE COULTER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/23/2023</u>	
Name & Address: SUSAN GIANNOTTA 32987 HARGROVE CT FARMINGTON HILLS, MI 48334		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/23/2023</u>	
Name & Address: JERRY GUTMAN 6764 ENCLAVE WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/30/2023</u>	
Name & Address: NAT PERNICK 30150 TELEGRAPH RD BINGHAM FARMS, MI 48025		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/09/2023</u>	
Name & Address: MURRAY GORCHOW 5532 ABINGTON RD WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 235.00

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

1. Committee I.D. Number 97280
2. Committee Name FRIENDS OF DAVE COULTER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/13/2023</u>	
Name & Address: ANNA CASSAR 23064 FOX CREEK FARMINGTON HILLS, MI 48335		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/14/2023</u>	
Name & Address: LORI BOYCE 21699 SHEFFIELD DR FARMINGTON HILLS, MI 48335		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/15/2023</u>	
Name & Address: DEBBIE ROSENMANN 4881 OLD POST CT BLOOMFIELD HILLS, MI 48301		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/19/2023</u>	
Name & Address: RUSS RUSSELL 171 BASSETT ST PONTIAC, MI 48341		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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

1. Committee I.D. Number 97280
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/21/2023</u> Name & Address: NANCY BARNETT 662 WATTLES RD BLOOMFIELD HILLS, MI 48304		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/21/2023</u> Name & Address: BRIAN CASTERLINE 32366 VALLEY VIEW CIR FARMINGTON, MI 48336		\$ <u>5.00</u>	\$ <u>170.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>N/A</u> Employer <u>NONE</u> Business Address <u>32366 VALLEY VIEW CIR, FARMINGTON, MI 48336</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/21/2023</u> Name & Address: AMANDA ESQUIVEL 3740 BURNING TREE DR BLOOMFIELD TWP, MI 48302		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/21/2023</u> Name & Address: MARCIA GERSHENSON 1200 N TELEGRAPH PONTIAC, MI 48341		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 205.00

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

1. Committee I.D. Number 97280
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/21/2023</u>	
Name & Address: JULIE GIBBS 864 OAKLAND AVE BIRMINGHAM, MI 48009		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/21/2023</u>	
Name & Address: KERRIN KRAMER 3208 GRAYSON ST FERNDAL, MI 48220		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/21/2023</u>	
Name & Address: SHADIA MARTINI 1717 HERON RIDGE DR BLOOMFIELD TWP, MI 48302		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/21/2023</u>	
Name & Address: ADREINNE YOUNG 1564 PENISTONE ST BIRMINGHAM, MI 48009		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 300.00

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

1. Committee I.D. Number 97280
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/22/2023</u>	
Name & Address: GWEN MARKHAM 45540 VIOLET LN NOVI, MI 48374		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☒ YES	4. Date of Receipt <u>09/22/2023</u>	
Name & Address: MICHIGAN REGIONAL COUNCIL OF CARPENTERS PAC 400 RENAISSANCE CENTER SUITE 1010 DETROIT, MI 48243		\$ <u>2,500.00</u>	\$ <u>12,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/23/2023</u>	
Name & Address: HOWARD BARON 1355 JUNIPER LN BLOOMFIELD TWP, MI 48302		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>N/A</u> Employer <u>RETIRED</u> Business Address <u>1355 JUNIPER LN, BLOOMFIELD TWP, MI 48302</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/23/2023</u>	
Name & Address: ROBYN CANVASSER 3168 MIDDLEBELT RD WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>TEMPLE ISRAEL</u> Business Address <u>5725 WALNUT LAKE RD, WEST BLOOMFIELD TOWNSHIP, MI 48323</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,950.00

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

1. Committee I.D. Number 97280
2. Committee Name FRIENDS OF DAVE COULTER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/24/2023</u>	
Name & Address: LINDA BENDER 1026 PURITAN AVE BIRMINGHAM, MI 48009		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/24/2023</u>	
Name & Address: JEFFREY CAHALAN 2536 3RD ST TRENTON, MI 48183		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MUSICIAN</u> Employer <u>SELF</u> Business Address <u>2536 3RD ST, TRENTON, MI 48183</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/24/2023</u>	
Name & Address: GWEN GORETA 32950 BELLVINE TRAIL BEVERLY HILLS, MI 48025		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/25/2023</u>	
Name & Address: BARBARA ARNETT 46280 W MAIN ST NORTHVILLE, MI 48167		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 300.00

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**

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/25/2023</u> Name & Address: RITA BROWN 1825 E MAPLE RD BIRMINGHAM, MI 48009		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/25/2023</u> Name & Address: BRENDA CARTER 86 W YALE AVE PONTIAC, MI 48340		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/25/2023</u> Name & Address: RENEE CHELIAN 5719 BLOOMFIELD GLENS RD WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>NORTHLAND FAMILY PLANNING CLINIC</u> Business Address <u>35000 FORD RD, WESTLAND, MI 48185</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/25/2023</u> Name & Address: SANDRA RICCARDI 2178 MAHAN ST FERNDAL, MI 48220		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **450.00**

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

1. Committee I.D. Number 97280
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/25/2023</u>	
Name & Address: GAIL WHITTY 165 BALDWIN RD BIRMINGHAM, MI 48009		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>N/A</u> Employer <u>RETIRED</u> Business Address <u>165 BALDWIN RD, BIRMINGHAM, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/25/2023</u>	
Name & Address: NADINE HATTEN 1585 E THIRTEEN MILE RD MADISON HEIGHTS, MI 48071		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2023</u>	
Name & Address: JIM BUSH 2757 WARWICK DR BLOOMFIELD HILLS, MI 48304		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2023</u>	
Name & Address: FRANCIS DAGBOVIE 999 DONMAR CT BIRMINGHAM, MI 48009		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **375.00**

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? ☐ YES	4. Date of Receipt <u>09/26/2023</u>	
Name & Address: MARYANN FONTANA 26080 SALEM RD HUNTINGTON WOODS, MI 48070		\$ <u>250.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>N/A</u> Employer <u>RETIRED</u> Business Address <u>26080 SALEM RD, HUNTINGTON WOODS, MI 48070</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2023</u>	
Name & Address: DANIELLE GILLMAN 767 N GLENGARRY RD BLOOMFIELD TWP, MI 48301		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2023</u>	
Name & Address: MARCIE PAUL 4558 MIDDLETON DR WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2023</u>	
Name & Address: STEVE WOLOCK 31737 ROBINHOOD DR BEVERLY HILLS, MI 48025		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 425.00

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

1. Committee I.D. Number 97280
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/27/2023</u>	
Name & Address: DENNIS ARCHER JR 19240 BURLINGTON DR DETROIT, MI 48203		\$ <u>2,000.00</u>	\$ <u>4,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INVESTOR</u> Employer <u>SELF</u> Business Address <u>31550 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/27/2023</u>	
Name & Address: DEBORAH OLSZEWSKI 1518 WOODSBORO DR ROYAL OAK, MI 48067		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/28/2023</u>	
Name & Address: KAREN BOLSEN 36333 PADDLEFORD RD FARMINGTON HILLS, MI 48331		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/28/2023</u>	
Name & Address: MAUREEN CHRISTENSEN 933 SUFFIELD AVE BIRMINGHAM, MI 48009		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>N/A</u> Employer <u>RETIRED</u> Business Address <u>933 SUFFIELD AVE, BIRMINGHAM, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,350.00

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

1. Committee I.D. Number 97280
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/28/2023</u> Name & Address: GINA MICCINO KELLER 3952 COTTONTAIL LN BLOOMFIELD HILLS, MI 48301		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIGITAL DIRECTOR</u> Employer <u>DISTILL SOCIAL</u> Business Address <u>432 S WASHINGTON AVE, ROYAL OAK, MI 48067</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/28/2023</u> Name & Address: SABRINA MAYHEW 1875 STANLEY BLVD BIRMINGHAM, MI 48009		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/28/2023</u> Name & Address: MELISSA MICHELS 31224 BURTON ST ST CLAIR SHORES, MI 48082		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE AGENT</u> Employer <u>BERKSHIRE HATHAWAY</u> Business Address <u>880 S OLD WOODWARD AVE, BIRMINGHAM, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/28/2023</u> Name & Address: ANDREW SWEET 27165 RITTER BLVD BROWNSTOWN TWP, MI 48134		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 500.00

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

1. Committee I.D. Number 97280
2. Committee Name FRIENDS OF DAVE COULTER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/28/2023</u>	
Name & Address: NICOLE WOLF 4918 GEORGETOWN DR ROCHESTER HILLS, MI 48306		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/28/2023</u>	
Name & Address: DIANE YOUNG 13250 IRVINGTON DR WARREN, MI 48088		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/28/2023</u>	
Name & Address: CHERYL HERRMANN 879 DEER VALLEY RD HOLLY, MI 48442		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/28/2023</u>	
Name & Address: TIM GRIEMEL 151 LAFAYETTE ST PONTIAC, MI 48342		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 250.00

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

1. Committee I.D. Number 97280
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/29/2023</u> Name & Address: GERALDINE BARCLAY 32241 SOUTHFIELD RD BEVERLY HILLS, MI 48025		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/29/2023</u> Name & Address: PATRICIA BATTERSBY 3514 SUTTON PL BLOOMFIELD HILLS, MI 48301		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/29/2023</u> Name & Address: ROSEMARY BAYER 7442 BROOKBERRY CT WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/29/2023</u> Name & Address: PATRICIA CAMPBELL 6659 FIRESIDE CT WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 250.00

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

1. Committee I.D. Number 97280
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/29/2023</u>	
Name & Address: MELANIE HARTMAN 191 ERIN CASTLE DR ROCHESTER HILLS, MI 48306		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CAMPAIGN COORDINATOR</u> Employer <u>FRIENDS OF DAVE COULTER</u> Business Address <u>191 ERIN CASTLE DR, ROCHESTER HILLS, MI 48306</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/29/2023</u>	
Name & Address: GEORGE LOWE 6608 RED CEDAR LN WEST BLOOMFIELD TOWNSHIP, MI 48324		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/29/2023</u>	
Name & Address: MAUREEN MCDONALD 21335 WALLACE DR SOUTHFIELD, MI 48075		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/29/2023</u>	
Name & Address: CLAUDIA SILLS 120 HAWTHORNE ST BIRMINGHAM, MI 48009		\$ <u>1,000.00</u>	\$ <u>3,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INVESTOR</u> Employer <u>FIRST HOLDING MGMT</u> Business Address <u>6960 ORCHARD LAKE RD, WEST BLOOMFIELD TOWNSHIP, MI 48322</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,200.00**

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

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/29/2023</u> Name & Address: CRAIG SINGER 32519 SCOTTSDALE RD FRANKLIN, MI 48025		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>SELF</u> Business Address <u>31000 TELEGRAPH RD, FRANKLIN, MI 48025</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/29/2023</u> Name & Address: JANICE SOBEL 7420 SHERWOOD CREEK CT WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/29/2023</u> Name & Address: RACHEL STEWART 4445 N ATLANTIC BLVD AUBURN HILLS, MI 48326		\$ <u>1,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>GARDNER WHITE</u> Business Address <u>4445 N ATLANTIC BLVD, AUBURN HILLS, MI 48326</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/29/2023</u> Name & Address: RANDOLPH STON 6702 BLUE SPRUCE CT WEST BLOOMFIELD TOWNSHIP, MI 48324		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>N/A</u> Employer <u>RETIRED</u> Business Address <u>6702 BLUE SPRUCE CT, WEST BLOOMFIELD TOWNSHIP, MI 48324</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,300.00

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

1. Committee I.D. Number 97280
2. Committee Name FRIENDS OF DAVE COULTER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/29/2023</u>	
Name & Address: LITA ZEMMOL 21501 W 13 MILE RD BEVERLY HILLS, MI 48025		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/30/2023</u>	
Name & Address: LAY KNOERR 1837 LONG POINTE DR BLOOMFIELD TWP, MI 48302		\$ <u>100.00</u>	\$ <u>680.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>SELF</u> Business Address <u>1837 LONG POINTE DR, BLOOMFIELD TWP, MI 48302</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/02/2023</u>	
Name & Address: LETTY AZAR 39538 MACOMBER ST HARRISON TWP, MI 48045		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNITY AFFAIRS</u> Employer <u>PENSKE</u> Business Address <u>2555 S TELEGRAPH RD, BLOOMFIELD TWP, MI 48302</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/03/2023</u>	
Name & Address: DREW YANKE 867 MADISON ST BIRMINGHAM, MI 48009		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PSYCHOTHERAPIST</u> Employer <u>SELF</u> Business Address <u>867 MADISON ST, BIRMINGHAM, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 575.00

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 97280
2. Committee Name FRIENDS OF DAVE COULTER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/05/2023</u>	
Name & Address: MELANIE HARTMAN 191 ERIN CASTLE DR ROCHESTER HILLS, MI 48306		\$ <u>100.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CAMPAIGN COORDINATOR</u> Employer <u>FRIENDS OF DAVE COULTER</u> Business Address <u>191 ERIN CASTLE DR, ROCHESTER HILLS, MI 48306</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/05/2023</u>	
Name & Address: BRENDEN BELL 514 W BRECKENRIDGE ST FERNDAL, MI 48220		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/05/2023</u>	
Name & Address: COMMITTEE TO ELECT LIZ SIERAWSKI 40426 WILLIAM DR STERLING HEIGHTS, MI 48313		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/05/2023</u>	
Name & Address: PAUL WOJNO FOR STATE SENATE 32025 MARGARET CT WARREN, MI 48093		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 350.00

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

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**ITEMIZED CONTRIBUTIONS
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1. Committee I.D. Number 97280
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/05/2023</u>	
Name & Address: ANDREY DUZYJ 26657 HAVERHILL DR WARREN, MI 48091		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>N/A</u> Employer <u>RETIRED</u> Business Address <u>26657 HAVERHILL DR, WARREN, MI 48091</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/05/2023</u>	
Name & Address: RONNA EARNEST 29256 CHELSEA CROSSING FARMINGTON HILLS, MI 48331		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/05/2023</u>	
Name & Address: TINA GARMO 2004 ROUNDTREE ROCHESTER HILLS, MI 48307		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTANT</u> Employer <u>CITY OF WARREN</u> Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/05/2023</u>	
Name & Address: CHRISTINA HINES 4817 LA CHENE DR WARREN, MI 48092		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WASHTENAW COUNTY</u> Business Address <u>200 NORTH MAIN 3RD FLOOR, ANN ARBOR, MI 48104</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 500.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/05/2023</u>	
Name & Address: MARCUS JACKSON 7985 SADSBUY DR WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/05/2023</u>	
Name & Address: PETER MANIACI 796 LOCHMOOR BLVD GROSSE POINTE WOODS, MI 48236		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCE</u> Employer <u>MERRILL LYNCH</u> Business Address <u>19700 MACK AVE, GROSSE POINTE WOODS, MI 48236</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>10/05/2023</u>	
Name & Address: MICHIGAN BUILDING AND CONSTRUCTION TRADES COUNCIL PAC 435 S WASHINGTON SQUARE LANSING, MI 48933		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/05/2023</u>	
Name & Address: JEFFREY SCHRODER 1592 E LINCOLN ST BIRMINGHAM, MI 48009		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>PLUNKETT COONEY</u> Business Address <u>1592 E LINCOLN ST, BIRMINGHAM, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,050.00**

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/06/2023</u>	
Name & Address: LORI GOLDMAN 2590 KENT RIDGE CT BLOOMFIELD HILLS, MI 48301		\$ <u>1,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>BERKSHIRE HATHAWAY</u> Business Address <u>880 S OLD WOODWARD AVE, BIRMINGHAM, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/09/2023</u>	
Name & Address: CHRIS BROCHERT 38500 WOODWARD AVE BLOOMFIELD HILLS, MI 48304		\$ <u>1,000.00</u>	\$ <u>3,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETAIL OWNER</u> Employer <u>SELF</u> Business Address <u>38500 WOODWARD AVE, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/09/2023</u>	
Name & Address: ROBERT MURRAY 4871 S HILL RD MILFORD TWP, MI 48381		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRIVATE INVESTIGATIONS</u> Employer <u>SUPERIORX INVESTIGATIONS</u> Business Address <u>4871 S HILL RD, MILFORD TWP, MI 48381</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/10/2023</u>	
Name & Address: E POWELL MILLER 950 W UNIVERSITY DR ROCHESTER, MI 48307		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>THE MILLER LAW FIRM PC</u> Business Address <u>950 W UNIVERSITY DR, ROCHESTER, MI 48307</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 4,000.00

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

1. Committee I.D. Number 97280
2. Committee Name FRIENDS OF DAVE COULTER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/10/2023</u>	
Name & Address: LAURENCE TISDALE 26711 NORTHWESTERN HWY SOUTHFIELD, MI 48033		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>LARC PROPERTIES, INC.</u> Business Address <u>26711 NORTHWESTERN HWY, SOUTHFIELD, MI 48033</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/11/2023</u>	
Name & Address: KENNETH NEUMAN 1961 LONG LAKE SHORE DR BLOOMFIELD TWP, MI 48302		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ALTIOR LAW, PC</u> Business Address <u>401 S OLD WOODWARD AVE, BIRMINGHAM, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/12/2023</u>	
Name & Address: SUSAN DIEHL 652 N 4TH AVE ANN ARBOR, MI 48104		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE COACH</u> Employer <u>SELF</u> Business Address <u>652 N 4TH AVE, ANN ARBOR, MI 48104</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/12/2023</u>	
Name & Address: MOSES SHEPHERD 6689 ORCHARD LAKE RD WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>350.00</u>	\$ <u>1,100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>ACE PETROLEUM</u> Business Address <u>6689 ORCHARD LAKE RD, WEST BLOOMFIELD TOWNSHIP, MI 48322</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,850.00

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

1. Committee I.D. Number 97280
2. Committee Name FRIENDS OF DAVE COULTER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/15/2023</u>	
Name & Address: DEAN BERRY 41535 BELDEN CIR NOVI, MI 48377		\$ <u>350.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>NETWORK GROUP SERVICES, INC.</u> Business Address <u>1 TOWNE SQUARE, SOUTHFIELD, MI 48076</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/15/2023</u>	
Name & Address: STEVEN BROWN 4207 OAK ARBOR CT OAKLAND TWP, MI 48306		\$ <u>350.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COURT REPORTER</u> Employer <u>JETTKE ASSOCIATES</u> Business Address <u>309 SOUTHBOUND GRATIOT AVE, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/15/2023</u>	
Name & Address: EMMET DENHA 203 CHARING CROSS CT BLOOMFIELD HILLS, MI 48304		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>THE ALAN GROUP</u> Business Address <u>20033 GREAT OAKS CT, CLINTON TWP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/15/2023</u>	
Name & Address: ROBERT FELDSTEIN 5975 BROOKSTONE CT WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>500.00</u>	\$ <u>1,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>201 W BIG BEAVER RD, TROY, MI 48084</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,700.00

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

1. Committee I.D. Number 97280
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/15/2023</u> Name & Address: NATHAN KADAU 5849 BRAMALEA AVE SE KENTWOOD, MI 49508		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>LCS RECORD RETRIEVAL</u> Business Address <u>3280 N EVERGREEN DR NE, GRAND RAPIDS, MI 49525</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/15/2023</u> Name & Address: RICHARD C KAUFMAN 4165 FOXPOINTE DR WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>350.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER PC</u> Business Address <u>32255 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/15/2023</u> Name & Address: DOV LOKETCH 25940 STRATFORD PL OAK PARK, MI 48237		\$ <u>1,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>STERLING GROUP</u> Business Address <u>333 W FORT ST, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/15/2023</u> Name & Address: MARIA MAKARSKI 54394 BLUE CLOUD DR SHELBY TWP, MI 48315		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **3,450.00**

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/15/2023</u>	
Name & Address: DAVID PROVOST 376 BALDWIN RD BIRMINGHAM, MI 48009		\$ <u>3,000.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>FIRST MICHIGAN BANK</u> Business Address <u>2138 E BIG BEAVER RD, TROY, MI 48083</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/15/2023</u>	
Name & Address: JAI REDDY 1255 STUYVESSANT RD BLOOMFIELD HILLS, MI 48301		\$ <u>1,175.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>JRD SYSTEMS</u> Business Address <u>42450 HAYES RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/15/2023</u>	
Name & Address: PAULINE STAMPER 1375 SCENIC CT BLOOMFIELD TWP, MI 48302		\$ <u>2,000.00</u>	\$ <u>3,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>PRIORITY WASTE</u> Business Address <u>42822 GARFIELD RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/15/2023</u>	
Name & Address: MALIKA TORGOW 14661 LUDLOW ST OAK PARK, MI 48237		\$ <u>2,000.00</u>	\$ <u>4,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer <u>N/A</u> Business Address <u>14661 LUDLOW ST, OAK PARK, MI 48237</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **8,175.00**

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/15/2023</u>	
Name & Address: WADE FINK LAW PC 370 E MAPLE RD BIRMINGHAM, MI 48009		\$ <u>350.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/16/2023</u>	
Name & Address: FRANK TORRE 1450 QUARTON RD BLOOMFIELD HILLS, MI 48304		\$ <u>5,825.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>SIGNAL RESTORATION</u> Business Address <u>255 E BROWN ST, BIRMINGHAM, MI 48009</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/18/2023</u>	
Name & Address: ARTHUR A POST II 19912 W DOYLE PL GROSSE POINTE WOODS, MI 48236		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER PC</u> Business Address <u>32255 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: AUSTIN ARKSEY 1069 BREYMAN HWY TIPTON, MI 49287		\$ <u>1,000.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>NATIONAL TRAILS</u> Business Address <u>11940 MERRIMAN RD, LIVONIA, MI 48150</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 7,375.00

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 97280
2. Committee Name FRIENDS OF DAVE COULTER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: JACK BAKER 4483 ARDMORE DR BLOOMFIELD HILLS, MI 48302		\$ <u>250.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>N/A</u> Employer <u>RETIRED</u> Business Address <u>4483 ARDMORE DR, BLOOMFIELD HILLS, MI 48302</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: MISCHA BOARDMAN 2921 PROVINCIAL DR ANN ARBOR, MI 48104		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SHAREHOLDER</u> Employer <u>ZAC FIRM</u> Business Address <u>31700 MIDDLEBELT RD, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: THERESA BODWIN 954 ALBERTA ST FERNDAL, MI 48220		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER PC</u> Business Address <u>32255 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: MICHAEL L CALDWELL 4221 WARRINGTON DR WIXOM, MI 48393		\$ <u>325.00</u>	\$ <u>325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER KAUFMAN AUGUST & CALDWELL</u> Business Address <u>31700 MIDDLEBELT RD, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,775.00

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 97280
2. Committee Name FRIENDS OF DAVE COULTER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: JOSHUA CHRISTOPHER 317 S DORCHESTER AVE ROYAL OAK, MI 48067		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER PC</u> Business Address <u>32255 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: CHRISTOPHER CLASON 4758 CIDER HILL DR ROCHESTER, MI 48306		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: BRIDGET DEEGAN-KRAUSE 521 W OAKRIDGE ST FERNDAL, MI 48220		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: DANIELLE DEPRIEST 3912 TYLER AVE BERKLEY, MI 48072		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER PC</u> Business Address <u>32255 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 535.00

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

1. Committee I.D. Number 97280
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: CRISTY M DEVOS 500 PARK AVE ROYAL OAK, MI 48067		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER PC</u> Business Address <u>32255 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: STEVEN ESTEY 10132 TENNYSON DR PLYMOUTH, MI 48170		\$ <u>325.00</u>	\$ <u>325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER PC</u> Business Address <u>32255 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: CAMERON GETTO 305 MAPLE ST YPSILANTI, MI 48198		\$ <u>325.00</u>	\$ <u>325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SHAREHOLDER</u> Employer <u>ZAC FIRM</u> Business Address <u>31700 MIDDLEBELT RD, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: JILL GURFINKEL WALNUT WOODS DR WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>350.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FOUNDER</u> Employer <u>SPECIALIZED TALENT SOLUTIONS LLC</u> Business Address <u>4318 WALNUT WOODS DR, WEST BLOOMFIELD TOWNSHIP, MI 48323</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,200.00**

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

1. Committee I.D. Number 97280
2. Committee Name FRIENDS OF DAVE COULTER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: JERRY GUTMAN 6764 ENCLAVE WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>N/A</u> Employer <u>RETIRED</u> Business Address <u>6764 ENCLAVE, WEST BLOOMFIELD TOWNSHIP, MI 48322</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: HEIDI HUDSON 6223 EASTMOOR RD BLOOMFIELD HILLS, MI 48301		\$ <u>325.00</u>	\$ <u>325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SECREST WARDLE LYNCH HAMPTON</u> Business Address <u>31700 MIDDLEBELT RD, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: JANE IACOBELLI 1 BROADCAST WAY CADILLAC, MI 49601		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: DANIEL JEDELL 1451 LOCKMOOR DR TROY, MI 48084		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER PC</u> Business Address <u>32255 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 675.00

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

1. Committee I.D. Number 97280
2. Committee Name FRIENDS OF DAVE COULTER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: CAROLYNN KRAUSE 1640 PARK CREEK CT ROCHESTER HILLS, MI 48309		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT</u> Employer <u>OAKLAND COUNTY</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: JANETTA KSAR 6288 WILDWOOD LN WEST BLOOMFIELD TOWNSHIP, MI 48324		\$ <u>325.00</u>	\$ <u>325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER PC</u> Business Address <u>32255 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: COLIN MACBETH 6779 CRESTWAY DR BLOOMFIELD HILLS, MI 48301		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER PC</u> Business Address <u>32255 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: KRISTINA MACIONSKI 5198 WHISPERING OAK LN WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER PC</u> Business Address <u>32255 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,225.00**

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

1. Committee I.D. Number 97280
2. Committee Name FRIENDS OF DAVE COULTER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: DANIEL MCCARTHY 6794 RETREAT WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER PC</u> Business Address <u>32255 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: BRYAN R PADGETT 48787 PINEBROOK DR SHELBY TWP, MI 48315		\$ <u>325.00</u>	\$ <u>325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER PC</u> Business Address <u>32255 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: DAVID PARUCH 1624 WOODSBORO DR ROYAL OAK, MI 48067		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>525 E BIG BEAVER RD, TROY, MI 48083</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: CINNAMON A PLONKA 19360 STRATHCONA DR DETROIT, MI 48203		\$ <u>1,000.00</u>	\$ <u>1,100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER PC</u> Business Address <u>32255 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,625.00**

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

1. Committee I.D. Number 97280
2. Committee Name FRIENDS OF DAVE COULTER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: SARAH POUNDS 2460 EATON GATE RD ORION TWP, MI 48360		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: MICHAEL E ROSS 27177 FARMBROOK VILLA DR SOUTHFIELD, MI 48034		\$ <u>35.00</u>	\$ <u>70.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: ELIZABETA RUMERY 64078 TURNBERRY WAY WASHINGTON, MI 48095		\$ <u>200.00</u>	\$ <u>235.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER PC</u> Business Address <u>32255 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: NATHAN SCHERBARTH 955 WAKEFIELD ST BIRMINGHAM, MI 48009		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER PC</u> Business Address <u>32255 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 485.00

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

1. Committee I.D. Number 97280
2. Committee Name FRIENDS OF DAVE COULTER

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: KYLE WARWICK 13146 ELGIN AVE HUNTINGTON WOODS, MI 48070		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER PC</u> Business Address <u>32255 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: LAUREN WAWRZYNIAK 16099 BUCKINGHAM AVE BEVERLY HILLS, MI 48025		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER PC</u> Business Address <u>32255 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: NICOLE WRIGHT 16368 SHERWOOD LN TOWNSHIP OF NORTHVILLE, MI 48168		\$ <u>325.00</u>	\$ <u>325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ORTHODONTICS</u> Employer <u>SELF</u> Business Address <u>9416 S MAIN ST, PLYMOUTH, MI 48170</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: MARK ZAUSMER 32255 NORTHWESTERN HWY FARMINGTON HILLS, MI 48334		\$ <u>2,925.00</u>	\$ <u>4,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER PC</u> Business Address <u>32255 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **3,650.00**

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

1. Committee I.D. Number 97280
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/20/2023</u>	
Name & Address: MAXIM COOK 68 W NEW YORK AVE PONTIAC, MI 48340		\$ <u>20.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/20/2023</u>	
Name & Address: PATRICIA COONEY 6694 MELLOW WOOD LN WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>N/A</u> Employer <u>RETIRED</u> Business Address <u>6694 MELLOW WOOD LN, WEST BLOOMFIELD TOWNSHIP, MI 48322</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>10/20/2023</u>	
Name & Address: SHEET METAL WORKERS LOCAL 80 PAC 17100 W 12 MILE RD SOUTHFIELD, MI 48076		\$ <u>280.00</u>	\$ <u>1,280.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/20/2023</u>	
Name & Address: HARPER WEST 155 ARIZONA AVE ROCHESTER HILLS, MI 48309		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **375.00**

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 97280
2. Committee Name FRIENDS OF DAVE COULTER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/20/2023</u>	
Name & Address: DENNIS WHITTIE 1510 CAMDEN ST FERNDAL, MI 48220		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal

100.00

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

67,096.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **97280**

CANDIDATE COMMITTEE

2. Committee Name **FRIENDS OF DAVE COULTER**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: KELLY WOODLEY 6960 ORCHARD LAKE RD WEST BLOOMFIELD TOWNSHIP, MI 48322 If over \$100.00 cumulative, please provide: Occupation: MANAGEMENT Employer Name & Business Address: FIRST HOLDING MANAGEMENT 6960 ORCHARD LAKE RD, WEST BLOOMFIELD TOWNSHIP, MI 48322 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description EVENT EQUIPMENT 5. Date Of Receipt: 09/28/2023 6. Vendor Name & Address: IRON RIDGE HOLDINGS 404 E 10 MILE RD, PLEASANT RIDGE, MI 48069	\$ 4,526.42	\$ 4,526.42
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: LAY KNOERR 1837 LONG POINTE DR BLOOMFIELD TWP, MI 48302 If over \$100.00 cumulative, please provide: Occupation: ENGINEERING CONSULTANT Employer Name & Address: SELF 1837 LONG POINTE DR, BLOOMFIELD TWP, MI 48302 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description FOOD/BEVERAGE SERVICE 5. Date Of Receipt: 09/28/2023 6. Vendor Name & Address: VSPOT COCKTAILS 21911 BLACKSTONE ST, OAK PARK, MI 48237	\$ 580.00	\$ 580.00
Contribution #3 PAC Receipt? ☐ Yes Name & Address: LORI GOLDMAN 2590 KENT RIDGE CT BLOOMFIELD HILLS, MI 48301 If over \$100.00 cumulative, please provide: Occupation: REAL ESTATE Employer Name & Address: BERKSHIRE HATHAWAY 880 S OLD WOODWARD AVE, BIRMINGHAM, MI 48009 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description EVENT FOOD & BEVERAGE 5. Date Of Receipt: 09/28/2023 6. Vendor Name & Address: MARIA'S MEXICAN FOOD 28220 LIBERTY DR, WARREN, MI 48092	\$ 1,000.00	\$ 1,000.00

Page Subtotal **6,106.42** **6,106.42**

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number **97280**

2. Committee Name **FRIENDS OF DAVE COULTER**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: MARK ZAUSMER 32255 NORTHWESTERN HWY FARMINGTON HILLS, MI 48334 If over \$100.00 cumulative, please provide: Occupation: ATTORNEY Employer Name & Business Address: ZAUSMER PC 32255 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description EVENT REFRESHMENTS 5. Date Of Receipt: 10/12/2023 6. Vendor Name & Address: COSTCO 20000 HAGGERTY RD, LIVONIA, MI 48152	\$ 300.00	\$ 1,300.00
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address: Click Here for Memo Itemization	\$	\$
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address: Click Here for Memo Itemization	\$	\$

Page Subtotal

300.00

1,300.00

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

6,406.42

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **97280**
2. Committee Name **FRIENDS OF DAVE COULTER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name GODADDY Address 2150 E WARNER RD TEMPE, AZ 85284 ☐ Fund Raiser	Purpose: WEBSITE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/25/2023 Date	\$ 329.71
Expenditure #2 Name NAME.COM Address 414 14TH ST DENVER, CO 80202 ☐ Fund Raiser	Purpose: WEBSITE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/27/2023 Date	\$ 210.75
Expenditure #3 Name SQUARESPACE Address 8 CLARKSON ST 12TH FL NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: SOFTWARE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/28/2023 Date	\$ 276.00
Expenditure #4 Name PARAGON SOLUTIONS Address 2141 E BROADWAY RD #202 TEMPE, AZ 85282 ☐ Fund Raiser	Purpose: CONTRIBUTION PROCESSING FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/02/2023 Date	\$ 168.34
Expenditure #5 Name ADOBE Address 345 PARK AVENUE, SAN JOSE, CA, USA ☐ Fund Raiser	Purpose: SOFTWARE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/03/2023 Date	\$ 249.99

Subtotal this page

1,234.79

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

1. Committee I. D. Number **97280**
2. Committee Name **FRIENDS OF DAVE COULTER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name NGP VAN Address 1445 NEW YORK AVE NW WASHINGTON, DC 20005 ☐ Fund Raiser	Purpose: SOFTWARE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/03/2023 Date	\$ 350.00
Expenditure #2 Name SQUARESPACE Address 8 CLARKSON ST 12TH FL NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: WEBSITE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/08/2023 Date	\$ 72.00
Expenditure #3 Name VANTIV Address 8500 GOVERNORS HILL DR CINCINNATI, OH 45249 ☐ Fund Raiser	Purpose: CONTRIBUTION PROCESS FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/09/2023 Date	\$ 3.87
Expenditure #4 Name DIGIGEEKS Address 5814 WASHINGTON BLVD ARLINGTON, VA 22205 ☐ Fund Raiser	Purpose: WEBSITE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/18/2023 Date	\$ 5,500.00
Expenditure #5 Name JACOBSENS FLORIST Address 2600 ELIZABETH LAKE RD WATERFORD TWP, MI 48328 ☐ Fund Raiser	Purpose: GIFT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/21/2023 Date	\$ 93.22

Subtotal this page **6,019.09**
Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **97280**
2. Committee Name **FRIENDS OF DAVE COULTER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name COMPLYBLUE LLC Address 120 GRAFTON ST CHEVY CHASE, MD 20815 ☐ Fund Raiser	Purpose: COMPLIANCE CONSULTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/29/2023 Date	\$ 7,000.00
Expenditure #2 Name INTERNAL REVENUE SERVICE Address INTERNAL REVENUE SERVICE OGDEN, UT 84401 ☐ Fund Raiser	Purpose: TAXES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/31/2023 Date	\$ 237.78
Expenditure #3 Name MELANIE HARTMAN Address 191 ERIN CASTLE DR ROCHESTER HILLS, MI 48306 ☐ Fund Raiser	Purpose: WAGES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/31/2023 Date	\$ 952.26
Expenditure #4 Name OAKLAND COUNTY DEMOCRATIC PARTY Address 555 HORACE BROWN DR MADISON HEIGHTS, MI 48071 ☐ Fund Raiser	Purpose: CONTRIBUTION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/31/2023 Date	\$ 2,250.00
Expenditure #5 Name MICHIGAN DEPARTMENT OF TREASURY Address P.O. BOX 30774 LANSING, MI 48929 ☐ Fund Raiser	Purpose: TAXES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/31/2023 Date	\$ 36.79

Subtotal this page **10,476.83**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **97280**
2. Committee Name **FRIENDS OF DAVE COULTER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MICHIGAN UNEMPLOYMENT INSURANCE AGENCY Address PO BOX 169 GRAND RAPIDS, MI 49501 ☐ Fund Raiser	Purpose: TAXES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/31/2023 Date	\$ 30.60
Expenditure #2 Name PARAGON SOLUTIONS Address 2141 E BROADWAY RD #202 TEMPE, AZ 85282 ☐ Fund Raiser	Purpose: CONTRIBUTION PROCESSING FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/04/2023 Date	\$ 93.56
Expenditure #3 Name NGP VAN Address 1445 NEW YORK AVE NW WASHINGTON, DC 20005 ☐ Fund Raiser	Purpose: SOFTWARE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/05/2023 Date	\$ 350.00
Expenditure #4 Name FAROUGH & ASSOCIATES Address 7815 WINFIELD DR BRIGHTON, MI 48116 ☐ Fund Raiser	Purpose: FINANCE CONSULTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/06/2023 Date	\$ 9,000.00
Expenditure #5 Name GUSTO Address 525 20TH ST SAN FRANCISCO, CA 94107 ☐ Fund Raiser	Purpose: SOFTWARE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/06/2023 Date	\$ 52.00

Subtotal this page **9,526.16**

Grand Total of all Schedules 1B
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Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **97280**
2. Committee Name **FRIENDS OF DAVE COULTER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name OAKLAND COUNTY DEMOCRATIC PARTY Address 555 HORACE BROWN DR MADISON HEIGHTS, MI 48071 ☐ Fund Raiser	Purpose: CONTRIBUTION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/07/2023 Date	\$ 1,250.00
Expenditure #2 Name INTERNAL REVENUE SERVICE Address INTERNAL REVENUE SERVICE OGDEN, UT 84401 ☐ Fund Raiser	Purpose: TAXES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/14/2023 Date	\$ 201.29
Expenditure #3 Name MELANIE HARTMAN Address 191 ERIN CASTLE DR ROCHESTER HILLS, MI 48306 ☐ Fund Raiser	Purpose: WAGES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/14/2023 Date	\$ 849.82
Expenditure #4 Name PAUL ZLOTOFF Address 280 DAINES ST BIRMINGHAM, MI 48009 ☐ Fund Raiser	Purpose: REFUND ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/14/2023 Date	\$ 2,650.00
Expenditure #5 Name MICHIGAN DEPARTMENT OF TREASURY Address P.O. BOX 30774 LANSING, MI 48929 ☐ Fund Raiser	Purpose: TAXES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/14/2023 Date	\$ 31.39

Subtotal this page

4,982.50

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

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Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **97280**
2. Committee Name **FRIENDS OF DAVE COULTER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MICHIGAN UNEMPLOYMENT INSURANCE AGENCY Address PO BOX 169 GRAND RAPIDS, MI 49501 ☐ Fund Raiser	Purpose: TAXES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/14/2023 Date	\$ 27.00
Expenditure #2 Name GODADDY Address 2150 E WARNER RD TEMPE, AZ 85284 ☐ Fund Raiser	Purpose: WEBSITE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/20/2023 Date	\$ 97.97
Expenditure #3 Name MELANIE HARTMAN Address 191 ERIN CASTLE DR ROCHESTER HILLS, MI 48306 ☐ Fund Raiser	Purpose: WAGES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/28/2023 Date	\$ 887.52
Expenditure #4 Name MICHIGAN UNEMPLOYMENT INSURANCE AGENCY Address PO BOX 169 GRAND RAPIDS, MI 49501 ☐ Fund Raiser	Purpose: TAXES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/28/2023 Date	\$ 10.48
Expenditure #5 Name MICHIGAN DEPARTMENT OF TREASURY Address P.O. BOX 30774 LANSING, MI 48929 ☐ Fund Raiser	Purpose: TAXES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/28/2023 Date	\$ 33.25

Subtotal this page

1,056.22

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

Enter this total
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **97280**
2. Committee Name **FRIENDS OF DAVE COULTER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name INTERNAL REVENUE SERVICE Address INTERNAL REVENUE SERVICE OGDEN, UT 84401 ☐ Fund Raiser	Purpose: TAXES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/28/2023 Date	\$ 214.21
Expenditure #2 Name PARAGON SOLUTIONS Address 2141 E BROADWAY RD #202 TEMPE, AZ 85282 ☐ Fund Raiser	Purpose: CONTRIBUTION PROCESS FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/02/2023 Date	\$ 432.99
Expenditure #3 Name GUSTO Address 525 20TH ST SAN FRANCISCO, CA 94107 ☐ Fund Raiser	Purpose: SOFTWARE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/03/2023 Date	\$ 46.00
Expenditure #4 Name NGP VAN Address 1445 NEW YORK AVE NW WASHINGTON, DC 20005 ☐ Fund Raiser	Purpose: SOFTWARE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/03/2023 Date	\$ 350.00
Expenditure #5 Name HELLO FLOWERS Address 407 E FORT ST DETROIT, MI 48226 ☐ Fund Raiser	Purpose: GIFT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/06/2023 Date	\$ 106.90

Subtotal this page **1,150.10**
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 **97280**
2. Committee Name **FRIENDS OF DAVE COULTER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name VIVIANO FLOWERS Address 308 S MAIN ST ROCHESTER, MI 48307 ☐ Fund Raiser	Purpose: GIFT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/07/2023 Date	\$ 71.30
Expenditure #2 Name COMPLYBLUE LLC Address 120 GRAFTON ST CHEVY CHASE, MD 20815 ☐ Fund Raiser	Purpose: COMPLIANCE CONSULTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/10/2023 Date	\$ 1,500.00
Expenditure #3 Name FAROUGH & ASSOCIATES Address 7815 WINFIELD DR BRIGHTON, MI 48116 ☐ Fund Raiser	Purpose: FINANCE CONSULTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/10/2023 Date	\$ 4,500.00
Expenditure #4 Name MELANIE HARTMAN Address 191 ERIN CASTLE DR ROCHESTER HILLS, MI 48306 ☐ Fund Raiser	Purpose: WAGES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/12/2023 Date	\$ 849.82
Expenditure #5 Name PAM'S PETALS Address 1208 LUDINGTON ST WYANDOTTE, MI 48192 ☐ Fund Raiser	Purpose: GIFT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/12/2023 Date	\$ 112.00

Subtotal this page **7,033.12**

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 **97280**
2. Committee Name **FRIENDS OF DAVE COULTER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MICHIGAN DEPARTMENT OF TREASURY Address P.O. BOX 30774 LANSING, MI 48929 ☐ Fund Raiser	Purpose: TAXES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/12/2023 Date	\$ 31.39
Expenditure #2 Name INTERNAL REVENUE SERVICE Address INTERNAL REVENUE SERVICE OGDEN, UT 84401 ☐ Fund Raiser	Purpose: TAXES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/12/2023 Date	\$ 165.02
Expenditure #3 Name MICHIGAN UNEMPLOYMENT INSURANCE AGENCY Address PO BOX 169 GRAND RAPIDS, MI 49501 ☐ Fund Raiser	Purpose: TAXES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/12/2023 Date	\$ 10.00
Expenditure #4 Name WADE FINK LAW PC Address 370 E MAPLE RD BIRMINGHAM, MI 48009 ☐ Fund Raiser	Purpose: REFUND ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/16/2023 Date	\$ 350.00
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **556.41**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **42,035.22**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 97280
2. Committee Name FRIENDS OF DAVE COULTER

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: DAVID COULTER 555 LEROY ST FERNDAL, MI 48220	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>11/13/2019</u> 6. <u>Original Amount of Debt:</u> <u>\$ 9,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>9,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? ☐ Yes Owed to or by: DAVID COULTER 555 LEROY ST FERNDAL, MI 48220	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>12/23/2019</u> 6. <u>Original Amount of Debt:</u> <u>\$ 16,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>16,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: DAVID COULTER 555 LEROY ST FERNDAL, MI 48220	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/23/2020</u> 6. <u>Original Amount of Debt:</u> <u>\$ 21,720.00</u>	10/18/20 \$20,000.00 \$ \$ \$ \$	\$ <u>20,000.00</u>	\$ <u>1,720.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				

Page Subtotal (Outstanding debt)

26,720.00

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 97280
2. Committee Name FRIENDS OF DAVE COULTER

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: DAVID COULTER 555 LEROY ST FERNDAL, MI 48220	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>08/26/2020</u> 6. <u>Original Amount of Debt:</u> \$ <u>16,700.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>16,700.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: DAVID COULTER 555 LEROY ST FERNDAL, MI 48220	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>08/27/2020</u> 6. <u>Original Amount of Debt:</u> \$ <u>10,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>10,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

26,700.00

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

53,420.00

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **97280**
2. Committee Name **FRIENDS OF DAVE COULTER**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 09/28/2023	4. Number of Individuals Attending or Participating (whichever is greater) 60	5. Type of Fund Raising Activity RECEPTION	6. Address and Name (If any) of the place where the activity was held. THE BREEZEWAY 660 E 10 MILE RD FERNDAL, MI 48220 ☐ Private Residence
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7. Total Contributions **13,006.42**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **13,006.42**
10. Total Cost of Event **6,106.42**
(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 **97280**
2. Committee Name **FRIENDS OF DAVE COULTER**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 10/05/2023	4. Number of Individuals Attending or Participating (whichever is greater) 15	5. Type of Fund Raising Activity RECEPTION	6. Address and Name (If any) of the place where the activity was held. 5182 CUTTY LN WARREN, MI 48092 ☒ Private Residence
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7. Total Contributions **5,350.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **5,350.00**
10. Total Cost of Event **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 **97280**
2. Committee Name **FRIENDS OF DAVE COULTER**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 10/12/2023	4. Number of Individuals Attending or Participating (whichever is greater) 50	5. Type of Fund Raising Activity RECEPTION	6. Address and Name (If any) of the place where the activity was held. ZAUSMER PC 32255 NORTHWESTERN HWY SUITE 225 ☐ FARMINGTON HILLS, MI 48334 ☐ Private Residence
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7. Total Contributions **29,800.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **29,800.00**
10. Total Cost of Event **300.00**
(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.