



FILED

31 JAN 2024 PM 12:52

OAKLAND COUNTY CLERK
PONTIAC, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

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

3. This Statement covers From: 10/21/2023 to 12/31/2023

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

01/31/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

01/31/2024



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>122,873.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>122,873.00</u>	(18.) \$ <u>508,139.00</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>122,873.00</u>	(20.) \$ <u>508,139.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>7,199.42</u>	(21.) \$ <u>15,384.98</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>26,625.10</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>26,625.10</u>	(23.) \$ <u>269,107.64</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>305,927.35</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>122,873.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>428,800.35</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>26,625.10</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>402,175.25</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>10/21/2023</u>	
Name & Address: BRIAN CASTERLINE 32366 VALLEY VIEW CIR FARMINGTON, MI 48336		\$ <u>5.00</u>	\$ <u>175.00</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>10/25/2023</u>	
Name & Address: FAY BEYDOUN 36248 QUAKERTOWN LN FARMINGTON HILLS, MI 48331		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>GLOBAL LINK</u> Business Address <u>36248 QUAKERTOWN LN, FARMINGTON HILLS, MI 48331</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/26/2023</u>	
Name & Address: DUANE BARBAT 855 HARSDALE RD BLOOMFIELD TWP, MI 48302		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>THE BARBAT ORGANIZATION</u> Business Address <u>33477 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>10/26/2023</u>	
Name & Address: TRACY GROVES 29340 BIRCHCREST WAY FARMINGTON HILLS, MI 48331		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>29340 BIRCHCREST WAY, FARMINGTON HILLS, MI 48331</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **3,505.00**

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>10/26/2023</u>	
Name & Address: JOAN E HENNESSEY 24498 E RIVER RD GROSSE ILE, MI 48138		\$ <u>5,000.00</u>	\$ <u>7,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>HENNESSEY ENGINEERS, INC.</u> Business Address <u>13500 REECK RD, SOUTHGATE, MI 48195</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/26/2023</u>	
Name & Address: MICHAEL A LAYNE 4566 HAWK WOODS DR WEST BLOOMFIELD, MI 48322		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PUBLIC RELATIONS</u> Employer <u>MARY LAYNE</u> Business Address <u>31420 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>10/26/2023</u>	
Name & Address: PETER N MANIACI 796 LOCHMOOR BLVD GROSSE POINTE WOODS, MI 48236		\$ <u>250.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCE</u> Employer <u>SELF</u> Business Address <u>17108 MACK AVE, FL-2, GROSSE POINTE, MI 48230</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/26/2023</u>	
Name & Address: KEVIN MOORE 26250 TENNANT ST DEARBORN HEIGHTS, MI 48127		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>TEAMSTERS LOCAL 299</u> Business Address <u>2741 TRUMBULL ST, DETROIT, MI 48216</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 6,500.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
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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>10/26/2023</u>	
Name & Address: SALVATORE SAPUTO 22300 ORCHARD PL BEVERLY HILLS, MI 48025		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EVP INSURANCE SALES</u> Employer <u>MEADOWBROOK INSURANCE AGENCY</u> Business Address <u>26255 AMERICAN DR, SOUTHFIELD, MI 48034</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/26/2023</u>	
Name & Address: JEFFREY SCHRODER 1592 E LINCOLN ST BIRMINGHAM, MI 48009		\$ <u>1,000.00</u>	\$ <u>1,600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>PLUNKETT COONEY</u> Business Address <u>38505 WOODWARD AVE, STE 100, 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>11/07/2023</u>	
Name & Address: AHMED BOOMROD 1 GOLFCREST CT DEARBORN, MI 48124		\$ <u>1,000.00</u>	\$ <u>3,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE CHAIRMAN</u> Employer <u>GDI SERVICES</u> Business Address <u>24300 SOUTHFIELD RD, SOUTHFIELD, MI 48075</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/07/2023</u>	
Name & Address: HORACE SHEFFIELD III 18054 WARRINGTON DR DETROIT, MI 48221		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMINISTRATOR</u> Employer <u>DETROIT ASSN OF BLACK ORGANIZATIONS</u> Business Address <u>12048 GRAND RIVER AVE, DETROIT, MI 48204</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 3,500.00

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3. Contribution # 1	PAC Receipt? ☒ YES	4. Date of Receipt <u>11/13/2023</u>	
Name & Address: RED AND BLUE PAC 718 BERKSHIRE RD GROSSE POINTE PARK, MI 48230		\$ <u>500.00</u>	\$ <u>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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/15/2023</u>	
Name & Address: MICHELLE CLEGG 687 LIVERNOIS 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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/15/2023</u>	
Name & Address: GAYLE ERGAS 28349 S HARWICH DR FARMINGTON HILLS, MI 48334		\$ <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>11/15/2023</u>	
Name & Address: CHERYL FEIT 6358 TIMBERWOOD S WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>35.00</u>	\$ <u>171.00</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 660.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/15/2023</u>	
Name & Address: HERSCHEL FINMAN 23610 GARDNER ST OAK PARK, MI 48237		\$ <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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/15/2023</u>	
Name & Address: DAVID KATZ 18876 LATHERS ST LIVONIA, MI 48152		\$ <u>1,000.00</u>	\$ <u>4,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SVP</u> Employer <u>DMC</u> Business Address <u>3663 WOODWARD AVE, DETROIT, MI 48201</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/15/2023</u>	
Name & Address: DENICE LEVASSEUR 3280 LAKEVIEW DR HIGHLAND, MI 48356		\$ <u>250.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LEVASSEUR & DEFRANK P.C.</u> Business Address <u>24725 W 12 MILE RD, SOUTHFIELD, MI 48034</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/15/2023</u>	
Name & Address: EMILY MELLITS 64607 LIMERICK LN WASHINGTON TOWNSHIP, MI 48095		\$ <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

1,300.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/15/2023</u>	
Name & Address: MARY SCHUSTERBAUER 2634 HYLAND ST 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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/15/2023</u>	
Name & Address: JEREMY STESLICKI 1775 SWANN ST NW WASHINGTON, DC 20009		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LOBBYIST</u> Employer <u>SMI, INC.</u> Business Address <u>50 CONSTITUTION AVE NE, APT 202, WASHINGTON, DC 20510</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/15/2023</u>	
Name & Address: RIFINO VALENTINE 965 WANDA ST FERNDALE, MI 48220		\$ <u>500.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>VALENTINE DISTILLING CO.</u> Business Address <u>965 WANDA ST, FERNDALE, MI 48220</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/16/2023</u>	
Name & Address: FRANCIS PINTO 2704 MERCURY CT LAKE ORION, MI 48360		\$ <u>20.00</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			

Page Subtotal 870.00

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>11/17/2023</u>	
Name & Address: MAXIM COOK 68 W NEW YORK AVE PONTIAC, MI 48340		\$ <u>30.00</u>	\$ <u>90.00</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>11/17/2023</u>	
Name & Address: PETER KARMANOS JR 4740 DOW RIDGE RD ORCHARD LAKE, MI 48324		\$ <u>8,100.00</u>	\$ <u>8,100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHAIRMAN</u> Employer <u>MADDOG TECHNOLOGY</u> Business Address <u>233 PIERCE 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>11/17/2023</u>	
Name & Address: DANIALLE KARMANOS 4740 DOW RIDGE RD ORCHARD LAKE, MI 48324		\$ <u>8,100.00</u>	\$ <u>8,100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FOUNDER</u> Employer <u>DANIALLE KARMANOS' WORK IT OUT</u> Business Address <u>1 CAMPUS MARTIUS, 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>11/17/2023</u>	
Name & Address: CRAIG SPANGLER 3953 COTTONTAIL LN BLOOMFIELD HILLS, MI 48301		\$ <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 **16,330.00**

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/23/2023</u>	
Name & Address: IRENITA GOEDERT 821 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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/24/2023</u>	
Name & Address: BRIAN CASTERLINE 32366 VALLEY VIEW CIR FARMINGTON, MI 48336		\$ <u>5.00</u>	\$ <u>180.00</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>11/29/2023</u>	
Name & Address: SABIN BLAKE 280 W MAPLEHURST AVE 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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/29/2023</u>	
Name & Address: GRACE CAI 992 DOWLING RD BLOOMFIELD HILLS, MI 48304		\$ <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
(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>11/29/2023</u>	
Name & Address: BETTY CHU 492 VINEWOOD AVE BIRMINGHAM, MI 48009		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HEALTHCARE EXECUTIVE</u> Employer <u>ADVOCATE HEALTH</u> Business Address <u>6777 W MAPLE RD, 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>11/29/2023</u>	
Name & Address: EDWARD GORCZYK 44304 PENTWATER DR CLINTON TWP, MI 48038		\$ <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>11/29/2023</u>	
Name & Address: CAROLYNN KRAUSE 1640 PARK CREEK CT ROCHESTER HILLS, MI 48309		\$ <u>10.00</u>	\$ <u>1,010.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT</u> Employer <u>OAKLAND COUNTY</u> Business Address <u>1200 N TELEGRAPH RD, PONTIAC, MI 48341</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/29/2023</u>	
Name & Address: DAVID PARUCH 1624 WOODSBORO DR ROYAL OAK, MI 48067		\$ <u>100.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>IMMIGRATION JUDGE</u> Employer <u>USDOJ-EOIR</u> Business Address <u>525 E BIG BEAVER RD, STE 205, TROY, MI 48083</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 460.00

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>11/30/2023</u>	
Name & Address: MITCHELL KLEIN 31285 RAMBLE RD FRANKLIN, MI 48025		\$ <u>200.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>31285 RAMBLE 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>12/01/2023</u>	
Name & Address: DANNIS MITCHELL 26918 W 12 MILE RD SOUTHFIELD, MI 48034		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>BARTON MALOW</u> Business Address <u>26500 AMERICAN DR, SOUTHFIELD, MI 48034</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/02/2023</u>	
Name & Address: JIM HUTTENLOCHER 52660 TUSCANY GRV SHELBY TOWNSHIP, MI 48315		\$ <u>1,000.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE</u> Employer <u>THE HUTTENLOCHER GROUP/ACRIS</u> Business Address <u>1007 W HURON ST, WATERFORD, MI 48328</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/03/2023</u>	
Name & Address: KENNETH THEIS 6535 S AIRPORT RD SAINT JOHNS, MI 48879		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INFORMATION TECHNOLOGY</u> Employer <u>DELTA DENTAL</u> Business Address <u>4100 OKEMOS RD, OKEMOS, MI 48864</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 10,525.00

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>12/06/2023</u>	
Name & Address: MELANIE HARTMAN 191 ERIN CASTLE DR ROCHESTER HILLS, MI 48306		\$ <u>100.00</u>	\$ <u>400.00</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>12/06/2023</u>	
Name & Address: PLUMBERS LOCAL 98 STATE PAC FUND 700 TOWER DR SUITE 300 TROY, MI 48098		\$ <u>1,000.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/06/2023</u>	
Name & Address: JAMES B NICHOLSON 10900 HARPER AVE DETROIT, MI 48213		\$ <u>7,325.00</u>	\$ <u>7,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>PVS CHEMICALS</u> Business Address <u>10900 HARPER AVE, DETROIT, MI 48213</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/06/2023</u>	
Name & Address: JOHN SIER 1713 FORESTDALE CT 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 **8,525.00**

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>12/07/2023</u>	
Name & Address: JEFF EISENSHTADT 4871 N HARSDALE RD BLOOMFIELD TWP, MI 48302		\$ <u>1,800.00</u>	\$ <u>1,800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>AMROCK HOLDINGS</u> Business Address <u>1450 W LONG LAKE RD, SUITE 400, TROY, MI 48098</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/08/2023</u>	
Name & Address: HENRY GRIX 2600 W BIG BEAVER RD SUITE 300 TROY, MI 48084		\$ <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>2600 W BIG BEAVER RD, SUITE 300, TROY, MI 48084</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/09/2023</u>	
Name & Address: JOHN KERR 3330 BURNING BUSH RD BLOOMFIELD HILLS, MI 48301		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>DENSO INTERNATIONAL AMERICA</u> Business Address <u>24777 DENSO DR, SOUTHFIELD, MI 48033</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/09/2023</u>	
Name & Address: SEAN OWENS 16291 W 14 MILE RD BEVERLY HILLS, MI 48025		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE AGENT</u> Employer <u>TODD ENTERPRISES LLC</u> Business Address <u>19 N SAGINAW ST, PONTIAC, MI 48342</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 3,550.00

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>12/11/2023</u>	
Name & Address: GABRIEL RODRIGUEZ-GARRIGA 3922 NORWAY PINE DR DEWITT, MI 48820		\$ <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>12/12/2023</u>	
Name & Address: JERRY ATTIA 2880 WOODBINE DR WATERFORD TWP, MI 48328		\$ <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>12/12/2023</u>	
Name & Address: JOSEPH BUNTING 2640 ROXIE DR BLOOMFIELD HILLS, MI 48304		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>2640 ROXIE DR, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/12/2023</u>	
Name & Address: MAURA CAMPBELL 124 MERRIWEATHER RD GROSSE POINTE FARMS, MI 48236		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE DIRECTOR</u> Employer <u>MISEPS</u> Business Address <u>15415 E JEFFERSON AVE, GROSSE POINTE PARK, MI 48230</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 600.00

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>12/12/2023</u>	
Name & Address: RICHARD CARPENTER 5050 IKRAM OAKS LN JACKSON, MI 49201		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTANT</u> Employer <u>REHMANN</u> Business Address <u>1500 W BIG BEAVER RD, TROY, MI 48084</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/12/2023</u>	
Name & Address: CHRISTOPHER CLASON 4758 CIDER HILL DR ROCHESTER, MI 48306		\$ <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>12/12/2023</u>	
Name & Address: MAXIM COOK 68 W NEW YORK AVE PONTIAC, MI 48340		\$ <u>20.00</u>	\$ <u>110.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MICROBIOLOGIST</u> Employer <u>ST. JOE'S OAKLAND</u> Business Address <u>44405 WOODWARD AVE, PONTIAC, MI 48341</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/12/2023</u>	
Name & Address: LOUISA DI LORENZO 1393 FAIRFAX ST BIRMINGHAM, MI 48009		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>SOMERSET OPHTHALMOLOGY PC</u> Business Address <u>2877 CROOKS RD, TROY, MI 48084</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 805.00

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>12/12/2023</u>	
Name & Address: LISA DOBIAS 30940 RUNNYMEDE ST FARMINGTON HILLS, MI 48334		\$ <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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/12/2023</u>	
Name & Address: LAURA DODD 2253 WIXOM TRAIL MILFORD TWP, MI 48381		\$ <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>12/12/2023</u>	
Name & Address: JIM ELLISON 1309 MOHAWK AVE 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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/12/2023</u>	
Name & Address: RONALD HALL 210 DEVON RD BLOOMFIELD TWP, MI 48302		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>BRIDGEWATER INTERIORS</u> Business Address <u>4817 W FORT ST, DETROIT, MI 48209</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **685.00**

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>12/12/2023</u>	
Name & Address: MARCUS JACKSON 7858 SADSBUURY DR WEST BLOOMFIELD, MI 48322		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENERGY CONSULTANT</u> Employer <u>SELF</u> Business Address <u>7985 SADSBUURY DR, WEST BLOOMFIELD, MI 48322</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/12/2023</u>	
Name & Address: HON. GILDA JACOBS 8353 HENDRIE BLVD HUNTINGTON WOODS, MI 48070		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>8353 HENDRIE BLVD, 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>12/12/2023</u>	
Name & Address: PETER N MANIACI 796 LOCHMOOR BLVD GROSSE POINTE WOODS, MI 48236		\$ <u>150.00</u>	\$ <u>550.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCE</u> Employer <u>SELF</u> Business Address <u>17108 MACK AVE, FL-2, GROSSE POINTE, MI 48230</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/12/2023</u>	
Name & Address: NAT PERNICK 30150 TELEGRAPH RD STE 119 BINGHAM FARMS, MI 48025		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PATHOLOGIST</u> Employer <u>PATHOLOGYOUTLINES.COM, INC.</u> Business Address <u>30150 TELEGRAPH RD, STE 119, BINGHAM FARMS, MI 48025</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 600.00

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>12/12/2023</u>	
Name & Address: JACK PETROSKEY 4041 DUKESHIRE HWY ROYAL OAK, MI 48073		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>FANUC AMERICA CORPORATION</u> Business Address <u>3900 W HAMLIN RD, ROCHESTER, MI 48309</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/12/2023</u>	
Name & Address: DOMINIC RUSSO 864 FOREST AVE BIRMINGHAM, MI 48009		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRODUCE DISTRIBUTION</u> Employer <u>ROCKY PRODUCE</u> Business Address <u>7201 W FORT ST, DETROIT, MI 48209</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/12/2023</u>	
Name & Address: SALIM SESSINE 6051 COCHISE DR WEST BLOOMFIELD, MI 48322		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>MA ENGINEERING</u> Business Address <u>180 HIGH OAK RD, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/12/2023</u>	
Name & Address: BARBARA SPIECE 186 HICKORY LN WATERFORD, MI 48327		\$ <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 **1,785.00**

Grand Total of All Schedules 1A
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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>12/12/2023</u>	
Name & Address: MARCUS WALTON 3201 S DUCK LAKE RD HIGHLAND, MI 48356		\$ <u>5.00</u>	\$ <u>5.00</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>12/12/2023</u>	
Name & Address: HELAINE M ZACK 8320 HENDRIE BLVD HUNTINGTON WOODS, MI 48070		\$ <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>12/14/2023</u>	
Name & Address: DALE VIGLIAROLO 664 LAPRAIRIE ST FERNDAL, MI 48220		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ROOFING/CONSTRUCTION</u> Employer <u>LAKEPOINTE CONSTRUCTIONS, INC.</u> Business Address <u>664 LAPRAIRIE ST, FERNDAL, MI 48220</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/15/2023</u>	
Name & Address: MONICA HUNT 1302 W 13 MILE RD ROYAL OAK, MI 48073		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>THE ALLEN LAW GROUP</u> Business Address <u>3031 W GRAND BLVD, STE 525, DETROIT, MI 48202</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 505.00

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/16/2023</u>	
Name & Address: MERRI BUSCH 25608 DEI ST MADISON HEIGHTS, MI 48071		\$ <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>12/16/2023</u>	
Name & Address: DIANA E MCBROOM 2806 CAMBRIDGE AVE DETROIT, MI 48221		\$ <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>12/16/2023</u>	
Name & Address: BARBARA SPIECE 186 HICKORY LN WATERFORD, MI 48327		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/18/2023</u>	
Name & Address: FLOYD ALLEN 28578 RIVER CREST DR SOUTHFIELD, MI 48034		\$ <u>500.00</u>	\$ <u>4,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ALG</u> Business Address <u>3011 W GRAND BLVD, DETROIT, MI 48202</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 670.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
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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>12/18/2023</u>	
Name & Address: PIERRE BOUTROS 879 LAKE PARK DR BIRMINGHAM, MI 48009		\$ <u>500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHARMACIST</u> Employer <u>ONECARE LTC</u> Business Address <u>1945 HEIDE ST, TROY, MI 48084</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/18/2023</u>	
Name & Address: JOSEPH BROWN 33717 WOODWARD AVE #144 BIRMINGHAM, MI 48009		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ARCHITECTURE</u> Employer <u>BROWNE DESIGN CONSULTANTS LLC</u> Business Address <u>33717 WOODWARD AVE, #144, 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>12/18/2023</u>	
Name & Address: HENRY COONEY 20392 RONSDALE 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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/18/2023</u>	
Name & Address: NANETTE CORTESE 30200 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			

Page Subtotal 1,200.00

Grand Total of All Schedules 1A
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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>12/18/2023</u> Name & Address: DETROIT REGIONAL CHAMBER PAC 1 WOODWARD AVE SUITE 1900 DETROIT, MI 48226 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
3. Contribution #2 PAC Receipt? ☒ YES 4. Date of Receipt <u>12/18/2023</u> Name & Address: MICHIGAN REGIONAL COUNCIL OF CARPENTERS PAC 400 RENAISSANCE CENTER SUITE 1010 DETROIT, MI 48243 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>2,500.00</u>	\$ <u>15,000.00</u>
3. Contribution # 3 PAC Receipt? ☒ YES 4. Date of Receipt <u>12/18/2023</u> Name & Address: LEWIS & MUNDAY PC PAC 535 GRISWOLD ST DETROIT, MI 48226 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
3. Contribution # 4 PAC Receipt? ☒ YES 4. Date of Receipt <u>12/18/2023</u> Name & Address: PLUNKETT & COONEY PAC 38505 WOODWARD AVE SUITE 2000 BLOOMFIELD HILLS, MI 48304 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>500.00</u>	\$ <u>500.00</u>

Page Subtotal 5,000.00

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>12/18/2023</u>	
Name & Address: RITA MARGHERIO 4633 TWIN FAWN LN ORCHARD LAKE, MI 48324		\$ <u>7,000.00</u>	\$ <u>7,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NONE</u> Employer <u>N/A</u> Business Address <u>4633 TWIN FAWN LN, ORCHARD LAKE, MI 48324</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/18/2023</u>	
Name & Address: RITA MARGHERIO 4633 TWIN FAWN LN ORCHARD LAKE, MI 48324		\$ <u>7,000.00</u>	\$ <u>14,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NONE</u> Employer <u>N/A</u> Business Address <u>4633 TWIN FAWN LN, ORCHARD LAKE, MI 48324</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/18/2023</u>	
Name & Address: JIM NEWMAN 31134 HARMONY LN FARMINGTON HILLS, MI 48331		\$ <u>18.00</u>	\$ <u>18.00</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>12/18/2023</u>	
Name & Address: STEVEN POTTER 2907 ADDISON CIR S ROCHESTER, MI 48306		\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>2701 CAMBRIDGE CT, STE 223, AUBURN HILLS, MI 48326</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 16,518.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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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>12/18/2023</u>	
Name & Address: SHARALYN SANGSTER 34060 JEFFERSON AVE SAINT CLAIR SHORES, MI 48082		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>N/A</u> Employer <u>N/A</u> Business Address <u>34060 JEFFERSON AVE, SAINT CLAIR SHORES, MI 48082</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/19/2023</u>	
Name & Address: MIRANDA BOULAHANIS 35 W GRAND RIVER AVE DETROIT, MI 48226		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>CLARK HILL PLC</u> Business Address <u>500 WOODWARD AVE, DETROIT, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/19/2023</u>	
Name & Address: MARK BREWER 17000 W 10 MILE RD SOUTHFIELD, MI 48075		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>GOODMAN ACKER</u> Business Address <u>17000 W 10 MILE RD, SOUTHFIELD, MI 48075</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/19/2023</u>	
Name & Address: JENNIFER MCMANUS 26398 DUNDEE RD HUNTINGTON WOODS, MI 48070		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>FAGAN MCMANUA</u> Business Address <u>26398 DUNDEE RD, HUNTINGTON WOODS, MI 48070</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,500.00**

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

1. Committee I.D. Number 97280
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>12/19/2023</u> Name & Address: CHRISTOPHER M TREBILCOCK 205 HENDRIE BLVD ROYAL OAK, MI 48067		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>CLARK HILL</u> Business Address <u>205 HENDRIE BLVD, 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>12/19/2023</u> Name & Address: STEVEN VITALE PO BOX 806212 SAINT CLAIR SHORES, MI 48080		\$ <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>12/19/2023</u> Name & Address: HARPER WEST 155 ARIZONA AVE ROCHESTER, MI 48309		\$ <u>50.00</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>12/19/2023</u> Name & Address: DAVE WOODWARD 1200 N TELEGRAPH RD PONTIAC, MI 48341		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNTY COMMISSIONERS</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			

Page Subtotal **1,585.00**

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>12/20/2023</u>	
Name & Address: ALICE AUDIE-FIGUEROA 25502 PARKWOOD DR HUNTINGTON WOODS, MI 48070		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ECONOMIST</u> Employer <u>HERE2THERE LLC</u> Business Address <u>25502 PARKWOOD DR, 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>12/21/2023</u>	
Name & Address: AECOM PAC 2000 K ST NW WASHINGTON, DC 20006		\$ <u>1,000.00</u>	\$ <u>2,000.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/21/2023</u>	
Name & Address: JAMES BLANCHARD 22326 VALLEY OAKS DR BEVERLY HILLS, MI 48025		\$ <u>2,500.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>DLA PIPER</u> Business Address <u>1200 19TH ST NW, WASHINGTON, DC 20036</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☒ YES	4. Date of Receipt <u>12/21/2023</u>	
Name & Address: CHALDEAN CHAMBER PAC 30095 NORTHWESTERN HWY FARMINGTON HILLS, MI 48334		\$ <u>1,000.00</u>	\$ <u>6,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 4,750.00

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

1. Committee I.D. Number 97280
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>12/21/2023</u> Name & Address: BARRY GOODMAN 28854 HERNDONWOOD DR FARMINGTON HILLS, MI 48334		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>GOODMAN ACKER</u> Business Address <u>17000 W 10 MILE RD, SOUTHFIELD, MI 48075</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>12/21/2023</u> Name & Address: MELANIE HARTMAN 191 ERIN CASTLE DR ROCHESTER HILLS, MI 48306		\$ <u>100.00</u>	\$ <u>500.00</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 # 3 PAC Receipt? ☒ YES 4. Date of Receipt <u>12/21/2023</u> Name & Address: JAFFE, RAITT, HEUER & WEISS P.C. STATE PAC 27777 FRANKLIN RD SUITE 2500 SOUTHFIELD, MI 48034		\$ <u>250.00</u>	\$ <u>250.00</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>12/21/2023</u> Name & Address: MICHIGAN REGIONAL COUNCIL OF CARPENTERS PAC 400 RENAISSANCE CENTER SUITE 1010 DETROIT, MI 48243		\$ <u>10,000.00</u>	\$ <u>25,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 10,600.00

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>12/21/2023</u>	
Name & Address: ROCK HOLDINGS STATE PAC 101 S WASHINGTON SQUARE LANSING, MI 48933		\$ <u>2,500.00</u>	\$ <u>8,500.00</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 #2	PAC Receipt? ☒ YES	4. Date of Receipt <u>12/21/2023</u>	
Name & Address: UNITED WHOLESALE MORTGAGE STATE PAC 585 S BLVD E PONTIAC, MI 48341		\$ <u>2,500.00</u>	\$ <u>2,500.00</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>12/26/2023</u>	
Name & Address: BRIAN CASTERLINE 32366 VALLEY VIEW CIR FARMINGTON, MI 48336		\$ <u>5.00</u>	\$ <u>185.00</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 # 4	PAC Receipt? ☒ YES	4. Date of Receipt <u>12/27/2023</u>	
Name & Address: REGISTRARS PAC LOCAL 58 IBEW 1358 ABBOTT ST DETROIT, MI 48216		\$ <u>1,000.00</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			

Page Subtotal 6,005.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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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>12/29/2023</u> Name & Address: MARK ALHERMIZI 556 W FRANK ST BIRMINGHAM, MI 48009		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FOUNDER</u> Employer <u>IZI VENTURES LLC</u> Business Address <u>320 MARTIN ST, SUITE 140, 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>12/29/2023</u> Name & Address: DONNA CLANCY-TAUER 8276 ASHWOOD WAY CITY OF THE VILLAGE OF CLARKSTON, MI 48346		\$ <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>12/29/2023</u> Name & Address: COMCAST CORP & NBC UNIVERSAL PAC 1701 JOHN F KENNEDY BLVD PHILADELPHIA, PA 19103		\$ <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>12/29/2023</u> Name & Address: JEANNE DENEWETH 121 EDMUND AVE 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			

Page Subtotal **8,895.00**

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>12/29/2023</u>	
Name & Address: CHERYL FEIT 6358 TIMBERWOOD S WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>35.00</u>	\$ <u>206.00</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			
3. Contribution #2	PAC Receipt? ☒ YES	4. Date of Receipt <u>12/29/2023</u>	
Name & Address: UNITED FOOD & COMMERCIAL WORKERS 1775 K ST NW WASHINGTON, DC 20006		\$ <u>5,000.00</u>	\$ <u>9,000.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/29/2023</u>	
Name & Address: ELAINE HIGDEN 30091 FAIRFAX ST SOUTHFIELD, MI 48076		\$ <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>12/29/2023</u>	
Name & Address: ANNE KABEL 426 W WOODLAND ST FERNDAL, MI 48220		\$ <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 5,080.00

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>12/29/2023</u>	
Name & Address: RUDOLPH SERRA 1705 WORDSWORTH ST FERNDAL, MI 48220		\$ <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>12/30/2023</u>	
Name & Address: DENNIS GLOTZHOBER 417 STEEPLE CHASE CT 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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/30/2023</u>	
Name & Address: MARGO R LESSER 862 EDMONT RUN BLOOMFIELD HILLS, MI 48304		\$ <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>12/31/2023</u>	
Name & Address: ELLEN KNOPPOW 1526 W WEBSTER RD 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			

Page Subtotal 160.00

Grand Total of All Schedules 1A
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122,873.00

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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: MARIAM AWADA 1340 FAIRFAX ST BIRMINGHAM, MI 48009 If over \$100.00 cumulative, please provide: Occupation: PHYSICIAN Employer Name & Business Address: MICHIGAN COSMETIC SURGERY 29110 INKSTER RD #250, SOUTHFIELD, MI 48034 ☒ 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: 10/26/2023 6. Vendor Name & Address: NINO SALVAGGIOS 6592 TELEGRAPH RD, BLOOMFIELD HILLS, MI 48301	\$ 2,500.00	\$ 2,500.00
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: RENEE AXT 3821 CRESTLAKE DR BLOOMFIELD HILLS, MI 48304 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: SELF 407 E FORT ST, DETROIT, MI 48226 ☐ 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 MEETING EXPENSE 5. Date Of Receipt: 11/03/2023 6. Vendor Name & Address: DETROIT ATHLETIC CLUB 241 MADISON ST, DETROIT, MI 48226	\$ 550.00	\$ 550.00
Contribution #3 PAC Receipt? ☐ Yes Name & Address: TIM WARD 515 N GLENHURST DR BIRMINGHAM, MI 48009 If over \$100.00 cumulative, please provide: Occupation: CONSULTANT Employer Name & Address: MICHIGAN LEGISLATIVE CONSULTANTS 110 W MICHIGAN AVE, LANSING, MI 48933 ☒ 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 ENTERTAINMENT 5. Date Of Receipt: 12/12/2023 6. Vendor Name & Address: II-V-I ORCHESTRA 1920 PACKARD ST, ANN ARBOR, MI 48104	\$ 600.00	\$ 600.00

Page Subtotal **3,650.00** **3,650.00**

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

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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: JEFFREY ABOOD 174 CATALPA DR BIRMINGHAM, MI 48009 If over \$100.00 cumulative, please provide: Occupation: SELF Employer Name & Business Address: ATTORNEY 470 N 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 VENUE, REFRESHMENTS 5. Date Of Receipt: 12/12/2023 6. Vendor Name & Address: ALIAS CATERING 27167 GREENFIELD RD, SOUTHFIELD, MI 48076	\$ 2,449.42	\$ 2,449.42
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: JEFFREY ABOOD 174 CATALPA DR BIRMINGHAM, MI 48009 If over \$100.00 cumulative, please provide: Occupation: SELF Employer Name & Address: ATTORNEY 470 N 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 PARKING 5. Date Of Receipt: 12/12/2023 6. Vendor Name & Address: INHOUSE VALET 4258 STONELEIGH RD, BLOOMFIELD TWP, MI 48302	\$ 600.00	\$ 3,049.42
Contribution #3 PAC Receipt? ☐ Yes Name & Address: CHRISTOPHER M TREBILCOCK 205 HENDRIE BLVD ROYAL OAK, MI 48067 If over \$100.00 cumulative, please provide: Occupation: ATTORNEY Employer Name & Address: CLARK HILL 500 WOODWARD AVE, DETROIT, MI 48226 ☒ 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 VENUE, FOOD & BEVERAGE 5. Date Of Receipt: 12/19/2023 6. Vendor Name & Address: CAFE MUSE 418 S WASHINGTON AVE, ROYAL OAK, MI 48067	\$ 500.00	\$ 1,500.00

Page Subtotal **3,549.42** **4,549.42**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **7,199.42**

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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 CAROLYNN KRAUSE Address 1640 PARK CREEK CT ROCHESTER HILLS, MI 48309 ☐ Fund Raiser	Purpose: POSTAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/25/2023 Date	\$ 181.82
Expenditure #2 Name THE ORIGINAL PRINTE SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: PRINTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/25/2023 Date	\$ 382.66
Expenditure #3 Name JOSHUA CHRISTOPHER Address 317 S DORCHESTER AVE ROYAL OAK, MI 48067 ☐ Fund Raiser	Purpose: REFUND ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/25/2023 Date	\$ 200.00
Expenditure #4 Name SOUTHFIELD LATHRUP DEMOCRATIC CLUB Address PO BOX 3532 SOUTHFIELD, MI 48034 ☐ Fund Raiser	Purpose: CONTRIBUTION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/27/2023 Date	\$ 500.00
Expenditure #5 Name CITIZENS BANK Address 23011 WOODWARD AVE FERNDAL, MI 48220 ☐ Fund Raiser	Purpose: BANKING FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/30/2023 Date	\$ 20.00

Subtotal this page **1,284.48**

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 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	10/30/2023 Date	\$ 201.29
Expenditure #2 Name MELANIE HARTMAN Address 191 ERIN CASTLE DR ROCHESTER HILLS, MI 48306 ☐ Fund Raiser	Purpose: OFFICE SUPPLIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/30/2023 Date	\$ 10.39
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	10/30/2023 Date	\$ 849.82
Expenditure #4 Name MI 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	10/30/2023 Date	\$ 10.00
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	10/30/2023 Date	\$ 31.39

Subtotal this page

1,102.89

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 GUSTO Address 525 20TH ST SF, CA 94107 ☐ Fund Raiser	Purpose: SOFTWARE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/02/2023 Date	\$ 58.00
Expenditure #2 Name BLUMZ Address 522 E 9 MILE RD FERNDAL, MI 48220 ☐ Fund Raiser	Purpose: GIFT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/03/2023 Date	\$ 95.39
Expenditure #3 Name NGP VAN Address 1445 NEW YORK AVE NW SUITE 200 WASHINGTON, DC 20005 ☐ Fund Raiser	Purpose: SOFTWARE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/03/2023 Date	\$ 350.00
Expenditure #4 Name CITIZENS BANK Address 23011 WOODWARD AVENUE, FERNDAL, MI, USA MT VERNON, VA 22309 ☐ Fund Raiser	Purpose: BANKING FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/06/2023 Date	\$ 35.00
Expenditure #5 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	11/08/2023 Date	\$ 1,500.00

Subtotal this page **2,038.39**

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 FAROUGH & ASSOCIATES Address 7815 WINFIELD DR BRIGHTON, MI 48116 ☐ Fund Raiser	Purpose: <u>FINANCE & MANAGEMENT CONSULTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/09/2023</u> Date	\$ <u>4,500.00</u>
Expenditure #2 Name PARAGON SOLUTIONS Address 2141 E BROADWAY RD #202 TEMPE, AZ 85282 ☐ Fund Raiser	Purpose: <u>CONTRIBUTION PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/10/2023</u> Date	\$ <u>833.95</u>
Expenditure #3 Name DETROIT ATHLETIC CLUB Address 241 MADISON ST DETROIT, MI 48226 ☐ Fund Raiser	Purpose: <u>VENUE, FOOD & BEVERAGE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/13/2023</u> Date	\$ <u>1,015.90</u>
Expenditure #4 Name INTERNAL REVENUE SERVICE Address INTERNAL REVENUE SERVICE OGDEN, UT 84401 ☐ Fund Raiser	Purpose: <u>TAXES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/15/2023</u> Date	\$ <u>201.29</u>
Expenditure #5 Name MELANIE HARTMAN Address 191 ERIN CASTLE DR ROCHESTER HILLS, MI 48306 ☐ Fund Raiser	Purpose: <u>WAGES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/15/2023</u> Date	\$ <u>849.82</u>

Subtotal this page **7,400.96**

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 MI 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	11/15/2023 Date	\$ 10.00
Expenditure #2 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	11/15/2023 Date	\$ 31.39
Expenditure #3 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: CONTRIBUTION PROCESSING FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/24/2023 Date	\$ 0.42
Expenditure #4 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	11/28/2023 Date	\$ 200.20
Expenditure #5 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	11/28/2023 Date	\$ 849.82

Subtotal this page **1,091.83**
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 MI 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	11/28/2023 Date	\$ 10.00
Expenditure #2 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	11/28/2023 Date	\$ 31.39
Expenditure #3 Name GUSTO Address 525 20TH ST SF, CA 94107 ☐ Fund Raiser	Purpose: SOFTWARE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	12/04/2023 Date	\$ 58.00
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	12/04/2023 Date	\$ 350.00
Expenditure #5 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	12/04/2023 Date	\$ 240.44

Subtotal this page

689.83

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	12/06/2023 Date	\$ 1,500.00
Expenditure #2 Name HILARIE CHAMBERS Address 35 NORWICH ROAD, PLEASANT RIDGE, MI, USA ☐ Fund Raiser	Purpose: POSTAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	12/06/2023 Date	\$ 132.00
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	12/11/2023 Date	\$ 1.80
Expenditure #4 Name FAROUGH & ASSOCIATES Address 7815 WINFIELD DR BRIGHTON, MI 48116 ☐ Fund Raiser	Purpose: FINANCE & MANAGEMENT CONSULTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	12/14/2023 Date	\$ 4,500.00
Expenditure #5 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	12/15/2023 Date	\$ 195.29

Subtotal this page **6,329.09**

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 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	12/15/2023 Date	\$ 849.82
Expenditure #2 Name MI 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	12/15/2023 Date	\$ 10.00
Expenditure #3 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	12/15/2023 Date	\$ 31.39
Expenditure #4 Name FLOWERS BY RENEE Address 6914 SCHAEFER RD DEARBORN, MI 48126 ☐ Fund Raiser	Purpose: GIFT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	12/22/2023 Date	\$ 121.00
Expenditure #5 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: CONTRIBUTION PROCESSING FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	12/26/2023 Date	\$ 0.42

Subtotal this page

1,012.63

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 RITA MARGHERIO Address 4633 TWIN FAWN LN WEST BLOOMFIELD TOWNSHIP, MI 48324 ☐ Fund Raiser	Purpose: REFUND ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	12/28/2023 Date	\$ 5,675.00
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
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 **5,675.00**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **26,625.10**

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 \$ <u>20,000.00</u> \$ \$ \$ \$	\$ <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 10/26/2023	4. Number of Individuals Attending or Participating (whichever is greater) 20	5. Type of Fund Raising Activity RECEPTION	6. Address and Name (If any) of the place where the activity was held. 1340 FAIRFAX ST BIRMINGHAM, MI 48009 ☒ Private Residence
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7. Total Contributions **14,250.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **14,250.00**
10. Total Cost of Event **2,500.00**
(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 12/12/2023	4. Number of Individuals Attending or Participating (whichever is greater) 30	5. Type of Fund Raising Activity RECEPTION	6. Address and Name (If any) of the place where the activity was held. ABOOD LAW 470 N OLD WOODWARD AVE BIRMINGHAM, MI 48009 ☐ Private Residence
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7. Total Contributions **17,849.42**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **17,849.42**
10. Total Cost of Event **4,049.42**
(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 12/19/2023	4. Number of Individuals Attending or Participating (whichever is greater) 20	5. Type of Fund Raising Activity RECEPTION	6. Address and Name (If any) of the place where the activity was held. CAFE MUSE 418 S WASHINGTON AVE ROYAL OAK, MI 48067 ☐ Private Residence
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7. Total Contributions **10,250.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **10,250.00**
10. Total Cost of Event **500.00**
(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.