



FILED

24 JUL 2024 PM 09:11

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

98292

2. Committee Name

FRIENDS OF MIKE MCCREADY

5. Committee's Mailing Address

P.O, BOX 22
STE 2210E
NOVI, MI 48376

Area Code and Phone (248) 561-5055

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

4. Candidate Last Name

MCCREADY

First Name

MICHAEL

M.I.

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

TOWNSHIP SUPERVISOR, BLOOMFIELD TWP

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

6. Treasurer's Name & Residential Address

**DAVID STAUDT
43155 MAIN ST
STE 2210E
NOVI, MI 48375**

Area Code & Phone (248) 561-5055

7. Treasurer's Business Address

**43155 MAIN ST
STE 2210E
NOVI, MI 48375**

Area Code and Phone (248) 561-5055

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

07/24/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/24/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 98292

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name FRIENDS OF MIKE MCCREADY

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>27,756.46</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>27,756.46</u>	(18.) \$ <u>28,031.46</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>27,756.46</u>	(20.) \$ <u>28,031.46</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>13,299.53</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>13,299.53</u>	(23.) \$ <u>13,300.83</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>0.00</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>273.70</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>27,756.46</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>28,030.16</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>13,299.53</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>14,730.63</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98292
2. Committee Name FRIENDS OF MIKE MCCREADY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☒ YES	4. Date of Receipt <u>01/30/2024</u>	
Name & Address: WORC PO BOX 281 NOVI, MI 48376		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/21/2024</u>	
Name & Address: KEVIN GITRE 129 E BLUFF DR HARBOR SPRINGS, MI 49740		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SVP SALES</u> Employer <u>ENLYTE</u> Business Address <u>9771 CLAIREMONT MESA BLVD, SAN DIEGO, CA 92124</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/06/2024</u>	
Name & Address: LINDA COSTELLO 4072 CRANBROOK CT BLOOMFIELD HILLS, MI 48301		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>N/A, N/A, MI 00000</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/07/2024</u>	
Name & Address: PAUL HOGE 930 SUNNINGDALE DR BLOOMFIELD TWP, MI 48302		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE BROKER</u> Employer <u>SIGNATURE ASSOCIATES</u> Business Address <u>1 TOWNE SQUARE, STE 1200, SOUTHFIELD, MI 48076</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,050.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 98292
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/07/2024</u> Name & Address: GERD KEUFFEL 1329 W INDIAN MOUND RD BLOOMFIELD HILLS, MI 48301		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>N/A, N/A, MI 00000</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/07/2024</u> Name & Address: ALAN MUST 1250 WATER CLIFF DR BLOOMFIELD TWP, MI 48302		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>AM RLT</u> Business Address <u>1250 WATER CLIFF DR, BLOOMFIELD TWP, MI 48302</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/07/2024</u> Name & Address: THOMAS RITTER 1239 COPPERWOOD DR BLOOMFIELD TWP, MI 48302		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>DOS BROS</u> Business Address <u>1200 E AVIS DR, MADISON HEIGHTS, MI 48071</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/08/2024</u> Name & Address: JOHN CHRISTIAN 3025 CROFT WAY BLOOMFIELD HILLS, MI 48302		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>CHRISTIAN AND CO</u> Business Address <u>100 W LONG LAKE RD, STE 210, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,950.00**

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

1. Committee I.D. Number 98292
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/08/2024</u> Name & Address: WILLIAM FAREN 1185 LAKE PARK DR BIRMINGHAM, MI 48009		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>N/A, N/A, MI 00000</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/08/2024</u> Name & Address: MARTIN GILLESPIE 260 BILLINGSGATE CT BLOOMFIELD TWP, MI 48301		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>HANSEN MARKETING</u> Business Address <u>PO BOX 640, WALLED LAKE, MI 48390</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/08/2024</u> Name & Address: GREGORY JAMIAN 1565 LAKEWOOD RD BLOOMFIELD TWP, MI 48302		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>AMERICARE MEDICAL</u> Business Address <u>1938 WOODSLEE AVE, TROY, MI 48083</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/08/2024</u> Name & Address: DONALD KEGLEY 9301 ROLLING RIDGE DR TRAVERSE CITY, MI 49686		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>CUNNINGHAM LIMP</u> Business Address <u>28970 CABOT DR, #100, NOVI, MI 48377</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 750.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/08/2024</u>	
Name & Address: JAMES WILLIAMS 4600 KIRKCALDY RD BLOOMFIELD HILLS, MI 48304		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LAW OFFICES OF JAMES WILLIAMS</u> Business Address <u>4600 KIRKCALDY RD, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/09/2024</u>	
Name & Address: LANIE ANDERSON 4064 CRANBROOK CT BLOOMFIELD HILLS, MI 48301		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>N/A, N/A, MI 00000</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/09/2024</u>	
Name & Address: TERENCE DONNELLY 368 N WILLIAMSBURY RD BLOOMFIELD HILLS, MI 48301		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>N/A, N/A, MI 00000</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/09/2024</u>	
Name & Address: JAMES FABIANO 439 GLENN DR HARBOR SPRINGS, MI 49740		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE CHAIRMAN</u> Employer <u>FABIANO BROS INC</u> Business Address <u>1885 BEVANDA CT, BAY CITY, MI 48706</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 650.00

Grand Total of All Schedules 1A
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/12/2024</u> Name & Address: DAVID CARLETON 80 DEVON RD BLOOMFIELD TWP, MI 48302		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>FIELDSTONE PROPERTIES</u> Business Address <u>1250 LIBRARY ST, DETROIT, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/12/2024</u> Name & Address: GERALD DIETZ 6 THE OAKS DR BLOOMFIELD HILLS, MI 48301		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENDODONTIST</u> Employer <u>ENDODONTIC ASSOCIATES</u> Business Address <u>50 WEST BIG BEAVER ROAD, #200, TROY, MI 48304</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/12/2024</u> Name & Address: PAUL SLOCUM 3882 MILLER WAY S BLOOMFIELD HILLS, MI 48301		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>N/A, N/A, MI 00000</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/13/2024</u> Name & Address: JON BONK 135 VORN LN BLOOMFIELD HILLS, MI 48301		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>N/A, N/A, MI 00000</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,450.00**

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

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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/13/2024</u>	
Name & Address: ALLEN BREITSCHUH 1169 CHELSEA BLVD OXFORD, MI 48371		\$ <u>276.35</u>	\$ <u>276.35</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TELECOMMUNICATIONS SPECIALIST</u> Employer <u>AT&T</u> Business Address <u>208 S AKARD ST, DALLAS, TX 75202</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/13/2024</u>	
Name & Address: LYNNAE BREITSCHUH 1169 CHELSEA BLVD OXFORD, MI 48371		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMINISTRATOR</u> Employer <u>PUROCLEAN</u> Business Address <u>6001 HIATUS RD, TAMARAC, FL 33321</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/13/2024</u>	
Name & Address: MARK DAVIS 1000 SOUTH POINTE DR APT 1608 MIAMI, FL 33149		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>SIGNAL RESTORATION SERVICES</u> Business Address <u>2490 INDUSTRIAL ROW DR, TROY, MI 48084</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/13/2024</u>	
Name & Address: BRET MARR 1321 IVYWOOD DR MERIDIAN TWP, MI 48864		\$ <u>104.48</u>	\$ <u>104.48</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MEMBER</u> Employer <u>MHSA</u> Business Address <u>124 W ALLEGAN ST, LANSING, MI 48933</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 2,605.83

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/14/2024</u>	
Name & Address: DANIEL DIETZ 2654 E LAKE RD HARBOR SPRINGS, MI 49740		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/14/2024</u>	
Name & Address: JAMES JUETT 5981 MILLER WAY E BLOOMFIELD HILLS, MI 48301		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>N/A, N/A, MI 00000</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/14/2024</u>	
Name & Address: THOMAS VAN DUSEN 3811 OAKHILLS DR BLOOMFIELD HILLS, MI 48301		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>BODMAN PLC</u> Business Address <u>201 W BIG BEAVER RD, STE 500, TROY, MI 48084</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/15/2024</u>	
Name & Address: MALCOM BROWN 5996 LAHSER RD BLOOMFIELD HILLS, MI 48301		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>N/A, N/A, MI 00000</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 500.00

Grand Total of All Schedules 1A
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/15/2024</u> Name & Address: JAMES FUTTERKNECHT 2911 HEATHER CT BLOOMFIELD TWP, MI 48302		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>MONUMENT MICROCAP PARTNERS</u> Business Address <u>40900 WOODWARD AVE, STE 270, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/15/2024</u> Name & Address: DAVID KIRSCH 25935 DUNDEE RD HUNTINGTON WOODS, MI 48070		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/15/2024</u> Name & Address: RICHARD LYNCH 2002 EAGLE POINTE APT 761 BLOOMFIELD HILLS, MI 48304		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>N/A, N/A, MI 00000</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/15/2024</u> Name & Address: RAYMOND PERKINS 2369 CLOISTER CT TROY, MI 48085		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>N/A, N/A, MI 00000</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 500.00

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

1. Committee I.D. Number 98292
2. Committee Name FRIENDS OF MIKE MCCREADY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/15/2024</u>	
Name & Address: ROBERT RAUTH 5575 SHADOW LN BLOOMFIELD HILLS, MI 48302		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>N/A, N/A, MI 00000</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/15/2024</u>	
Name & Address: DONALD STEBBINS 2582 KENT RIDGE CT BLOOMFIELD HILLS, MI 48301		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>N/A, N/A, MI 00000</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/16/2024</u>	
Name & Address: CTE SHELLEY GOODMAN TAUB 1959 SHORE HILL DR BLOOMFIELD TWP, MI 48302		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/17/2024</u>	
Name & Address: KEVIN BARRY 3350 BURNING BUSH RD BLOOMFIELD HILLS, MI 48301		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>KB WEALTH MANAGEMENT</u> Business Address <u>7 W SQUARE LAKE RD, BLOOMFIELD TWP, MI 48302</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 600.00

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

1. Committee I.D. Number 98292
2. Committee Name FRIENDS OF MIKE MCCREADY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/17/2024</u>	
Name & Address: DONALD NOBLE 111 GLENGARRY RD BLOOMFIELD HILLS, MI 48301		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>H & N ASSOCIATES INC</u> Business Address <u>111 GLENGARRY RD, BLOOMFIELD HILLS, MI 48301</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2024</u>	
Name & Address: MICHAEL FENNESSY 21800 W 14 MILE RD BLOOMFIELD HILLS, MI 48301		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRINCIPAL</u> Employer <u>DIETZ COMMERCIAL</u> Business Address <u>1932 KLINGENSMITH RD, BLOOMFIELD TWP, MI 48302</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2024</u>	
Name & Address: SURENDRA KHAMBETE 1455 LOCHRIDGE RD BLOOMFIELD HILLS, MI 48302		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>INDRATECH</u> Business Address <u>1212 E MAPLE RD, TROY, MI 48083</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2024</u>	
Name & Address: JEFFREY MOSS 3801 MILLER WAY S BLOOMFIELD HILLS, MI 48301		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>ASCENTIAL TECHNOLOGIES</u> Business Address <u>730 PLYMOUTH AVE NE, GRAND RAPIDS, MI 49505</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,100.00

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

1. Committee I.D. Number 98292
2. Committee Name FRIENDS OF MIKE MCCREADY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/22/2024</u>	
Name & Address: NEAL BARNETT 6730 OAKHILLS DR BLOOMFIELD HILLS, MI 48301		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LAW OFFICES OF NEAL BARNETT</u> Business Address <u>2041 E SQUARE LAKE RD, #100, TROY, MI 48085</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/22/2024</u>	
Name & Address: FOUAD BATAH 572 BARRINGTON PARK BLOOMFIELD HILLS, MI 48304		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>MICHIGAN PREMIER INTERNISTS</u> Business Address <u>29877 TELEGRAPH RD, #200, SOUTHFIELD, MI 48034</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/22/2024</u>	
Name & Address: THOMAS BETRUS 1863 LONG POINTE DR BLOOMFIELD TWP, MI 48302		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>DETROIT FLEX DEFENSE</u> Business Address <u>2921 INDUSTRIAL ROW DR, TROY, MI 48084</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/22/2024</u>	
Name & Address: ROBERT BYERLEIN 652 OVERBROOK RD BLOOMFIELD TWP, MI 48302		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GOLF SERVICE MANAGER</u> Employer <u>OAKLAND HILLS COUNTRY CLUB</u> Business Address <u>3951 W MAPLE RD, BLOOMFIELD TWP, MI 48301</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,450.00**

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

1. Committee I.D. Number 98292
2. Committee Name FRIENDS OF MIKE MCCREADY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/22/2024</u>	
Name & Address: DAVID CARLETON 80 DEVON RD BLOOMFIELD TWP, MI 48302		\$ <u>300.00</u>	\$ <u>800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>FIELDSTONE PROPERTIES</u> Business Address <u>1250 LIBRARY ST, DETROIT, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/22/2024</u>	
Name & Address: ALBERT CASSAR 1810 LONG POINTE DR BLOOMFIELD TWP, MI 48302		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>VICTOR L CASSAR MANAGEMENT CO</u> Business Address <u>39395 W 12 MILE RD, FARMINGTON HILLS, MI 48331</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/22/2024</u>	
Name & Address: JANETTE CASSAR 1810 LONG POINTE DR BLOOMFIELD TWP, MI 48302		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer <u>N/A</u> Business Address <u>N/A, N/A, MI 00000</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/22/2024</u>	
Name & Address: FARAH DAWOOD FARAH 1738 HERON RIDGE DR BLOOMFIELD HILLS, MI 48302		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>FDFARAH LLC</u> Business Address <u>1701 E SOUTH BLVD, STE 190, ROCHESTER HILLS, MI 48307</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,750.00**

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

1. Committee I.D. Number 98292
2. Committee Name FRIENDS OF MIKE MCCREADY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/22/2024</u> Name & Address: TIMOTHY DUGAN 3818 FAR HILL DR BLOOMFIELD HILLS, MI 48304		\$ <u>175.00</u>	\$ <u>175.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KOTZ SANGSTER</u> Business Address <u>36700 WOODWARD AVE, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/22/2024</u> Name & Address: CREIGHTON FORESTER KENSINGTON CT BRIGHTON, MI 48116		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>FORTECH PRODUCTS INC</u> Business Address <u>7600 KENSINGTON CT, BRIGHTON, MI 48116</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/22/2024</u> Name & Address: RICHARD IRWIN 3815 CARRIAGE LN BLOOMFIELD HILLS, MI 48301		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>ALMO MANIFOLD TOOL CO</u> Business Address <u>PO BOX 112, EAST TAWAS, MI 48730</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/22/2024</u> Name & Address: JAMIE JIMENEZ 760 UNIVERSITY PL GROSSE POINTE, MI 48230		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE AGENT</u> Employer <u>BOLTON JOHNSON</u> Business Address <u>18322 MACK AVE, GROSSE POINTE FARMS, MI 48236</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,625.00**

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

1. Committee I.D. Number 98292
2. Committee Name FRIENDS OF MIKE MCCREADY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/22/2024</u> Name & Address: KEVIN KENNEDY 607 OVERBROOK RD BLOOMFIELD TWP, MI 48302		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>BLAKE KIRCHNER</u> Business Address <u>800 W LONG LAKE RD, STE 200, BLOOMFIELD TWP, MI 48302</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/22/2024</u> Name & Address: KOSTAN KOSTOPOULOS 3029 E RIDGE CT BLOOMFIELD TWP, MI 48302		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGING PARTNER</u> Employer <u>KOSTOPOILOS RODRIGUEZ PLLC</u> Business Address <u>500 W MERRILL ST, STE 100, BIRMINGHAM, MI 48009</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/22/2024</u> Name & Address: JACK MARTIN 1466 W SQUARE LAKE RD BLOOMFIELD HILLS, MI 48302		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHAIRMAN</u> Employer <u>MARTIN ARRINGTON MARTIN PC</u> Business Address <u>3200 TELEGRAPH RD, STE 444, FRANKLIN, MI 48025</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/22/2024</u> Name & Address: GLENN MURRAY 5961 MILLER WAY E BLOOMFIELD HILLS, MI 48301		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>N/A, N/A, MI 00000</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,450.00**

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

1. Committee I.D. Number 98292
2. Committee Name FRIENDS OF MIKE MCCREADY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/22/2024</u>	
Name & Address: FREDRICK NADER 3775 WEDGEWOOD DR BLOOMFIELD HILLS, MI 48301		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT FINANCE</u> Employer <u>WALK THE LINE RECOVERY</u> Business Address <u>23800 W 10 MILE RD, STE 193, SOUTHFIELD, MI 48033</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/22/2024</u>	
Name & Address: KATHRYN PETOSKEY 2880 W HICKORY GROVE RD BLOOMFIELD TWP, MI 48302		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR OF FINANCE</u> Employer <u>DYNAMICHR</u> Business Address <u>42714 WOODWARD AVE, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/22/2024</u>	
Name & Address: JANET RONCELLI LANE CT WARREN, MI 48088		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>BERMAR ASSOCIATES</u> Business Address <u>433 MINNESOTA RD, TROY, MI 48083</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/22/2024</u>	
Name & Address: LEO SAVOIE 3883 MILLER WAY S BLOOMFIELD HILLS, MI 48301		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>N/A, N/A, MI 00000</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **3,225.00**

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

1. Committee I.D. Number 98292
2. Committee Name FRIENDS OF MIKE MCCREADY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/22/2024</u> Name & Address: KEVIN VOGLER 4331 SPRUCE HILL LN BLOOMFIELD HILLS, MI 48301		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGING MEMBER</u> Employer <u>GRAY HAIR HOLDINGS</u> Business Address <u>34977 WOODWARD AVE, #450, BIRMINGHAM, MI 48009</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/22/2024</u> Name & Address: BETTYE VONCIEL ARRINGTON 1466 W SQUARE LAKE RD BLOOMFIELD HILLS, MI 48302		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGING DIRECTOR</u> Employer <u>MARTIN ARRINGTON MARTIN PC</u> Business Address <u>TELEGRAPH RD, FRANKLIN, MI 48025</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/22/2024</u> Name & Address: FREDRICK WENDELL 1888 CRAGIN DR BLOOMFIELD HILLS, MI 48302		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>N/A, N/A, MI 00000</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/22/2024</u> Name & Address: MARK WOODS 6063 SNOWSHOE CIRCLE BLOOMFIELD HILLS, MI 48301		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COO</u> Employer <u>SIGNATURE ASSOCIATES</u> Business Address <u>1 TOWNE SQUARE, STE 1200, SOUTHFIELD, MI 48076</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,550.00**

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

1. Committee I.D. Number 98292
2. Committee Name FRIENDS OF MIKE MCCREADY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/23/2024</u>	
Name & Address: GREG SANDLER 248 WESTBOURNE DR BLOOMFIELD HILLS, MI 48301		\$ <u>521.15</u>	\$ <u>521.15</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>DYNAMIC MACHINE</u> Business Address <u>1653 E MAPLE RD, TROY, MI 48083</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/23/2024</u>	
Name & Address: PHILLIP SEAVER 4225 WENDELL RD WEST BLOOMFIELD, MI 48323		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SEAVER TITLE AGENCY</u> Business Address <u>42651 WOODWARD AVE, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/27/2024</u>	
Name & Address: MICHAEL COSTELLO 4072 CRANBROOK CT BLOOMFIELD HILLS, MI 48301		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>BODMAN PLC</u> Business Address <u>4967 CROOKS RD, STE 113, TROY, MI 48098</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/27/2024</u>	
Name & Address: NICK SCAVONE 715 PILGRIM AVE BIRMINGHAM, MI 48009		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>BODMAN PLC</u> Business Address <u>201 W BIG BEAVER RD, STE 500, TROY, MI 48084</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,071.15**

Grand Total of All Schedules 1A
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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98292
2. Committee Name FRIENDS OF MIKE MCCREADY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/27/2024</u> Name & Address: MICHAEL SOKOL 3897 MILLER WAY S BLOOMFIELD HILLS, MI 48301		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNT EXECUTIVE</u> Employer <u>METLIFE</u> Business Address <u>200 GALLERIA OFFICENTRE, STE 410, SOUTHFIELD, MI 48034</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/29/2024</u> Name & Address: CHARLES KOJAIAN 601 ORCHARD RIDGE RD BLOOMFIELD HILLS, MI 48304		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>KOJAIAN COMPANIES</u> Business Address <u>39400 WOODWARD AVE, STE 250, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/04/2024</u> Name & Address: JACOB SIMON 2975 W HICKORY GROVE RD BLOOMFIELD TWP, MI 48302		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TAFT LAW FIRM</u> Business Address <u>27777 FRANKLIN RD, #2500, SOUTHFIELD, MI 48034</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/17/2024</u> Name & Address: MICHAEL MCCREADY 4957 BLOOMFIELD RIDGE BLOOMFIELD TWP, MI 48302		\$ <u>104.48</u>	\$ <u>104.48</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>N/A, N/A, MI 00000</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,779.48**

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

1. Committee I.D. Number 98292
2. Committee Name FRIENDS OF MIKE MCCREADY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/20/2024</u> Name & Address: CHRISTIAN GROTHE 275 S OLD WOODWARD AVE BIRMINGHAM, MI 48009 5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE AGENT</u> Employer <u>MAX BROOCK REALTORS</u> Business Address <u>275 S OLD WOODWARD AVE, BIRMINGHAM, MI 48009</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/20/2024</u> Name & Address: JULIE NAGLE 1239 N STATE PKWY CHICAGO, IL 60610 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>N/A, N/A, MI 00000</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>200.00</u>	\$ <u>200.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/20/2024</u> Name & Address: TONYA SCHUITMAKER 29924 60TH AVE LAWTON, MI 49065 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/24/2024</u> Name & Address: RACHELLE ANGELL 2816 BIRCHWOOD CT BLOOMFIELD TWP, MI 48302 5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>LAND TITLE HOLDING COMPANY</u> Business Address <u>3331 W BIG BEAVER RD, STE 114, TROY, MI 48084</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>300.00</u>	\$ <u>300.00</u>

Page Subtotal 850.00

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

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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98292
2. Committee Name FRIENDS OF MIKE MCCREADY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/24/2024</u> Name & Address: MARK ARMSTRONG 944 STUYVESSANT RD BLOOMFIELD HILLS, MI 48301		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BOARD CHAIRMAN</u> Employer <u>BEST LIFE BRANDS</u> Business Address <u>900 WILSHIRE DR, STE 102, TROY, MI 48084</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/24/2024</u> Name & Address: THOMAS MCCONNELL 3814 OAKHILLS DR BLOOMFIELD HILLS, MI 48301		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>GREAT LAKES SALES AND CONSULTING</u> Business Address <u>3814 OAKHILLS DR, BLOOMFIELD HILLS, MI 48301</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/30/2024</u> Name & Address: CLAUDINE BACHER 933 HERITAGE DR BLOOMFIELD TWP, MI 48304		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>N/A, N/A, MI 00000</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/08/2024</u> Name & Address: MATTHEW SCHMIDT 349 BRACKEN DR TROY, MI 48098		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>N/A, N/A, MI 00000</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,600.00**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98292
2. Committee Name FRIENDS OF MIKE MCCREADY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2024</u>	
Name & Address: JAY HANSEN 5920 SNOWSHOE CIR BLOOMFIELD HILLS, MI 48301		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation <u>INVESTMENT ADVISOR</u> Employer <u>O2 INVESTMENT PARTNERS</u>			
Business Address <u>40900 WOODWARD AVE, STE 200, BLOOMFIELD HILLS, MI 48304</u>			
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal

250.00

Grand Total of All Schedules 1A
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27,756.46

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **98292**
2. Committee Name **FRIENDS OF MIKE MCCREADY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name D2 STRATEGY & RESEARCH Address 320 E CHURCH ST VILLAGE OF CLARKSTON, MI 48346 ☐ Fund Raiser	Purpose: <u>CAMPAIGN MANAGEMENT (IN HOUSE)</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/01/2024</u> Date	\$ <u>1,000.00</u>
Expenditure #2 Name D2 STRATEGY & RESEARCH Address 320 E CHURCH ST VILLAGE OF CLARKSTON, MI 48346 ☐ Fund Raiser	Purpose: <u>CAMPAIGN MANAGEMENT (IN HOUSE)</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/01/2024</u> Date	\$ <u>1,000.00</u>
Expenditure #3 Name D2 STRATEGY & RESEARCH Address 320 E CHURCH ST VILLAGE OF CLARKSTON, MI 48346 ☐ Fund Raiser	Purpose: <u>CAMPAIGN MAILING AND DESIGN</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Memo Itemization Below	<u>05/21/2024</u> Date	\$ <u>1,964.66</u>
Expenditure #4 Name ROYAL BLUE DESIGN Address 10072 HOLLISTER RD LAINGSBURG, MI 48848 ☐ Fund Raiser	Purpose: <u>CAMPAIGN BUSINESS CARDS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement (Memo Itemization)	<u>05/07/2024</u> Date	\$ <u>(137.18)</u>
Expenditure #5 Name MOBILO Address 1178 BROADWAY NEW YORK, NY 10001 ☐ Fund Raiser	Purpose: <u>CAMPAIGN ELECTRONIC BC</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement (Memo Itemization)	<u>05/13/2024</u> Date	\$ <u>(94.71)</u>

Subtotal this page **3,964.66**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **98292**
2. Committee Name **FRIENDS OF MIKE MCCREADY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ROYAL BLUE DESIGN Address 10072 HOLLISTER RD LAINGSBURG, MI 48848 ☐ Fund Raiser	Purpose: DESIGN (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/22/2024 Date	\$ (120.00)
Expenditure #2 Name US POSTAL SERVICE Address 4800 COLLINS RD LANSING, MI 48909 ☐ Fund Raiser	Purpose: POSTAGE (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/22/2024 Date	\$ (326.56)
Expenditure #3 Name FORESIGHT GROUP PRINTING Address 2282 N MARTIN LUTHER KING JR BLVD LANSING, MI 48906 ☐ Fund Raiser	Purpose: CAMPAIGN MARKETING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/22/2024 Date	\$ (1,285.99)
Expenditure #4 Name DELUXE Address 801 S MARQUETTE AVE MINNEAPOLIS, MN 55402 ☐ Fund Raiser	Purpose: CHECKING SUPPLIES (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/22/2024 Date	\$ 206.65
Expenditure #5 Name BTFD CHARITIES Address 4200 TELEGRAPH RD BLOOMFIELD HILLS, MI 48302 ☐ Fund Raiser	Purpose: COMMUNITY EVENT SPONSORSHIP (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/25/2024 Date	\$ 300.00

Subtotal this page **506.65**

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

1. Committee I. D. Number **98292**
2. Committee Name **FRIENDS OF MIKE MCCREADY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name D2 STRATEGY & RESEARCH Address 320 E CHURCH ST VILLAGE OF CLARKSTON, MI 48346 ☐ Fund Raiser	Purpose: <u>CAMPAIGN PRINT AND MAIL</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/29/2024</u> Date	\$ <u>1,918.24</u>
Expenditure #2 Name NOVI ROTARY Address PO BOX 159 NOVI, MI 48376 ☐ Fund Raiser	Purpose: <u>COMMUNITY EVENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/31/2024</u> Date	\$ <u>204.75</u>
Expenditure #3 Name D2 STRATEGY & RESEARCH Address 320 E CHURCH ST VILLAGE OF CLARKSTON, MI 48346 ☐ Fund Raiser	Purpose: <u>CAMPAIGN MANAGEMENT (IN HOUSE)</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/01/2024</u> Date	\$ <u>1,000.00</u>
Expenditure #4 Name FOREST LAKE COUNTRY CLUB Address 1401 CLUB DR BLOOMFIELD HILLS, MI 48302 ☒ Fund Raiser	Purpose: <u>FUNDRAISER FOOD AND BEVERAGE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/06/2024</u> Date	\$ <u>4,010.44</u>
Expenditure #5 Name ANEDOT INC Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: <u>CC PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/20/2024</u> Date	\$ <u>124.66</u>

Subtotal this page **7,258.09**

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

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **98292**
2. Committee Name **FRIENDS OF MIKE MCCREADY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name LEO SAVOIE Address 3883 MILLER WAY S BLOOMFIELD HILLS, MI 48301 ☒ Fund Raiser	Purpose: FOOD & BEVERAGES Memo Itemization Below ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/27/2024 Date	\$ 311.83
Expenditure #2 Name FOREST LAKE COUNTRY CLUB Address 1401 CLUB DR BLOOMFIELD HILLS, MI 48302 ☐ Fund Raiser	Purpose: FOOD FOR FR EVENT (Memo Itemization) ☒ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/06/2024 Date	\$ (311.83)
Expenditure #3 Name ANGEL'S PLACE Address 29299 FRANKLIN RD SOUTHFIELD, MI 48034 ☐ Fund Raiser	Purpose: CONTRIBUTION FOR NON-PROFIT EVENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/27/2024 Date	\$ 250.00
Expenditure #4 Name D2 STRATEGY & RESEARCH Address 320 E CHURCH ST VILLAGE OF CLARKSTON, MI 48346 ☐ Fund Raiser	Purpose: CAMPAIGN MANAGEMENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/08/2024 Date	\$ 1,000.00
Expenditure #5 Name ANEDOT INC Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: CC PROCESSING FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/20/2024 Date	\$ 8.30

Subtotal this page	1,570.13
Grand Total of all Schedules 1B (Complete on last page of Schedule)	13,299.53

Enter this total
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Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **98292**
2. Committee Name **FRIENDS OF MIKE MCCREADY**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 05/22/2024	4. Number of Individuals Attending or Participating (whichever is greater) 75	5. Type of Fund Raising Activity RECEPTION	6. Address and Name (If any) of the place where the activity was held. FOREST LAKE COUNTRY CLUB 1401 CLUB DR BLOOMFIELD HILLS, MI 48302 ☐ Private Residence
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7. Total Contributions **21,750.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **21,750.00**
10. Total Cost of Event **5,975.10**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.