



FILED

26 JUL 2024 PM 04:08

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: 01/01/2024 to 07/21/2024

1. Committee I.D. Number

**98286**

2. Committee Name

**SCOTT FARIDA FOR PROSECUTOR**

4. Candidate Last Name

**FARIDA**

First Name

**SCOTT**

M.I.

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

**COUNTY PROSECUTOR, OAKLAND COUNTY**

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

5. Committee's Mailing Address

**344 ROCKWELL AVE.  
STE 207  
PONTIAC, MI 48341**

Area Code and Phone (248) 592-7639  
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

**DANIEL WHOLIHAN  
PO BOX 1182  
BRIGHTON, MI 48116**

Area Code & Phone (517) 896-9992

7. Treasurer's Business Address

**PO BOX 1182  
BRIGHTON, MI 48116**

Area Code and Phone (517) 896-9992

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

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

- ☐ July Quarterly  
☐ October Quarterly

9c. ☐ Annual Statement ( )  
Coverage Year

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

Date of Election, Convention or Caucus

08/06/2024

**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

07/26/2024

Candidate

Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

07/26/2024



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 98286

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name SCOTT FARIDA FOR PROSECUTOR

| RECEIPTS                                                                                        | Column I<br>This Period        | Column II<br>Cumulative this election cycle |
|-------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------|
| 3. Contributions                                                                                |                                |                                             |
| a. Itemized (Schedule 1A - Column 6)                                                            | (3a.) \$ <u>62,918.00</u>      |                                             |
| b. Unitemized (less than \$20.01 each - no Schedule)                                            | (3b.) \$ <u>NOT APPLICABLE</u> |                                             |
| c. Subtotal of "Contributions"                                                                  | (3c.) \$ <u>62,918.00</u>      | (18.) \$ <u>62,918.00</u>                   |
| 4. Other Receipts (Schedule 1A -1, Column 6)                                                    | (4.) \$ <u>0.00</u>            | (19.) \$ <u>0.00</u>                        |
| <b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b><br>(Add Line 3c + Line 4)                      | (5.) \$ <u>62,918.00</u>       | (20.) \$ <u>62,918.00</u>                   |
| <b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>                                                 |                                |                                             |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7)                                              | (6.) \$ <u>12,946.14</u>       | (21.) \$ <u>14,028.22</u>                   |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6)                                              | (7.) \$ <u>0.00</u>            | (22.) \$ <u>0.00</u>                        |
| <b>EXPENDITURES</b>                                                                             |                                |                                             |
| 8. Expenditures                                                                                 |                                |                                             |
| a. Itemized (Schedule 1B, Column 6)                                                             | (8a.) \$ <u>6,191.60</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>           |                                             |
| <b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)                                  | (9.) \$ <u>6,191.60</u>        | (23.) \$ <u>11,627.24</u>                   |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Officeholders Only)                                 |                                |                                             |
| 10. Disbursements                                                                               |                                |                                             |
| a. Itemized (Schedule 1C, Column 6)                                                             | (10a.) \$ <u>0.00</u>          |                                             |
| b. Unitemized (less than \$50.01 each - no Schedule)                                            | (10b.) \$ <u>0.00</u>          |                                             |
| <b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Add Line 10a + Line 10b)                  | (11.) \$ <u>0.00</u>           | (24.) \$ <u>0.00</u>                        |
| <b>DEBTS AND OBLIGATIONS</b>                                                                    |                                |                                             |
| 12. Debts and Obligations                                                                       |                                |                                             |
| a. Owed <b>by</b> the Committee (Schedule 1E)                                                   | (12a.) \$ <u>0.00</u>          |                                             |
| b. Owed <b>to</b> the Committee (Schedule 1E)                                                   | (12b.) \$ <u>0.00</u>          |                                             |
| <b>BALANCE STATEMENT</b>                                                                        |                                |                                             |
| 13. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.) | (13.) \$ <u>76,169.36</u>      |                                             |
| 14. Amount received during reporting period<br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ <u>62,918.00</u>    |                                             |
| 15. SUBTOTAL Add lines 13 and 14                                                                | (15.) = \$ <u>139,087.36</u>   |                                             |
| 16. Amount expended during reporting period<br>(Add lines 9 and 11)                             | (16.) - \$ <u>6,191.60</u>     |                                             |
| 17. ENDING BALANCE<br>(Subtract line 16 from line 15)                                           | (17.) \$ <u>132,895.76</u> *   |                                             |



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98286  
2. Committee Name SCOTT FARIDA FOR PROSECUTOR

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>03/08/2024</u> |                                                                                 |
| Name & Address:<br><b>LINDA SZECHOWYCZ</b><br><b>23471 HILLVIEW CT</b><br><b>FARMINGTON, MI 48335</b>                                                                                                                                                                                 |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer <u>RETIRED</u><br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser   |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>03/09/2024</u> |                                                                                 |
| Name & Address:<br><b>DAVID KOZIARA</b><br><b>21354 PARKLANE ST</b><br><b>FARMINGTON HILLS, MI 48335</b>                                                                                                                                                                              |                                           | \$ <u>50.00</u>                      | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>03/18/2024</u> |                                                                                 |
| Name & Address:<br><b>LINDA HOLLOWAY</b><br><b>7155 ELDERWOOD CIR</b><br><b>CLARKSTON VLG, MI 48346</b>                                                                                                                                                                               |                                           | \$ <u>50.00</u>                      | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>04/04/2024</u> |                                                                                 |
| Name & Address:<br><b>NANCY BORLAND</b><br><b>3023 HERON POINTE DR</b><br><b>BLOOMFIELD HILLS, MI 48302</b>                                                                                                                                                                           |                                           | \$ <u>1,000.00</u>                   | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer <u>RETIRED</u><br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser   |                                           |                                      |                                                                                 |

Page Subtotal **1,200.00**

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 98286  
2. Committee Name SCOTT FARIDA FOR PROSECUTOR

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                                        |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                                                                          | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>04/05/2024</u> |                                                                                 |
| Name & Address:<br><b>LISA KUCZERA</b><br><b>5198 GLENWOOD CREEK</b><br><b>CLARKSTON VLG, MI 48348</b>                                                                                                                                                                                                                                       |                                           | \$ <u>50.00</u>                      | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                            |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                           | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>04/17/2024</u> |                                                                                 |
| Name & Address:<br><b>THOMAS O'CONNOR</b><br><b>3395 SHIMMONS RD</b><br><b>AUBURN HILLS, MI 48326</b>                                                                                                                                                                                                                                        |                                           | \$ <u>75.00</u>                      | \$ <u>75.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                            |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                          | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>04/20/2024</u> |                                                                                 |
| Name & Address:<br><b>WENDY ACHO</b><br><b>7328 SILVER LEAF LN</b><br><b>WEST BLOOMFIELD TOWNSHIP, MI 48322</b>                                                                                                                                                                                                                              |                                           | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>REAL ESTATE</u> Employer <u>NAI FARBMAN</u><br>Business Address <u>31700 MIDDLEBELT RD, FARMINGTON HILLS, MI 48334</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                          | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/2024</u> |                                                                                 |
| Name & Address:<br><b>ARKAN SESE</b><br><b>27259 HYSTONE DR</b><br><b>FARMINGTON HILLS, MI 48334</b>                                                                                                                                                                                                                                         |                                           | \$ <u>150.00</u>                     | \$ <u>150.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer <u>RETIRED</u><br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                          |                                           |                                      |                                                                                 |

Page Subtotal 775.00

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 98286  
2. Committee Name SCOTT FARIDA FOR PROSECUTOR

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                                             |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                                                                               | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/05/2024</u> |                                                                                 |
| Name & Address:<br><b>PAUL KASSA</b><br><b>8160 FLAGSTAFF ST</b><br><b>COMMERCE TWP, MI 48382</b>                                                                                                                                                                                                                                                 |                                           | \$ <u>1,000.00</u>                   | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>OWNER</u> Employer <u>HEARTLAND MARKETPLACE</u><br>Business Address <u>33250 W 12 MILE RD, FARMINGTON HILLS, MI 48334</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser   |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/11/2024</u> |                                                                                 |
| Name & Address:<br><b>RENEE DICICCO</b><br><b>630 DEERFIELD CT</b><br><b>ROCHESTER HILLS, MI 48309</b>                                                                                                                                                                                                                                            |                                           | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>SR ENERGY MANAGEMENT</u> Employer <u>FCA</u><br>Business Address <u>1000 CHRYSLER DR, AUBURN HILLS, MI 48326</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser            |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                               | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/13/2024</u> |                                                                                 |
| Name & Address:<br><b>LISA KUCZERA</b><br><b>5198 GLENWOOD CREEK</b><br><b>CLARKSTON VLG, MI 48348</b>                                                                                                                                                                                                                                            |                                           | \$ <u>50.00</u>                      | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer <u>RETIRED</u><br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                               |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                               | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/15/2024</u> |                                                                                 |
| Name & Address:<br><b>PHILLIP KASSA</b><br><b>7540 MILLWOOD RD</b><br><b>WEST BLOOMFIELD TOWNSHIP, MI 48322</b>                                                                                                                                                                                                                                   |                                           | \$ <u>1,000.00</u>                   | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>MANAGER</u> Employer <u>HEARTLAND MARKETPLACE</u><br>Business Address <u>33250 W 12 MILE RD, FARMINGTON HILLS, MI 48334</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |

Page Subtotal 2,550.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98286  
2. Committee Name SCOTT FARIDA FOR PROSECUTOR

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                                                     |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                                                                                       | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/15/2024</u> |                                                                                 |
| Name & Address:<br><b>SAAD ABBO</b><br>2350 WALNUT LAKE RD<br>WEST BLOOMFIELD TOWNSHIP, MI 48323                                                                                                                                                                                                                                                          |                                           | \$ <u>2,000.00</u>                   | \$ <u>2,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                        | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/15/2024</u> |                                                                                 |
| Name & Address:<br><b>LAUREN DADISHO</b><br>1249 LOON RIDGE<br>COMMERCE TWP, MI 48390                                                                                                                                                                                                                                                                     |                                           | \$ <u>200.00</u>                     | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>AUDIOLOGIST</u> Employer <u>HENRY FORD HEALTH</u><br>Business Address <u>6530 FARMINGTON RD, WEST BLOOMFIELD TOWNSHIP, MI 48322</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                                       | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/15/2024</u> |                                                                                 |
| Name & Address:<br><b>ATHIR AMMORI</b><br>248 E GUNN RD<br>ROCHESTER, MI 48306                                                                                                                                                                                                                                                                            |                                           | \$ <u>3,000.00</u>                   | \$ <u>3,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                                       | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/15/2024</u> |                                                                                 |
| Name & Address:<br><b>MICHELLE SAHR</b><br>1500 N CROOKS RD<br>CLAWSON, MI 48017                                                                                                                                                                                                                                                                          |                                           | \$ <u>1,000.00</u>                   | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>OWNER</u> Employer <u>OFF THE WAGON</u><br>Business Address <u>1500 N CROOKS RD, CLAWSON, MI 48017</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                              |                                           |                                      |                                                                                 |

Page Subtotal **6,200.00**

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 98286  
2. Committee Name SCOTT FARIDA FOR PROSECUTOR

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                                             |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                                                                               | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/15/2024</u> |                                                                                 |
| Name & Address:<br><b>AYSON SHAMMAMI</b><br><b>4679 FORESTVIEW DR</b><br><b>WEST BLOOMFIELD TOWNSHIP, MI 48322</b>                                                                                                                                                                                                                                |                                           | \$ <u>1,000.00</u>                   | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>REAL ESTATE SALESMAN</u> Employer <u>ENCORE</u><br>Business Address <u>6755 DALY RD, WEST BLOOMFIELD TOWNSHIP, MI 48322</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/20/2024</u> |                                                                                 |
| Name & Address:<br><b>MARK SHAMOUN</b><br><b>48260 FRANK ST</b><br><b>WIXOM, MI 48393</b>                                                                                                                                                                                                                                                         |                                           | \$ <u>250.00</u>                     | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>OWNER</u> Employer <u>S2 CONSTRUCTION</u><br>Business Address <u>48260 FRANK ST, WIXOM, MI 48393</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                        |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                               | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/20/2024</u> |                                                                                 |
| Name & Address:<br><b>TRACY MOORE</b><br><b>1410 MIDWOOD DR</b><br><b>WHITE LAKE TWP, MI 48386</b>                                                                                                                                                                                                                                                |                                           | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>OWNER</u> Employer <u>AVEN INTERIORS</u><br>Business Address <u>1410 MIDWOOD DR, WHITE LAKE TWP, MI 48386</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser               |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                               | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/31/2024</u> |                                                                                 |
| Name & Address:<br><b>LUCIANO DI PERNA</b><br><b>3140 FALLEN OAKS CT</b><br><b>APT 206</b><br><b>ROCHESTER HILLS, MI 48309</b>                                                                                                                                                                                                                    |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>GM</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                             |                                           |                                      |                                                                                 |

Page Subtotal

**1,850.00**

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 98286  
2. Committee Name SCOTT FARIDA FOR PROSECUTOR

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                                                 |  | 6. Amount        | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/01/2024</u><br>Name & Address:<br><b>JONATHAN KINAIA</b><br><b>36583 MAPLEWOOD DR</b><br><b>STERLING HEIGHTS, MI 48310</b>                                                                                                                           |  | \$ <u>300.00</u> | \$ <u>300.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>SALES</u> Employer <u>GREAT LAKES WINE AND SPIRITS</u><br>Business Address <u>373 VICTOR ST, HIGHLAND PARK, MI 48203</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser        |  |                  |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/01/2024</u><br>Name & Address:<br><b>DIA SHAMMAMI</b><br><b>182 DOURDAN PL</b><br><b>BLOOMFIELD HILLS, MI 48304</b>                                                                                                                                   |  | \$ <u>300.00</u> | \$ <u>300.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                            |  |                  |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/06/2024</u><br>Name & Address:<br><b>ANDY MANNI</b><br><b>4149 LUFF CT</b><br><b>MERIDIAN TWP, MI 48864</b>                                                                                                                                          |  | \$ <u>500.00</u> | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>CONSULTANT</u> Employer <u>TIME SAVERS GOVT CONSULTING</u><br>Business Address <u>30115 GREENFIELD RD, SOUTHFIELD, MI 48076</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |  |                  |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/11/2024</u><br>Name & Address:<br><b>BRITNEY HANNA</b><br><b>5766 KILBRENNAN RD</b><br><b>BLOOMFIELD HILLS, MI 48301</b>                                                                                                                             |  | \$ <u>200.00</u> | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>PROJECT MANAGER</u> Employer <u>MULTIPLAN</u><br>Business Address <u>115 5TH AVE, NEW YORK, NY 10003</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                        |  |                  |                                                                                 |

Page Subtotal **1,300.00**

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98286  
2. Committee Name SCOTT FARIDA FOR PROSECUTOR

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                                          |  | 6. Amount          | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/11/2024</u><br>Name & Address:<br><b>BRANDON JACOBS</b><br><b>54784 PELICAN LN</b><br><b>SHELBY TWP, MI 48315</b>                                                                                                                             |  | \$ <u>250.00</u>   | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>SALES</u> Employer <u>GREAT LAKES WINE AND SPIRITS</u><br>Business Address <u>373 VICTOR ST, HIGHLAND PARK, MI 48203</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |  |                    |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/11/2024</u><br>Name & Address:<br><b>RICK FARIDA</b><br><b>6831 CARLYLE CROSSING</b><br><b>WEST BLOOMFIELD TOWNSHIP, MI 48322</b>                                                                                                              |  | \$ <u>5,000.00</u> | \$ <u>5,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETAILER</u> Employer <u>TRJ RETAIL GROUP</u><br>Business Address <u>6770 E 10 MILE RD, CENTER LINE, MI 48015</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser        |  |                    |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/12/2024</u><br>Name & Address:<br><b>IWAN MANNI</b><br><b>1820 AVENIDA DEL MUNDO</b><br><b>608</b><br><b>CORONADO, CA 92118</b>                                                                                                               |  | \$ <u>200.00</u>   | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>REAL ESTATE</u> Employer <u>SELF</u><br>Business Address <u>1820 AVENIDA DEL MUNDO, CORONADO, CA 92118</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser               |  |                    |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/12/2024</u><br>Name & Address:<br><b>FAHMI AWDISH</b><br><b>3853 SPANISH OAKS DR</b><br><b>WEST BLOOMFIELD TOWNSHIP, MI 48323</b>                                                                                                             |  | \$ <u>250.00</u>   | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>OWNER</u> Employer <u>AWDISH TRADING</u><br>Business Address <u>2995 WALTON BLVD., ROCHESTER HILLS, MI 48309</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser         |  |                    |                                                                                 |

Page Subtotal **5,700.00**

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 98286  
2. Committee Name SCOTT FARIDA FOR PROSECUTOR

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                                        |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                                                                          | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/12/2024</u> |                                                                                 |
| Name & Address:<br><b>THOMAS MAROUGI</b><br><b>7617 GREENWAY LN</b><br><b>WEST BLOOMFIELD TOWNSHIP, MI 48324</b>                                                                                                                                                                                                                             |                                           | \$ <u>1,000.00</u>                   | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>AUTO</u> Employer <u>DAVISON MOTORSPORTS</u><br>Business Address <u>15133 N HOLLY RD, HOLLY, MI 48442</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser              |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                           | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/13/2024</u> |                                                                                 |
| Name & Address:<br><b>RONNIE JAMIL</b><br><b>35649 LANCASHIRE DR</b><br><b>FARMINGTON HILLS, MI 48331</b>                                                                                                                                                                                                                                    |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                            |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                          | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/13/2024</u> |                                                                                 |
| Name & Address:<br><b>SALLY LAFAVE</b><br><b>485 N EVANSDALE DR</b><br><b>BLOOMFIELD HILLS, MI 48304</b>                                                                                                                                                                                                                                     |                                           | \$ <u>150.00</u>                     | \$ <u>150.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>LOAN OFFICER</u> Employer <u>YORK FINANCIAL</u><br>Business Address <u>180 HIGH OAK RD, BLOOMFIELD HILLS, MI 48304</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                          | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/13/2024</u> |                                                                                 |
| Name & Address:<br><b>NATALIE SHEENA</b><br><b>267 ABBEY ST</b><br><b>BIRMINGHAM, MI 48009</b>                                                                                                                                                                                                                                               |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>REALTOR</u> Employer <u>DOBI REAL ESTATE</u><br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                 |                                           |                                      |                                                                                 |

Page Subtotal

**1,350.00**

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 98286  
2. Committee Name SCOTT FARIDA FOR PROSECUTOR

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                                            |  | 6. Amount        | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/13/2024</u><br>Name & Address:<br><b>MIKE SAMYN</b><br><b>21980 CRESCENT CT</b><br><b>FARMINGTON HILLS, MI 48335</b>                                                                                                                            |  | \$ <u>500.00</u> | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>FINANCE</u> Employer <u>TRINITY HEALTH</u><br>Business Address <u>44405 WOODWARD AVE, PONTIAC, MI 48341</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                |  |                  |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/13/2024</u><br>Name & Address:<br><b>BRENT FARIDA</b><br><b>5540 SUNNYCREST DR</b><br><b>WEST BLOOMFIELD TOWNSHIP, MI 48323</b>                                                                                                                  |  | \$ <u>200.00</u> | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>CRP</u> Employer <u>PURE CANNIBIS OUTLET</u><br>Business Address <u>15311 S DIXIE HWY, MONROE, MI 48161</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                |  |                  |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/13/2024</u><br>Name & Address:<br><b>MARIE ABRO</b><br><b>5898 SUTTERS LN</b><br><b>BLOOMFIELD HILLS, MI 48301</b>                                                                                                                              |  | \$ <u>200.00</u> | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>NURSE</u> Employer <u>MEDICAL CENTER PEDIATRICS</u><br>Business Address <u>30400 TELEGRAPH RD, BINGHAM FARMS, MI 48025</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |  |                  |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/13/2024</u><br>Name & Address:<br><b>GEORGE NAJOR</b><br><b>2786 COURVILLE DR</b><br><b>BLOOMFIELD TWP, MI 48302</b>                                                                                                                            |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____      Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                           |  |                  |                                                                                 |

Page Subtotal **1,000.00**

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98286  
2. Committee Name SCOTT FARIDA FOR PROSECUTOR

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                                           |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                                                                             | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/13/2024</u> |                                                                                 |
| Name & Address:<br><b>ZIAD KASSAB</b><br>1973 WESTRIDGE DR<br>ROCHESTER HILLS, MI 48306                                                                                                                                                                                                                                                         |                                           | \$ <u>300.00</u>                     | \$ <u>300.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>CEO</u> Employer <u>DANNY'S HOME HEALTH CARE</u><br>Business Address <u>1701 NORTHFIELD DR, ROCHESTER HILLS, MI 48309</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                              | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/13/2024</u> |                                                                                 |
| Name & Address:<br><b>LISA KUCZERA</b><br>5198 GLENWOOD CREEK<br>CLARKSTON VLG, MI 48348                                                                                                                                                                                                                                                        |                                           | \$ <u>100.00</u>                     | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer <u>RETIRED</u><br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                             |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                             | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/13/2024</u> |                                                                                 |
| Name & Address:<br><b>JOHN MARENGO</b><br>4108 DEVON RD<br>ROYAL OAK, MI 48073                                                                                                                                                                                                                                                                  |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer <u>RETIRED</u><br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                             |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                             | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/13/2024</u> |                                                                                 |
| Name & Address:<br><b>DEBORAH AL-NAJJAR</b><br>4031 FOXPOINTE DR<br>WEST BLOOMFIELD TOWNSHIP, MI 48323                                                                                                                                                                                                                                          |                                           | \$ <u>200.00</u>                     | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>WRITING COACH</u> Employer <u>SELF</u><br>Business Address <u>4031 FOXPOINTE DR, WEST BLOOMFIELD TOWNSHIP, MI 48323</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser   |                                           |                                      |                                                                                 |

Page Subtotal 700.00

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 98286  
2. Committee Name SCOTT FARIDA FOR PROSECUTOR

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                                                         |  | 6. Amount        | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------|---------------------------------------------------------------------------------|
| <b>3. Contribution # 1</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/13/2024</u><br>Name & Address:<br><b>SAFAA JAJJO</b><br><b>53673 DESANO DR</b><br><b>SHELBY TWP, MI 48315</b>                                                                                                                                                   |  | \$ <u>200.00</u> | \$ <u>200.00</u>                                                                |
| <b>5. If over \$100.00 cumulative, please provide:</b><br>Occupation <u>MIDWEST SALES MGR</u> Employer <u>BENCHMARK BEVERAGE COMPANY</u><br>Business Address <u>31690 GLENDALE ST, LIVONIA, MI 48150</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |  |                  |                                                                                 |
| <b>3. Contribution #2</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/13/2024</u><br>Name & Address:<br><b>BRANDON NAFSO</b><br><b>5026 VILLAGE SQUARE CT</b><br><b>WEST BLOOMFIELD TOWNSHIP, MI 48322</b>                                                                                                                             |  | \$ <u>200.00</u> | \$ <u>200.00</u>                                                                |
| <b>5. If over \$100.00 cumulative, please provide:</b><br>Occupation <u>BROKER</u> Employer <u>MORTGAGE EXPRESS</u><br>Business Address <u>100 GALLERIA OFFICENTRE, SOUTHFIELD, MI 48034</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser             |  |                  |                                                                                 |
| <b>3. Contribution # 3</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/13/2024</u><br>Name & Address:<br><b>RHONDA LAURENCELLE</b><br><b>2025 ROUNDTREE</b><br><b>ROCHESTER HILLS, MI 48307</b>                                                                                                                                        |  | \$ <u>350.00</u> | \$ <u>350.00</u>                                                                |
| <b>5. If over \$100.00 cumulative, please provide:</b><br>Occupation <u>PRESIDENT</u> Employer <u>PURE LEADERSHIP CONSULTING</u><br>Business Address <u>2025 ROUNDTREE, ROCHESTER HILLS, MI 48307</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser    |  |                  |                                                                                 |
| <b>3. Contribution # 4</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/13/2024</u><br>Name & Address:<br><b>SUHAIR FARIDA</b><br><b>1010 RIVERSIDE ST</b><br><b>MILFORD TWP, MI 48381</b>                                                                                                                                              |  | \$ <u>200.00</u> | \$ <u>200.00</u>                                                                |
| <b>5. If over \$100.00 cumulative, please provide:</b><br>Occupation <u>PHARMACIST</u> Employer <u>HOMESCRIPTS</u><br>Business Address <u>500 KIRTS BLVD, TROY, MI 48084</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                             |  |                  |                                                                                 |

Page Subtotal 950.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98286  
2. Committee Name SCOTT FARIDA FOR PROSECUTOR

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                                          |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                                                                            | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/13/2024</u> |                                                                                 |
| Name & Address:<br>CATRINA FARRUGIA<br>70 DEVON RD<br>BLOOMFIELD TWP, MI 48302                                                                                                                                                                                                                                                                 |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                              |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                             | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/13/2024</u> |                                                                                 |
| Name & Address:<br>LAITH ATTISHA<br>7423 MUERDALE ST<br>WEST BLOOMFIELD TOWNSHIP, MI 48322                                                                                                                                                                                                                                                     |                                           | \$ <u>300.00</u>                     | \$ <u>300.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>GROCE</u> Employer <u>HARBORTOWN MARKET</u><br>Business Address <u>3472 E JEFFERSON AVE, DETROIT, MI 48207</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser           |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                            | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/13/2024</u> |                                                                                 |
| Name & Address:<br>MIKE SCHENA<br>1148 CLEAR CREEK DR<br>ROCHESTER HILLS, MI 48306                                                                                                                                                                                                                                                             |                                           | \$ <u>200.00</u>                     | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ENGINEERING</u> Employer <u>GRG AMERICA</u><br>Business Address <u>7290 KENSINGTON RD, BRIGHTON, MI 48116</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser            |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                            | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/14/2024</u> |                                                                                 |
| Name & Address:<br>STEPHEN ATTO<br>6215 WYNFORD DR<br>WEST BLOOMFIELD TOWNSHIP, MI 48322                                                                                                                                                                                                                                                       |                                           | \$ <u>250.00</u>                     | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>CONSTRUCTION</u> Employer <u>ATTO CONSTRUCTION</u><br>Business Address <u>2150 FRANKLIN RD, BLOOMFIELD TWP, MI 48302</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |

Page Subtotal 850.00

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 98286  
2. Committee Name SCOTT FARIDA FOR PROSECUTOR

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                                    |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                                                                      | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/14/2024</u> |                                                                                 |
| Name & Address:<br><b>MERVIT HANNOSH</b><br><b>37641 DORCHESTER DR</b><br><b>FARMINGTON HILLS, MI 48331</b>                                                                                                                                                                                                                              |                                           | \$ <u>300.00</u>                     | \$ <u>300.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>AUDITOR</u> Employer <u>NPD GROUP</u><br>Business Address <u>100 E BIG BEAVER RD, TROY, MI 48083</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser               |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                       | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/14/2024</u> |                                                                                 |
| Name & Address:<br><b>MARILYN KASSA</b><br><b>7547 AUTUMN HILL DR</b><br><b>WEST BLOOMFIELD TOWNSHIP, MI 48323</b>                                                                                                                                                                                                                       |                                           | \$ <u>1,000.00</u>                   | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                               |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                      | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/15/2024</u> |                                                                                 |
| Name & Address:<br><b>ROSS PARTRICH</b><br><b>31200 NORTHWESTERN HWY</b><br><b>FARMINGTON HILLS, MI 48334</b>                                                                                                                                                                                                                            |                                           | \$ <u>2,500.00</u>                   | \$ <u>2,500.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>REAL ESTATE</u> Employer <u>SELF</u><br>Business Address <u>31200 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                      | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/15/2024</u> |                                                                                 |
| Name & Address:<br><b>EDDIE CATCHO</b><br><b>2010 W LONG LAKE RD</b><br><b>WEST BLOOMFIELD TOWNSHIP, MI 48323</b>                                                                                                                                                                                                                        |                                           | \$ <u>200.00</u>                     | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>GROCER</u> Employer <u>KROGER</u><br>Business Address <u>685 E MAPLE RD, BIRMINGHAM, MI 48009</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                  |                                           |                                      |                                                                                 |

Page Subtotal 4,000.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98286  
2. Committee Name SCOTT FARIDA FOR PROSECUTOR

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |  | 6. Amount          | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/15/2024</u><br>Name & Address:<br><b>LAMIA ARCORI</b><br><b>4074 OVERLEA LN</b><br><b>BLOOMFIELD TWP, MI 48302</b>                                                                   |  | \$ <u>300.00</u>   | \$ <u>300.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser            |  |                    |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/15/2024</u><br>Name & Address:<br><b>MARY SHAYA</b><br><b>3309 W SHORE DR</b><br><b>WEST BLOOMFIELD TOWNSHIP, MI 48324</b>                                                            |  | \$ <u>2,000.00</u> | \$ <u>2,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer <u>RETIRED</u><br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser   |  |                    |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/17/2024</u><br>Name & Address:<br><b>FRANK GASPERONI</b><br><b>16294 SASSAFRAS LN</b><br><b>MACOMB, MI 48044</b>                                                                     |  | \$ <u>25.00</u>    | \$ <u>25.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____      Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                |  |                    |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/19/2024</u><br>Name & Address:<br><b>BRET EVANS</b><br><b>3641 VINEYARD SPRINGS CT</b><br><b>OAKLAND TWP, MI 48306</b>                                                               |  | \$ <u>100.00</u>   | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____      Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                |  |                    |                                                                                 |

Page Subtotal **2,425.00**

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 98286  
2. Committee Name SCOTT FARIDA FOR PROSECUTOR

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                                             |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                                                                               | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/19/2024</u> |                                                                                 |
| Name & Address:<br><b>ERNEST ALMERANTI</b><br><b>3540 NEWGATE DR</b><br><b>TROY, MI 48084</b>                                                                                                                                                                                                                                                     |                                           | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer <u>RETIRED</u><br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                               |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/20/2024</u> |                                                                                 |
| Name & Address:<br><b>DAVID KASSA</b><br><b>7625 AUTUMN HILL DR</b><br><b>WEST BLOOMFIELD TOWNSHIP, MI 48323</b>                                                                                                                                                                                                                                  |                                           | \$ <u>1,000.00</u>                   | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>MANAGER</u> Employer <u>HEARTLAND MARKETPLACE</u><br>Business Address <u>33250 W 12 MILE RD, FARMINGTON HILLS, MI 48334</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                               | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/21/2024</u> |                                                                                 |
| Name & Address:<br><b>NASHWAN ABBO</b><br><b>1913 CHESHIRE LN</b><br><b>COMMERCE TWP, MI 48382</b>                                                                                                                                                                                                                                                |                                           | \$ <u>200.00</u>                     | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>SALES</u> Employer <u>RNDC</u><br>Business Address <u>13000 ECKLES RD, LIVONIA, MI 48150</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                               | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/22/2024</u> |                                                                                 |
| Name & Address:<br><b>GERALD NAJOR</b><br><b>3505 GREENTREE RD</b><br><b>BLOOMFIELD HILLS, MI 48304</b>                                                                                                                                                                                                                                           |                                           | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>PHARMACIST</u> Employer <u>GRAND VALUE</u><br>Business Address <u>10920 GRAND RIVER AVE, DETROIT, MI 48204</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser              |                                           |                                      |                                                                                 |

Page Subtotal 2,200.00

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 98286  
2. Committee Name SCOTT FARIDA FOR PROSECUTOR

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                       |  | 6. Amount          | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/23/2024</u><br>Name & Address:<br><b>JASON NAJOR</b><br><b>7220 ESSEX DR</b><br><b>WEST BLOOMFIELD TOWNSHIP, MI 48322</b>                                                                                                  |  | \$ <u>500.00</u>   | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>CEO</u> Employer <u>SUPER FAIR CELLULAR</u><br>Business Address <u>1374 RANKIN ST, TROY, MI 48083</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |  |                    |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/24/2024</u><br>Name & Address:<br><b>ROBERT KASSAB</b><br><b>6593 ALDERLEY WAY</b><br><b>WEST BLOOMFIELD TOWNSHIP, MI 48322</b>                                                                                             |  | \$ <u>1,000.00</u> | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                  |  |                    |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/25/2024</u><br>Name & Address:<br><b>PATRICK FRENZEL</b><br><b>4591 COVERED BRIDGE RD</b><br><b>BLOOMFIELD TWP, MI 48302</b>                                                                                               |  | \$ <u>100.00</u>   | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer <u>RETIRED</u><br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                         |  |                    |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/25/2024</u><br>Name & Address:<br><b>JAMES D'AGOSTINI</b><br><b>3340 GREENSPRING LN</b><br><b>ROCHESTER HILLS, MI 48309</b>                                                                                                |  | \$ <u>1,000.00</u> | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                  |  |                    |                                                                                 |

Page Subtotal 2,600.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98286  
2. Committee Name SCOTT FARIDA FOR PROSECUTOR

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                                  |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/29/2024</u> |                                                                                 |
| Name & Address:<br><b>TOM KONESKY</b><br><b>58553 WINNOWING CIR S</b><br><b>SOUTH LYON, MI 48178</b>                                                                                                                                                                                                                                   |                                           | \$ <u>50.00</u>                      | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                      |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                     | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/29/2024</u> |                                                                                 |
| Name & Address:<br><b>THOMAS FARIDA</b><br><b>220 NORTHLAWN BLVD</b><br><b>BIRMINGHAM, MI 48009</b>                                                                                                                                                                                                                                    |                                           | \$ <u>1,000.00</u>                   | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>MANAGER</u> Employer <u>VALUE CENTER</u><br>Business Address <u>1485 W 14 MILE RD, MADISON HEIGHTS, MI 48071</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/29/2024</u> |                                                                                 |
| Name & Address:<br><b>GIBRAN JABBOORI</b><br><b>718 SHENANDOAH DR</b><br><b>CLAWSON, MI 48017</b>                                                                                                                                                                                                                                      |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                      |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/29/2024</u> |                                                                                 |
| Name & Address:<br><b>LARRY SCHUPBACH</b><br><b>775 BARCLAY DR</b><br><b>TROY, MI 48085</b>                                                                                                                                                                                                                                            |                                           | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer <u>RETIRED</u><br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                    |                                           |                                      |                                                                                 |

Page Subtotal **1,650.00**

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98286  
2. Committee Name SCOTT FARIDA FOR PROSECUTOR

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                                                                                                                                                                                                                                                                         |  | 6. Amount        | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/29/2024</u><br>Name & Address:<br>MARTIN RENEL<br>5640 W MAPLE RD<br>300<br>WEST BLOOMFIELD TOWNSHIP, MI 48322<br>5. If over \$100.00 cumulative, please provide:<br>Occupation <u>CONSTRUCTION</u> Employer <u>ASHMARK CONSTRUCTION</u><br>Business Address <u>5640 W MAPLE RD, WEST BLOOMFIELD TOWNSHIP, MI 48322</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |  | \$ <u>250.00</u> | \$ <u>250.00</u>                                                                |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/29/2024</u><br>Name & Address:<br>LORI MILLER<br>112 ILLINOIS AVE<br>PONTIAC, MI 48341<br>5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer <u>RETIRED</u><br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                 |  | \$ <u>500.00</u> | \$ <u>500.00</u>                                                                |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/29/2024</u><br>Name & Address:<br>MICHAEL MENUCK<br>2475 PONTIAC DR<br>SYLVAN LAKE, MI 48320<br>5. If over \$100.00 cumulative, please provide:<br>Occupation _____      Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                       |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/30/2024</u><br>Name & Address:<br>RONALD SINGER<br>31120 NELSON DR<br>WARREN, MI 48088<br>5. If over \$100.00 cumulative, please provide:<br>Occupation _____      Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                             |  | \$ <u>50.00</u>  | \$ <u>50.00</u>                                                                 |

Page Subtotal 900.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98286  
2. Committee Name SCOTT FARIDA FOR PROSECUTOR

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                                                 |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/30/2024</u> |                                                                                 |
| Name & Address:<br><b>DAVID NEWMAN</b><br>24901 NORTHWESTERN HWY<br>SOUTHFIELD, MI 48075                                                                                                                                                                                                                                                              |                                           | \$ <u>1,018.00</u>                   | \$ <u>1,018.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>PRESIDENT</u> Employer <u>CORE LITIGATION SUPPORT</u><br>Business Address <u>24901 NORTHWESTERN HWY, SOUTHFIELD, MI 48075</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser   |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/30/2024</u> |                                                                                 |
| Name & Address:<br><b>SHAWN ATTO</b><br>6257 ROSE BLVD<br>WEST BLOOMFIELD TOWNSHIP, MI 48322                                                                                                                                                                                                                                                          |                                           | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>BUSINESS</u> Employer <u>ATTO USA DEVELOPMENT</u><br>Business Address <u>6257 ROSE BLVD, WEST BLOOMFIELD TOWNSHIP, MI 48322</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/02/2024</u> |                                                                                 |
| Name & Address:<br><b>KARLA ATCHOO</b><br>4512 S SHORE ST<br>WATERFORD TWP, MI 48328                                                                                                                                                                                                                                                                  |                                           | \$ <u>200.00</u>                     | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>CONSULTANT</u> Employer <u>SELF</u><br>Business Address <u>4512 S SHORE ST, WATERFORD TWP, MI 48328</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                         |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/05/2024</u> |                                                                                 |
| Name & Address:<br><b>JASON OROW</b><br>2415 JACKSON DR<br>ROCHESTER HILLS, MI 48309                                                                                                                                                                                                                                                                  |                                           | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>REAL ESTATE</u> Employer <u>KEYSTONE</u><br>Business Address <u>31000 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |

Page Subtotal **2,218.00**

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 98286  
2. Committee Name SCOTT FARIDA FOR PROSECUTOR

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                                                                         |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                                                                                                           | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/05/2024</u> |                                                                                 |
| Name & Address:<br><b>FARIS NAIMI</b><br><b>3220 ERIE DR</b><br><b>WEST BLOOMFIELD TOWNSHIP, MI 48324</b>                                                                                                                                                                                                                                                                     |                                           | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                    |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                                            | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/05/2024</u> |                                                                                 |
| Name & Address:<br><b>DANIELLE SAMYN</b><br><b>1881 TWIN SUN CIR</b><br><b>WALLED LAKE, MI 48390</b>                                                                                                                                                                                                                                                                          |                                           | \$ <u>200.00</u>                     | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>PHYSICIAN'S ASSISTANT</u> Employer <u>INDEPENDENT EMERGENCY PHYSICIANS</u><br>Business Address <u>37000 GRAND RIVER AVE, FARMINGTON HILLS, MI 48335</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                                                           | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/05/2024</u> |                                                                                 |
| Name & Address:<br><b>JOSEPH SHALLAL</b><br><b>2026 WILLOW BEACH ST</b><br><b>KEEGO HARBOR, MI 48320</b>                                                                                                                                                                                                                                                                      |                                           | \$ <u>700.00</u>                     | \$ <u>700.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTONERY</u> Employer <u>MEKANI, OROW, MEKANI, SHALLAL, AND HINDO</u><br>Business Address <u>255 S OLD WOODWARD AVE, BIRMINGHAM, MI 48009</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser           |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                                                           | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/05/2024</u> |                                                                                 |
| Name & Address:<br><b>JAMES KHAMES</b><br><b>6037 SHANNON CT</b><br><b>WEST BLOOMFIELD TOWNSHIP, MI 48322</b>                                                                                                                                                                                                                                                                 |                                           | \$ <u>1,000.00</u>                   | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>BUILDER</u> Employer <u>JTK BUILDING</u><br>Business Address <u>30625 EIGHT MILE RD, LIVONIA, MI 48152</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                              |                                           |                                      |                                                                                 |

Page Subtotal 2,400.00

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 98286  
2. Committee Name SCOTT FARIDA FOR PROSECUTOR

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                                             |  | 6. Amount          | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/05/2024</u><br>Name & Address:<br><b>CHRIS KASSA</b><br><b>7091 KENNOWY CT</b><br><b>WEST BLOOMFIELD TOWNSHIP, MI 48322</b>                                                                                                                      |  | \$ <u>1,000.00</u> | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>MANAGER</u> Employer <u>HEARTLAND MARKETPLACE</u><br>Business Address <u>33250 W 12 MILE RD, FARMINGTON HILLS, MI 48334</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |  |                    |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/05/2024</u><br>Name & Address:<br><b>FERIAL KASSA</b><br><b>2965 OAKBROOKE CT</b><br><b>WEST BLOOMFIELD TOWNSHIP, MI 48323</b>                                                                                                                    |  | \$ <u>5,325.00</u> | \$ <u>5,325.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                        |  |                    |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/05/2024</u><br>Name & Address:<br><b>WIDAD PAULUS</b><br><b>4496 FOREST EDGE LN</b><br><b>WEST BLOOMFIELD TOWNSHIP, MI 48323</b>                                                                                                                 |  | \$ <u>500.00</u>   | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                        |  |                    |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/14/2024</u><br>Name & Address:<br><b>BEN DICICCO</b><br><b>697 QUARRY DR</b><br><b>ROCHESTER HILLS, MI 48306</b>                                                                                                                                 |  | \$ <u>100.00</u>   | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ENGINEER</u> Employer <u>STELLANTIS</u><br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                           |  |                    |                                                                                 |

Page Subtotal **6,925.00**

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 98286  
2. Committee Name SCOTT FARIDA FOR PROSECUTOR

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                                     |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                                                                       | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/19/2024</u> |                                                                                 |
| Name & Address:<br><b>JASON YERT</b><br>30665 NORTHWESTERN HWY<br>FARMINGTON HILLS, MI 48334                                                                                                                                                                                                                                              |                                           | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>YERT LAW</u><br>Business Address <u>30665 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                        | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/19/2024</u> |                                                                                 |
| Name & Address:<br><b>GINA RUSSO</b><br>431 PARK ST<br>BIRMINGHAM, MI 48009                                                                                                                                                                                                                                                               |                                           | \$ <u>1,000.00</u>                   | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                       | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/19/2024</u> |                                                                                 |
| Name & Address:<br><b>ERIC GROSINGER</b><br>26881 CAPTAINS LN<br>FRANKLIN, MI 48025                                                                                                                                                                                                                                                       |                                           | \$ <u>1,000.00</u>                   | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>OWNER</u> Employer <u>KAP'S WHOLSALE</u><br>Business Address <u>1300 MAPLE ST, DETROIT, MI 48207</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                       | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/19/2024</u> |                                                                                 |
| Name & Address:<br><b>GEORGE HAMILTON</b><br>23750 VIA TREVI WAY<br>BONITA SPRINGS, FL 34134                                                                                                                                                                                                                                              |                                           | \$ <u>250.00</u>                     | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                |                                           |                                      |                                                                                 |

Page Subtotal 2,750.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98286  
2. Committee Name SCOTT FARIDA FOR PROSECUTOR

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                                        |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                                                                          | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/19/2024</u> |                                                                                 |
| Name & Address:<br><b>BRADLEY OLESHANSKY</b><br><b>4043 FOXPOINTE DR</b><br><b>WEST BLOOMFIELD TOWNSHIP, MI 48323</b>                                                                                                                                                                                                                        |                                           | \$ <u>8,325.00</u>                   | \$ <u>8,325.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>OWNER</u> Employer <u>BROVENTURES</u><br>Business Address <u>4043 FOXPOINTE DR, WEST BLOOMFIELD TOWNSHIP, MI 48323</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                           | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/19/2024</u> |                                                                                 |
| Name & Address:<br><b>MONICA MOCERI</b><br><b>960 DOWLING RD</b><br><b>BLOOMFIELD HILLS, MI 48304</b>                                                                                                                                                                                                                                        |                                           | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>HOMEMAKER</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                 |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                          | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/19/2024</u> |                                                                                 |
| Name & Address:<br><b>MATTHEW MARKO</b><br><b>1222 FOREST BAY CT</b><br><b>WATERFORD TWP, MI 48328</b>                                                                                                                                                                                                                                       |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                            |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                          | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/19/2024</u> |                                                                                 |
| Name & Address:<br><b>SCOTT BAKER</b><br><b>1314 CRESCENT LAKE RD</b><br><b>WATERFORD TWP, MI 48328</b>                                                                                                                                                                                                                                      |                                           | \$ <u>1,000.00</u>                   | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                   |                                           |                                      |                                                                                 |

Page Subtotal **9,925.00**

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 98286  
2. Committee Name SCOTT FARIDA FOR PROSECUTOR

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/19/2024</u> |                                                                                 |
| Name & Address:<br><b>MARK TURNBULL</b><br><b>10124 BERTRAM LN</b><br><b>FORT MYERS, FL 33919</b>                                                                                                                                                                                     |                                           | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:                                                                                                                                                                                                                                       |                                           |                                      |                                                                                 |
| Occupation <u>OWNER</u> Employer <u>TURNER AND COMPANY</u>                                                                                                                                                                                                                            |                                           |                                      |                                                                                 |
| Business Address <u>10124 BERTRAM LN, FORT MYERS, FL 33919</u>                                                                                                                                                                                                                        |                                           |                                      |                                                                                 |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                                                     |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt _____             |                                                                                 |
| Name & Address _____                                                                                                                                                                                                                                                                  |                                           | \$ _____                             | \$ _____                                                                        |
| 5. If over \$100.00 cumulative, please provide:                                                                                                                                                                                                                                       |                                           |                                      |                                                                                 |
| Occupation _____ Employer _____                                                                                                                                                                                                                                                       |                                           |                                      |                                                                                 |
| Business Address _____                                                                                                                                                                                                                                                                |                                           |                                      |                                                                                 |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                                                                |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt _____             |                                                                                 |
| Name & Address _____                                                                                                                                                                                                                                                                  |                                           | \$ _____                             | \$ _____                                                                        |
| 5. If over \$100.00 cumulative, please provide:                                                                                                                                                                                                                                       |                                           |                                      |                                                                                 |
| Occupation _____ Employer _____                                                                                                                                                                                                                                                       |                                           |                                      |                                                                                 |
| Business Address _____                                                                                                                                                                                                                                                                |                                           |                                      |                                                                                 |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                                                                |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt _____             |                                                                                 |
| Name & Address _____                                                                                                                                                                                                                                                                  |                                           | \$ _____                             | \$ _____                                                                        |
| 5. If over \$100.00 cumulative, please provide:                                                                                                                                                                                                                                       |                                           |                                      |                                                                                 |
| Occupation _____ Employer _____                                                                                                                                                                                                                                                       |                                           |                                      |                                                                                 |
| Business Address _____                                                                                                                                                                                                                                                                |                                           |                                      |                                                                                 |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                                                                |                                           |                                      |                                                                                 |

Page Subtotal **500.00**

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

**62,918.00**

Enter this total on  
line 3a of Summary  
Page.



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number **98286**

## CANDIDATE COMMITTEE

2. Committee Name **SCOTT FARIDA FOR PROSECUTOR**

| 3. Name and Address from whom received<br>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).<br>Report <u>all</u> in-kind contributions.                                                                                                                                               | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>6. Name & Address of Vendor from whom goods or services were purchased                                                                                                                                                                                                                                                                                                                                                                                                                 | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------|
| Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br>SCOTT FARIDA<br>344 ROCKWELL ST<br>STE 207<br>PONTIAC, MI 48341<br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation: <b>ATTORNEY</b><br>Employer Name & Business Address:<br>LAW OFFICES OF SCOTT LAWRENCE FARIDA<br>344 ROCKWELL ST,<br>STE 207,<br>PONTIAC, MI 48341<br><input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>DONUTS</b><br>5. Date Of Receipt: <b>01/09/2024</b><br>6. <b>Vendor Name &amp; Address:</b><br><b>HEARTLAND MARKETPLACE</b><br><b>33250 W 12 MILE RD,</b><br><b>FARMINGTON HILLS, MI 48334</b> | \$ <b>28.16</b>                | \$ <b>28.16</b>                                           |
| Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br>SCOTT FARIDA<br>344 ROCKWELL ST<br>STE 207<br>PONTIAC, MI 48341<br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation: <b>ATTORNEY</b><br>Employer Name & Address:<br><b>SELF</b><br>344 ROCKWELL ST,<br>STE 207,<br>PONTIAC, MI 48341<br><input type="checkbox"/> Fund Raiser Contribution                                   | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>INK</b><br>5. Date Of Receipt: <b>01/20/2024</b><br>6. <b>Vendor Name &amp; Address:</b><br><b>COSTCO</b><br><b>400 BROWN RD,</b><br><b>AUBURN HILLS, MI 48326</b>                             | \$ <b>101.75</b>               | \$ <b>129.91</b>                                          |
| Contribution #3      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br>SCOTT FARIDA<br>344 ROCKWELL ST<br>STE 207<br>PONTIAC, MI 48341<br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation: <b>ATTORNEY</b><br>Employer Name & Address:<br><b>SELF</b><br>344 ROCKWELL ST,<br>STE 207,<br>PONTIAC, MI 48341<br><input type="checkbox"/> Fund Raiser Contribution                                    | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>BUSINESS CARDS</b><br>5. Date Of Receipt: <b>02/25/2024</b><br>6. <b>Vendor Name &amp; Address:</b><br><b>ZAZZLE</b><br><b>1800 SEAPORT BLVD,</b><br><b>REDWOOD CITY, CA 94063</b>             | \$ <b>153.04</b>               | \$ <b>282.95</b>                                          |

Page Subtotal **282.95** **0.00**

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

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number **98286**

## CANDIDATE COMMITTEE

2. Committee Name **SCOTT FARIDA FOR PROSECUTOR**

| 3. Name and Address from whom received<br>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.                                                                                                           | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>6. Name & Address of Vendor from whom goods or services were purchased                                                                                                                                                                                                                                                                                                                                                            | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------|
| Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br>SCOTT FARIDA<br>344 ROCKWELL ST<br>STE 207<br>PONTIAC, MI 48341<br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>ATTORNEY</b><br>Employer Name & Business Address:<br>SELF<br>344 ROCKWELL ST,<br>STE 207,<br>PONTIAC, MI 48341<br><input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>STAMPS</b><br>5. Date Of Receipt: <b>03/08/2024</b><br>6. Vendor Name & Address:<br>USPS<br>735 W HURON ST,<br>PONTIAC, MI 48343          | \$ <b>40.80</b>                | \$ <b>323.75</b>                                          |
| Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br>SCOTT FARIDA<br>344 ROCKWELL ST<br>STE 207<br>PONTIAC, MI 48341<br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>ATTORNEY</b><br>Employer Name & Address:<br>SELF<br>344 ROCKWELL ST,<br>STE 207,<br>PONTIAC, MI 48341<br><input type="checkbox"/> Fund Raiser Contribution          | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>CARDS</b><br>5. Date Of Receipt: <b>04/16/2024</b><br>6. Vendor Name & Address:<br>ZAZZLE<br>1800 SEAPORT BLVD,<br>REDWOOD CITY, CA 94063 | \$ <b>131.01</b>               | \$ <b>454.76</b>                                          |
| Contribution #3      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br>SCOTT FARIDA<br>344 ROCKWELL ST<br>STE 207<br>PONTIAC, MI 48341<br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>ATTORNEY</b><br>Employer Name & Address:<br>SELF<br>344 ROCKWELL ST,<br>STE 207,<br>PONTIAC, MI 48341<br><input type="checkbox"/> Fund Raiser Contribution           | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>POSTER</b><br>5. Date Of Receipt: <b>04/22/2024</b><br>6. Vendor Name & Address:<br>UPS<br>6632 TELEGRAPH RD,<br>BLOOMFIELD TWP, MI 48301 | \$ <b>1.47</b>                 | \$ <b>456.23</b>                                          |

Page Subtotal **173.28** **0.00**

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

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number **98286**

## CANDIDATE COMMITTEE

2. Committee Name **SCOTT FARIDA FOR PROSECUTOR**

| 3. Name and Address from whom received<br>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).<br>Report <u>all</u> in-kind contributions.                                                                                                        | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>6. Name & Address of Vendor from whom goods or services were purchased                                                                                                                                                                                                                                                                                                                                                                                             | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------|
| Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br>SCOTT FARIDA<br>344 ROCKWELL ST<br>STE 207<br>PONTIAC, MI 48341<br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>ATTORNEY</b><br>Employer Name & Business Address:<br>SELF<br>344 ROCKWELL ST,<br>STE 207,<br>PONTIAC, MI 48341<br><input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>POSTERS</b><br>5. Date Of Receipt: <b>04/23/2024</b><br>6. Vendor Name & Address:<br><b>FEDEX</b><br><b>29306 ORCHARD LAKE RD,</b><br><b>FARMINGTON HILLS, MI 48334</b>    | \$ <b>216.59</b>               | \$ <b>672.82</b>                                          |
| Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br>SCOTT FARIDA<br>344 ROCKWELL ST<br>STE 207<br>PONTIAC, MI 48341<br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>ATTORNEY</b><br>Employer Name & Address:<br>SELF<br>344 ROCKWELL ST,<br>STE 207,<br>PONTIAC, MI 48341<br><input type="checkbox"/> Fund Raiser Contribution          | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>WEB SERVICE</b><br>5. Date Of Receipt: <b>04/30/2024</b><br>6. Vendor Name & Address:<br><b>GOOGLE</b><br><b>1600 AMPHITHEATRE PKWY,</b><br><b>MOUNTAIN VIEW, CA 94043</b> | \$ <b>72.00</b>                | \$ <b>744.82</b>                                          |
| Contribution #3      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br>SCOTT FARIDA<br>344 ROCKWELL ST<br>STE 207<br>PONTIAC, MI 48341<br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>ATTORNEY</b><br>Employer Name & Address:<br>SELF<br>344 ROCKWELL ST,<br>STE 207,<br>PONTIAC, MI 48341<br><input type="checkbox"/> Fund Raiser Contribution           | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>CARDS</b><br>5. Date Of Receipt: <b>05/11/2024</b><br>6. Vendor Name & Address:<br><b>HALLMARK</b><br><b>17690 W 13 MILE RD,</b><br><b>FRANKLIN, MI 48025</b>              | \$ <b>39.80</b>                | \$ <b>784.62</b>                                          |

Page Subtotal **328.39** **0.00**

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

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number **98286**

## CANDIDATE COMMITTEE

2. Committee Name **SCOTT FARIDA FOR PROSECUTOR**

| 3. Name and Address from whom received<br>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.                                                                                                           | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>6. Name & Address of Vendor from whom goods or services were purchased                                                                                                                                                                                                                                                                                                                                                                                             | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------|
| Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br>SCOTT FARIDA<br>344 ROCKWELL ST<br>STE 207<br>PONTIAC, MI 48341<br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>ATTORNEY</b><br>Employer Name & Business Address:<br>SELF<br>344 ROCKWELL ST,<br>STE 207,<br>PONTIAC, MI 48341<br><input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>POSTERS</b><br>5. Date Of Receipt: <b>05/17/2024</b><br>6. Vendor Name & Address:<br><b>FEDEX</b><br><b>29306 ORCHARD LAKE RD,</b><br><b>FARMINGTON HILLS, MI 48334</b>    | \$ <b>47.47</b>                | \$ <b>832.09</b>                                          |
| Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br>SCOTT FARIDA<br>344 ROCKWELL ST<br>STE 207<br>PONTIAC, MI 48341<br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>ATTORNEY</b><br>Employer Name & Address:<br>SELF<br>344 ROCKWELL ST,<br>STE 207,<br>PONTIAC, MI 48341<br><input type="checkbox"/> Fund Raiser Contribution          | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>LITERATURE</b><br>5. Date Of Receipt: <b>06/05/2024</b><br>6. Vendor Name & Address:<br><b>ZAZZLE</b><br><b>1800 SEAPORT BLVD,</b><br><b>REDWOOD CITY, CA 94063</b>        | \$ <b>215.83</b>               | \$ <b>1,047.92</b>                                        |
| Contribution #3      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br>NICOLE YALDO<br>1505 E ELEVEN MILE RD<br>ROYAL OAK, MI 48067<br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>OWNER</b><br>Employer Name & Address:<br>EXCLUSIVE IMAGERY<br>1505 E ELEVEN MILE RD,<br>ROYAL OAK, MI 48067<br><input type="checkbox"/> Fund Raiser Contribution        | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>SIGNS</b><br>5. Date Of Receipt: <b>06/12/2024</b><br>6. Vendor Name & Address:<br><b>EXCLUSIVE IMAGERY</b><br><b>1505 E ELEVEN MILE RD,</b><br><b>ROYAL OAK, MI 48067</b> | \$ <b>300.00</b>               | \$ <b>300.00</b>                                          |

Page Subtotal **563.30** **300.00**

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

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number **98286**

## CANDIDATE COMMITTEE

2. Committee Name **SCOTT FARIDA FOR PROSECUTOR**

| 3. Name and Address from whom received<br>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.                                                                                                                                                                 | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>6. Name & Address of Vendor from whom goods or services were purchased                                                                                                                                                                                                                                                                                                                                                                                                  | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------|
| Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>HAITHAM SITTO</b><br><b>44731 WOODWARD AVE</b><br><b>PONTIAC, MI 48341</b><br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation: <b>OWNER</b><br>Employer Name & Business Address:<br><b>SITTO SIGNS</b><br><b>44731 WOODWARD AVE,</b><br><b>PONTIAC, MI 48341</b><br><input type="checkbox"/> Fund Raiser Contribution                  | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>ELECTRONIC SIGN SETUP</b><br>5. Date Of Receipt: <b>06/13/2024</b><br>6. Vendor Name & Address:<br><b>SITTO SIGNS</b><br><b>44731 WOODWARD AVE,</b><br><b>PONTIAC, MI 48341</b> | \$ <b>1,250.00</b>             | \$ <b>1,250.00</b>                                        |
| Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>SCOTT FARIDA</b><br><b>344 ROCKWELL ST</b><br><b>STE 207</b><br><b>PONTIAC, MI 48341</b><br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation: <b>ATTORNEY</b><br>Employer Name & Address:<br><b>SELF</b><br><b>344 ROCKWELL ST,</b><br><b>STE 207,</b><br><b>PONTIAC, MI 48341</b><br><input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>VENUE OWNED - FMV</b><br>5. Date Of Receipt: <b>06/13/2024</b><br>6. Vendor Name & Address:                                                                                     | \$ <b>5,000.00</b>             | \$ <b>6,047.92</b>                                        |
| Contribution #3      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>SCOTT FARIDA</b><br><b>344 ROCKWELL ST</b><br><b>STE 207</b><br><b>PONTIAC, MI 48341</b><br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation: <b>ATTORNEY</b><br>Employer Name & Address:<br><b>SELF</b><br><b>344 ROCKWELL ST,</b><br><b>STE 207,</b><br><b>PONTIAC, MI 48341</b><br><input type="checkbox"/> Fund Raiser Contribution  | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>INK</b><br>5. Date Of Receipt: <b>06/14/2024</b><br>6. Vendor Name & Address:<br><b>COSTCO</b><br><b>400 BROWN RD,</b><br><b>AUBURN HILLS, MI 48326</b>                         | \$ <b>101.75</b>               | \$ <b>6,149.67</b>                                        |
| Page Subtotal                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>6,351.75</b>                | <b>0.00</b>                                               |

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

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number **98286**

## CANDIDATE COMMITTEE

2. Committee Name **SCOTT FARIDA FOR PROSECUTOR**

| 3. Name and Address from whom received<br>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).<br>Report <u>all</u> in-kind contributions.                                                                                                        | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>6. Name & Address of Vendor from whom goods or services were purchased                                                                                                                                                                                                                                                                                                                                                                                         | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------|
| Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br>SCOTT FARIDA<br>344 ROCKWELL ST<br>STE 207<br>PONTIAC, MI 48341<br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>ATTORNEY</b><br>Employer Name & Business Address:<br>SELF<br>344 ROCKWELL ST,<br>STE 207,<br>PONTIAC, MI 48341<br><input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>PAPER</b><br>5. Date Of Receipt: <b>06/14/2024</b><br>6. Vendor Name & Address:<br><b>COSTCO</b><br><b>400 BROWN RD,</b><br><b>AUBURN HILLS, MI 48326</b>              | \$ <b>10.59</b>                | \$ <b>6,160.26</b>                                        |
| Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br>SCOTT FARIDA<br>344 ROCKWELL ST<br>STE 207<br>PONTIAC, MI 48341<br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>ATTORNEY</b><br>Employer Name & Address:<br>SELF<br>344 ROCKWELL ST,<br>STE 207,<br>PONTIAC, MI 48341<br><input type="checkbox"/> Fund Raiser Contribution          | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>STAMP</b><br>5. Date Of Receipt: <b>06/15/2024</b><br>6. Vendor Name & Address:<br><b>THESTAMPMAKER.COM</b><br><b>334 S HARVEY ST,</b><br><b>PLYMOUTH, MI 48170</b>    | \$ <b>50.26</b>                | \$ <b>6,210.52</b>                                        |
| Contribution #3      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br>HAITHAM SITTO<br>44731 WOODWARD AVE<br>PONTIAC, MI 48341<br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>OWNER</b><br>Employer Name & Address:<br>SITTO SIGNS<br>44731 WOODWARD AVE,<br>PONTIAC, MI 48341<br><input type="checkbox"/> Fund Raiser Contribution                       | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>SIGN STICKER</b><br>5. Date Of Receipt: <b>06/20/2024</b><br>6. Vendor Name & Address:<br><b>SITTO SIGNS</b><br><b>44731 WOODWARD AVE,</b><br><b>PONTIAC, MI 48341</b> | \$ <b>12.00</b>                | \$ <b>1,262.00</b>                                        |

Page Subtotal **72.85** **1,262.00**

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

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number **98286**

## CANDIDATE COMMITTEE

2. Committee Name **SCOTT FARIDA FOR PROSECUTOR**

| 3. Name and Address from whom received<br>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).<br>Report <u>all</u> in-kind contributions.                                                                                                        | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>6. Name & Address of Vendor from whom goods or services were purchased                                                                                                                                                                                                                                                                                                                                                                                             | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------|
| Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br>SCOTT FARIDA<br>344 ROCKWELL ST<br>STE 207<br>PONTIAC, MI 48341<br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>ATTORNEY</b><br>Employer Name & Business Address:<br>SELF<br>344 ROCKWELL ST,<br>STE 207,<br>PONTIAC, MI 48341<br><input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>CARDS</b><br>5. Date Of Receipt: <b>06/23/2024</b><br>6. Vendor Name & Address:<br><b>HALLMARK</b><br><b>17690 W 13 MILE RD,</b><br><b>FRANKLIN, MI 48025</b>              | \$ <b>47.67</b>                | \$ <b>6,258.19</b>                                        |
| Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br>SCOTT FARIDA<br>344 ROCKWELL ST<br>STE 207<br>PONTIAC, MI 48341<br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>ATTORNEY</b><br>Employer Name & Address:<br>SELF<br>344 ROCKWELL ST,<br>STE 207,<br>PONTIAC, MI 48341<br><input type="checkbox"/> Fund Raiser Contribution          | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>OWNED VENUE SPACE - FMV</b><br>5. Date Of Receipt: <b>06/29/2024</b><br>6. Vendor Name & Address:                                                                          | \$ <b>5,000.00</b>             | \$ <b>11,258.19</b>                                       |
| Contribution #3      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br>SCOTT FARIDA<br>344 ROCKWELL ST<br>STE 207<br>PONTIAC, MI 48341<br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>ATTORNEY</b><br>Employer Name & Address:<br>SELF<br>344 ROCKWELL ST,<br>STE 207,<br>PONTIAC, MI 48341<br><input type="checkbox"/> Fund Raiser Contribution           | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>WEB SERVICE</b><br>5. Date Of Receipt: <b>06/30/2024</b><br>6. Vendor Name & Address:<br><b>GOOGLE</b><br><b>1600 AMPHITHEATRE PKWY,</b><br><b>MOUNTAIN VIEW, CA 94043</b> | \$ <b>26.00</b>                | \$ <b>11,284.19</b>                                       |

Page Subtotal **5,073.67** **0.00**

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

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number **98286**

## CANDIDATE COMMITTEE

2. Committee Name **SCOTT FARIDA FOR PROSECUTOR**

| 3. Name and Address from whom received<br>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).<br>Report <u>all</u> in-kind contributions.                                                                                                                                                                | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>6. Name & Address of Vendor from whom goods or services were purchased                                                                                                                                                                                                                                                                                                                                                                                   | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------|
| Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>SCOTT FARIDA</b><br><b>344 ROCKWELL ST</b><br><b>STE 207</b><br><b>PONTIAC, MI 48341</b><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>ATTORNEY</b><br>Employer Name & Business Address:<br><b>SELF</b><br><b>344 ROCKWELL ST,</b><br><b>STE 207,</b><br><b>PONTIAC, MI 48341</b><br><input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>PARADE CANDY</b><br>5. Date Of Receipt: <b>07/03/2024</b><br>6. Vendor Name & Address:<br><b>COSTCO</b><br><b>400 BROWN RD,</b><br><b>AUBURN HILLS, MI 48326</b> | \$ <b>99.95</b>                | \$ <b>11,384.14</b>                                       |
| Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><br><br>If over \$100.00 cumulative, please provide:<br>Occupation:<br>Employer Name & Address:<br><br><br><input type="checkbox"/> Fund Raiser Contribution                                                                                                                                                                                                  | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description<br>5. Date Of Receipt:<br>6. Vendor Name & Address:<br><br><br><a href="#">Click Here for Memo Itemization</a>                                                                 | \$<br>\$                       | \$                                                        |
| Contribution #3      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><br><br>If over \$100.00 cumulative, please provide:<br>Occupation:<br>Employer Name & Address:<br><br><br><input type="checkbox"/> Fund Raiser Contribution                                                                                                                                                                                                   | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description<br>5. Date Of Receipt:<br>6. Vendor Name & Address:<br><br><br><a href="#">Click Here for Memo Itemization</a>                                                                 | \$<br>\$                       | \$                                                        |

Page Subtotal

**99.95**

**11,384.14**

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

**12,946.14**

Enter this total  
on line 6 of Summary  
Page



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

1. Committee I. D. Number **98286**  
2. Committee Name **SCOTT FARIDA FOR PROSECUTOR**

| 3. Name and address of person or vendor to whom paid                                                                                                               | 4. Purpose (Required Information)                                                                                                                              | 5. Date                   | 6. Amount          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------|
| Expenditure #1<br>Name <b>SITTO SIGNS</b><br><br>Address<br><b>44731 WOODWARD AVE<br/>PONTIAC, MI 48341</b><br><br><input type="checkbox"/> Fund Raiser            | Purpose: <b>SIGNS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement            | <b>06/27/2024</b><br>Date | \$ <b>4,240.00</b> |
| Expenditure #2<br>Name <b>OCRCP</b><br><br>Address<br><b>42611 WOODWARD AVE<br/>BLOOMFIELD HILLS, MI 48304</b><br><br><input type="checkbox"/> Fund Raiser         | Purpose: <b>SPONSORSHIP</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement      | <b>06/27/2024</b><br>Date | \$ <b>250.00</b>   |
| Expenditure #3<br>Name <b>EXCLUSIVE IMAGERY</b><br><br>Address<br><b>1505 E ELEVEN MILE RD<br/>ROYAL OAK, MI 48067</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <b>SIGNS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement            | <b>07/08/2024</b><br>Date | \$ <b>1,290.00</b> |
| Expenditure #4<br>Name <b>ANEDOT</b><br><br>Address<br><b>1340 POYDRAS ST<br/>NEW ORLEANS, LA 70112</b><br><br><input type="checkbox"/> Fund Raiser                | Purpose: <b>TRANSACTION FEES</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <b>07/14/2024</b><br>Date | \$ <b>411.60</b>   |
| Expenditure #5<br>Name<br><br>Address<br><br><br><input type="checkbox"/> Fund Raiser                                                                              | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                   | _____<br>Date             | \$ _____           |

Subtotal this page **6,191.60**  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **6,191.60**

Enter this total  
on line 8a of  
Summary Page