



FILED

26 JUL 2024 PM 12:31

OAKLAND COUNTY CLERK
PONTIAC, MICHIGAN

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**CANDIDATE COMMITTEE
COVER PAGE**

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

3. This Statement covers From: 01/01/2024 to 07/21/2024

1. Committee I.D. Number

92266

2. Committee Name

FRIENDS OF MICHAEL BOUCHARD

5. Committee's Mailing Address

**P O BOX 1835
BIRMINGHAM, MI 48012**

Area Code and Phone (248) 645-5664
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

BOUCHARD

First Name

MICHAEL

M.I.

J

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

COUNTY SHERIFF, OAKLAND COUNTY

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

6. Treasurer's Name & Residential Address

**ANTHONY H BUFFA
1590 CHANTICLAIR CIRCLE
WIXOM, MI 48393**

Area Code & Phone (586) 441-8212

7. Treasurer's Business Address

**1590 CHANTICLAIR CIRCLE
WIXOM, MI 48393**

Area Code and Phone (586) 441-8212

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone () -

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☒ Primary
☐ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Date of Election, Convention or Caucus

08/06/2024

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.)

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 92266

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name FRIENDS OF MICHAEL BOUCHARD

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>204,575.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>204,575.00</u>	(18.) \$ <u>830,750.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>68.71</u>	(19.) \$ <u>638.30</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>204,643.71</u>	(20.) \$ <u>831,388.30</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>3,000.00</u>	(21.) \$ <u>15,500.00</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>4,978.69</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>164.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>5,142.69</u>	(23.) \$ <u>69,510.35</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>600,763.52</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>204,643.71</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>805,407.23</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>5,142.69</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>800,264.54</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 92266
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

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>01/16/2024</u>	
Name & Address: JAY R SCHREIBMAN 3518 ERIE DR WEST BLOOMFIELD TOWNSHIP, MI 48324		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>LSG INSURANCE PARTNERS</u> Business Address <u>2600 S TELEGRAPH RD, BLOOMFIELD HILLS, MI 48302</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/16/2024</u>	
Name & Address: MONIQUE WEISS 2774 TURTLELAKE DR BLOOMFIELD HILLS, MI 48302		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer <u>HOMEMAKER</u> Business Address <u>2774 TURTLELAKE DR, BLOOMFIELD HILLS, MI 48302</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/26/2024</u>	
Name & Address: BLAIR BOWMAN 46100 GRAND RIVER AVE NOVI, MI 48374		\$ <u>5,000.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SUBURBAN COLLECTION SHOWPLACE</u> Business Address <u>46100 GRAND RIVER AVE, NOVI, MI 48374</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☒ YES	4. Date of Receipt <u>03/02/2024</u>	
Name & Address: UWM STATE PAC 585 S BLVD E PONTIAC, MI 48341		\$ <u>33,000.00</u>	\$ <u>33,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **54,650.00**

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 92266
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

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>03/13/2024</u>	
Name & Address: JACQUES NASSER 100 BLOOMFIELD HILLS PKWY BLOOMFIELD HILLS, MI 48304		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>100 BLOOMFIELD HILLS PKWY, 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>03/13/2024</u>	
Name & Address: ELIOT WEINER 553 W FRANK ST BIRMINGHAM, MI 48009		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE VP</u> Employer <u>LEVY COMPANY</u> Business Address <u>9300 DIX AVE, DEARBORN, MI 48120</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/13/2024</u>	
Name & Address: WHITNEY WEINER 553 W FRANK ST BIRMINGHAM, MI 48009		\$ <u>4,000.00</u>	\$ <u>4,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer <u>HOMEMAKER</u> Business Address <u>553 W FRANK ST, BIRMINGHAM, MI 48009</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/23/2024</u>	
Name & Address: GWEN WEINER 27235 OVID CT FRANKLIN, MI 48025		\$ <u>7,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>27235 OVID CT, FRANKLIN, MI 48025</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 27,975.00

Grand Total of All Schedules 1A
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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 92266
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

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>04/17/2024</u> Name & Address: DANIEL C ALLOR 10618 LIGHTHOUSE POINT SOUTH LYON, MI 48178		\$ <u>6,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SOLOMON PLUMBING</u> Business Address <u>29665 WILLIAM K SMITH DR, NEW HUDSON, MI 48165</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/17/2024</u> Name & Address: DANIELLE ALLOR 10618 LIGHTHOUSE POINT SOUTH LYON, MI 48178		\$ <u>7,275.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SOLOMON PLUMBING</u> Business Address <u>29665 WILLIAM K SMITH DR, NEW HUDSON, MI 48165</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/19/2024</u> Name & Address: DAVID V JOHNSON 7640 DIXIE HWY CLARKSTON VLG, MI 48346		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHAIRMAN</u> Employer <u>VICTOR INTERNATIONAL CORPORATION</u> Business Address <u>7640 DIXIE HWY, CLARKSTON VLG, MI 48346</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/19/2024</u> Name & Address: PAMELA JOHNSON 7640 DIXIE HWY CLARKSTON VLG, MI 48346		\$ <u>4,000.00</u>	\$ <u>4,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer <u>HOMEMAKER</u> Business Address <u>7640 DIXIE HWY, CLARKSTON VLG, MI 48346</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 25,925.00

Grand Total of All Schedules 1A
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/24/2024</u> Name & Address: CT CHARLTON 24000 GREATER MACK AVE ST CLAIR SHORES, MI 48080		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>CHARLTON GROUP</u> Business Address <u>24000 GREATER MACK AVE, ST CLAIR SHORES, MI 48080</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/24/2024</u> Name & Address: ALLISON CHARLTON 24000 GREATER MACK AVE ST CLAIR SHORES, MI 48080		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer <u>HOMEMAKER</u> Business Address <u>24000 GREATER MACK AVE, ST CLAIR SHORES, MI 48080</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: NICKOLAS HANNAWA 5420 WING LAKE RD BLOOMFIELD TWP, MI 48302		\$ <u>1,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>5420 WING LAKE RD, BLOOMFIELD TWP, MI 48302</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/14/2024</u> Name & Address: GREGORY SHEENA 4129 GOLF RIDGE DR BLOOMFIELD TWP, MI 48302		\$ <u>1,000.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>4129 GOLF RIDGE DR, BLOOMFIELD TWP, MI 48302</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **18,650.00**

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

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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>05/14/2024</u>	
Name & Address: LAITH HANNA 1161 PEMBROKE DR BLOOMFIELD HILLS, MI 48304		\$ <u>1,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>MOTOR CITY PETROLEUM</u> Business Address <u>7140 W FORT ST, DETROIT, MI 48209</u> 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: DANIEL SEBOLD 5051 BEACH RD TROY, MI 48098		\$ <u>1,000.00</u>	\$ <u>3,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>SEBOLD AND ASSOCIATES</u> Business Address <u>35990 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>05/14/2024</u>	
Name & Address: SCHOSTAK FAMILY PAC 17800 N LAUREL PARK DR SUITE 200C LIVONIA, MI 48152		\$ <u>2,000.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/14/2024</u>	
Name & Address: ROBERT I SCHOSTAK 17800 N LAUREL PARK DR LIVONIA, MI 48152		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SCHOSTAK BROTHERS & COMPANY</u> Business Address <u>17800 N LAUREL PARK DR, LIVONIA, MI 48152</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **6,000.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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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>05/14/2024</u>	
Name & Address: <u>ELY TAMA</u> <u>30038 MAYFAIR DR</u> <u>FARMINGTON HILLS, MI 48331</u>		\$ <u>1,500.00</u>	\$ <u>4,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>SELF</u> Business Address <u>30038 MAYFAIR DR, FARMINGTON HILLS, MI 48331</u> 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: <u>NINON WITT</u> <u>55 E LONG LAKE RD</u> <u>TROY, MI 48085</u>		\$ <u>6,000.00</u>	\$ <u>6,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>55 E LONG LAKE RD, TROY, MI 48085</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: <u>JULIE REDFIELD</u> <u>721 5TH AVE</u> <u>NEW YORK, NY 10022</u>		\$ <u>6,000.00</u>	\$ <u>6,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer <u>HOMEMAKER</u> Business Address <u>721 5TH AVE, NEW YORK, NY 10022</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/14/2024</u>	
Name & Address: <u>PAULINE STAMPER</u> <u>1375 SCENIC CT</u> <u>BLOOMFIELD TWP, MI 48302</u>		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GENERAL COUNSEL</u> Employer <u>PRIORITY WASTE</u> Business Address <u>45000 RIVER RIDGE DR, CLINTON TWP, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 15,000.00

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 92266
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

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>05/14/2024</u> Name & Address: BRENDA ROSENBERG 400 E LONG LAKE RD BLOOMFIELD HILLS, MI 48304		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DOCTOR</u> Employer <u>SELF</u> Business Address <u>400 E LONG LAKE 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>05/14/2024</u> Name & Address: PHILIP SEAVER 4225 WENDELL RD WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SEAVER TILE COMPANY</u> Business Address <u>4225 WENDELL RD, WEST BLOOMFIELD TOWNSHIP, MI 48323</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: DANIEL C FISCHER 16933 LAUDERDALE AVE BEVERLY HILLS, MI 48025		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DENTIST</u> Employer <u>SELF</u> Business Address <u>32669 WARREN RD, GARDEN CITY, MI 48135</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/14/2024</u> Name & Address: MARK ALHERMIZI 556 W FRANK ST BIRMINGHAM, MI 48009		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FOUNDER AND OWNER</u> Employer <u>EVERDAYS</u> Business Address <u>320 MARTIN ST, BIRMINGHAM, MI 48009</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **5,300.00**

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 92266
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

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>05/14/2024</u> Name & Address: JANET HAMMOND 5365 BREWSTER RD ROCHESTER, MI 48306		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>5365 BREWSTER RD, ROCHESTER, MI 48306</u> 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: ALAN ACKERMAN 365 PINE RIDGE DR BLOOMFIELD HILLS, MI 48304		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ACKERMAN & ACKERMAN</u> Business Address <u>365 PINE RIDGE DR, 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>05/14/2024</u> Name & Address: KEVIN DENHA 700 N OLD WOODWARD AVE BIRMINGHAM, MI 48009		\$ <u>500.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>DENHA PROPERTIES</u> Business Address <u>700 N OLD WOODWARD AVE, BIRMINGHAM, MI 48009</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/14/2024</u> Name & Address: SHEILA AUSTIN 30650 BRUCE LN FRANKLIN, MI 48025		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>30650 BRUCE LN, FRANKLIN, MI 48025</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **3,300.00**

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

1. Committee I.D. Number 92266
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

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>05/14/2024</u>	
Name & Address: CHALDEAN CHAMBER PAC 30095 NORTHWESTERN HWY FARMINGTON HILLS, MI 48334		\$ <u>2,000.00</u>	\$ <u>12,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/14/2024</u>	
Name & Address: WILLIAM BYERS 399 SOUTH ST ROCHESTER, MI 48307		\$ <u>1,000.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>BYERS WRECKER</u> Business Address <u>399 SOUTH ST, ROCHESTER, MI 48307</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: EDWARD SCHULAK 567 ASPEN RD BIRMINGHAM, MI 48009		\$ <u>500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHAIRMAN</u> Employer <u>EDENROC SCIENCES LLC</u> Business Address <u>567 ASPEN RD, BIRMINGHAM, MI 48009</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/14/2024</u>	
Name & Address: ELIZABETH ROSS 373 VICTOR ST HIGHLAND PARK, MI 48203		\$ <u>5,825.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer <u>HOMEMAKER</u> Business Address <u>373 VICTOR ST, HIGHLAND PARK, MI 48203</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 9,325.00

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

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

1. Committee I.D. Number 92266
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

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>05/14/2024</u> Name & Address: JORDAN ZLOTOFF 1 CONCOURSE DR PONTIAC, MI 48341		\$ <u>3,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SELF</u> Business Address <u>1 CONCOURSE DR, PONTIAC, MI 48341</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/14/2024</u> Name & Address: ROGER ZLOTOFF 1 CONCOURSE DR PONTIAC, MI 48341		\$ <u>1,675.00</u>	\$ <u>1,675.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>UNIPROP</u> Business Address <u>1 CONCOURSE DR, PONTIAC, MI 48341</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: DONALD MCLELLAN 216 W BEVERLY AVE PONTIAC, MI 48340		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>216 W BEVERLY AVE, PONTIAC, MI 48340</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/14/2024</u> Name & Address: MATTHEW LESTER 2550 S TELEGRAPH RD STE 200 BLOOMFIELD TWP, MI 48302		\$ <u>3,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>PRINCETON ENTERPRISES</u> Business Address <u>2550 S TELEGRAPH RD, STE 200, BLOOMFIELD TWP, MI 48302</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **8,475.00**

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 92266
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

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>05/14/2024</u> Name & Address: NICOLE LESTER 26600 TELEGRAPH RD SOUTHFIELD, MI 48033		\$ <u>1,675.00</u>	\$ <u>1,675.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer <u>HOMEMAKER</u> Business Address <u>26600 TELEGRAPH RD, 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>05/14/2024</u> Name & Address: KARI ALTERMAN 31825 FRANKLIN RD FRANKLIN, MI 48025		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROGRAM DIRECTOR</u> Employer <u>WILLIAM DAVIDSON FOUNDATION</u> Business Address <u>3155 W BIG BEAVER RD, TROY, MI 48084</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/14/2024</u> Name & Address: NORM DAVIS 2667 WINTER PARK RD ROCHESTER HILLS, MI 48309		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>2667 WINTER PARK RD, ROCHESTER HILLS, MI 48309</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/14/2024</u> Name & Address: DANIEL MACLEISH 650 E BIG BEAVER RD TROY, MI 48083		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MACLEISH BUILDING</u> Business Address <u>650 E BIG BEAVER RD, TROY, MI 48083</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **3,675.00**

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 92266
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

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>05/14/2024</u>	
Name & Address: CAROL STEVENS 278 WOODBERRY DR BLOOMFIELD HILLS, MI 48304		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INTERIOR DESIGNER</u> Employer <u>SELF</u> Business Address <u>278 WOODBERRY DR, 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>05/14/2024</u>	
Name & Address: EDSEL FORD 2000 BRUSH ST DETROIT, MI 48226		\$ <u>4,000.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>FORD WORLD HQ</u> Business Address <u>2000 BRUSH ST, DETROIT, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/14/2024</u>	
Name & Address: MELVIN KAFTAN 369 E MAPLE RD BIRMINGHAM, MI 48009		\$ <u>1,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>KAFTAN ENTERPRISES</u> Business Address <u>29100 NORTHWESTERN HWY STE 260, 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>05/14/2024</u>	
Name & Address: LUCIANO DEL SIGNORE 852 CANTERBURY CRESCENT BLOOMFIELD HILLS, MI 48304		\$ <u>1,000.00</u>	\$ <u>4,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHEF</u> Employer <u>BACCO RISTORANTE</u> Business Address <u>29410 NORTHWESTERN HWY, SOUTHFIELD, MI 48034</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **6,250.00**

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

1. Committee I.D. Number 92266
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/14/2024</u>	
Name & Address: JEFFREY SAKWA 280 HARMON ST APT 290 BIRMINGHAM, MI 48009		\$ <u>1,000.00</u>	\$ <u>3,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SELF</u> Business Address <u>280 HARMON ST, APT 290, 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>05/14/2024</u>	
Name & Address: ROD ALBERTS 1900 W BIG BEAVER RD TROY, MI 48084		\$ <u>2,000.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE DIRECTOR</u> Employer <u>DETROIT AUTO DEALERS ASSN</u> Business Address <u>1900 W BIG BEAVER RD, TROY, MI 48084</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/14/2024</u>	
Name & Address: BRUCE BABIARZ 5133 DIANNA DR BLOOMFIELD TWP, MI 48302		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>BAB ASSOCIATES, LLC</u> Business Address <u>5133 DIANNA DR, BLOOMFIELD TWP, MI 48302</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/14/2024</u>	
Name & Address: KYLE A JOHNS 201 W BIG BEAVER RD TROY, MI 48084		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR VICE PRESIDENT</u> Employer <u>INDEPENDENT BANK</u> Business Address <u>201 W BIG BEAVER RD, TROY, MI 48084</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 7,000.00

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

1. Committee I.D. Number 92266
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

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>05/14/2024</u>	
Name & Address: DAVID CHRISTENSEN 25925 TELEGRAPH RD SOUTHFIELD, MI 48033		\$ <u>4,000.00</u>	\$ <u>4,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>25925 TELEGRAPH RD, 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>05/14/2024</u>	
Name & Address: BRENT GATECLIFF 4277 BLAIN ISLAND DR WATERFORD TWP, MI 48329		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>BCG PROPERTIES</u> Business Address <u>4277 BLAIN ISLAND DR, WATERFORD TWP, MI 48329</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: ROB NAMOWICZ 5562 PARKWOOD BLVD INDEPENDENCE TWP, MI 48346		\$ <u>150.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>COLE LAKE SERVICE</u> Business Address <u>7300 SAGAMORE DR, CLARKSTON, MI 48346</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/14/2024</u>	
Name & Address: WILLIAM RAUWERDINK 5382 PEMBROOKE CROSSING CT WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHAIRMAN</u> Employer <u>11TH DISTRICT REPUBLICANS</u> Business Address <u>5382 PEMBROOKE CROSSING CT, WEST BLOOMFIELD TOWNSHIP, MI 48322</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 4,800.00

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

1. Committee I.D. Number 92266
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

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>05/14/2024</u>	
Name & Address: TOM KUHN 1595 PEBBLE POINT DR TROY, MI 48085		\$ <u>150.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STATE REPRESENTATIVE</u> Employer <u>MICHIGAN HOUSE OF REPRESENTATIVES</u> Business Address <u>124 N CAPITOL AVE, LANSING, LANSING, MI 48933</u> 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: EVAN BLACK 5188 SERENA DR TROY, MI 48098		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DOCTOR</u> Employer <u>SELF</u> Business Address <u>5188 SERENA DR, TROY, MI 48098</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: BRENT MILES 4513 COASTAL PKWY WHITE LAKE, MI 48386		\$ <u>150.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SEARGANT</u> Employer <u>OAKLAND COUNTY SHERIFF'S OFFICE</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/14/2024</u>	
Name & Address: ALAN KIRILUK 1875 RATHMOR RD BLOOMFIELD HILLS, MI 48304		\$ <u>300.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>KIRKO MANAGEMENT SERVICES</u> Business Address <u>101 W BIG BEAVER RD, TROY, MI 48084</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 92266
2. Committee Name FRIENDS OF MICHAEL BOUCHARD

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/14/2024</u>	
Name & Address: BRIAN YALDOO 5423 CLARIDGE LN WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>150.00</u>	\$ <u>800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE AGENT</u> Employer <u>SELF</u> Business Address <u>5423 CLARIDGE LN, WEST BLOOMFIELD TOWNSHIP, MI 48322</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/17/2024</u>	
Name & Address: CHARLENE SHAYA 3876 LAPLAYA LN WEST BLOOMFIELD TOWNSHIP, MI 48324		\$ <u>5,000.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COO</u> Employer <u>J&B MEDICAL SUPPLY</u> Business Address <u>50496 PONTIAC TRAIL, WIXOM, MI 48393</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/19/2024</u>	
Name & Address: BILL GOLLING 2991 VOORHEIS LAKE CT ORION TWP, MI 48360		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>GOLLING CDJR AUTO GROUP</u> Business Address <u>2405 S TELEGRAPH RD, BLOOMFIELD TWP, MI 48302</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt _____	
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

7,150.00

Grand Total of All Schedules 1A
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204,575.00

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**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1**

CANDIDATE COMMITTEE

1. Committee I.D. Number **92266**

2. Committee Name **FRIENDS OF MICHAEL BOUCHARD**

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: FIFTH THIRD BANK 38 FOUNTAIN SQ PLZ CINCINNATI, OH 45202	Date of Receipt 01/31/2024	☐ Loan from a Lending Institution ☒ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ 10.33
Receipt #2 Name & Address: FIFTH THIRD BANK 38 FOUNTAIN SQ PLZ CINCINNATI, OH 45202	Date of Receipt 02/29/2024	☐ Loan from a Lending Institution ☒ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ 9.97
Receipt #3 Name & Address: FIFTH THIRD BANK 38 FOUNTAIN SQ PLZ CINCINNATI, OH 45202	Date of Receipt 03/29/2024	☐ Loan from a Lending Institution ☒ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ 11.08
Receipt #4 Name & Address: FIFTH THIRD BANK 38 FOUNTAIN SQ PLZ CINCINNATI, OH 45202	Date of Receipt 04/30/2024	☐ Loan from a Lending Institution ☒ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ 11.67
Receipt #5 Name & Address: FIFTH THIRD BANK 38 FOUNTAIN SQ PLZ CINCINNATI, OH 45202	Date of Receipt 05/31/2024	☐ Loan from a Lending Institution ☒ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ 12.63
Receipt #6 Name & Address: FIFTH THIRD BANK 38 FOUNTAIN SQ PLZ CINCINNATI, OH 45202	Date of Receipt 06/28/2024	☐ Loan from a Lending Institution ☒ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ 13.03
Receipt #7 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____
Page Subtotal			68.71
Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			68.71

Enter this total on
line 4 of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **92266**

CANDIDATE COMMITTEE

2. Committee Name **FRIENDS OF MICHAEL BOUCHARD**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: JAMES ESSHAKI 4224 ORCHARD WAY BLOOMFIELD HILLS, MI 48301 If over \$100.00 cumulative, please provide: Occupation: OWNER Employer Name & Business Address: ESSCO DEVELOPMENT 210 S OLD WOODWARD AVE, BIRMINGHAM, MI 48009 ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☒ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>DONATED VENUE AND FOOD/BEVERAGE</u> 5. Date Of Receipt: <u>05/14/2024</u> 6. Vendor Name & Address: ZANA 210 S OLD WOODWARD AVE, BIRMINGHAM, MI 48009	\$ 3,000.00	\$ 3,000.00
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: Click Here for Memo Itemization	\$ _____	\$ _____
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: Click Here for Memo Itemization	\$ _____	\$ _____

Page Subtotal **3,000.00** **3,000.00**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **3,000.00**

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on line 6 of Summary
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **92266**
2. Committee Name **FRIENDS OF MICHAEL BOUCHARD**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name 1-800-SELF-STORAGE.COM Address 2477 W MAPLE RD TROY, MI 48084 ☐ Fund Raiser	Purpose: STORAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/01/2024 Date	\$ 212.00
Expenditure #2 Name ARISTOTLE INTERNATIONAL, INC. Address 205 PENNSYLVANIA AVE. SE WASHINGTON, DC 20003 ☐ Fund Raiser	Purpose: SOFTWARE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/09/2024 Date	\$ 750.00
Expenditure #3 Name FIFTH THIRD BANK Address 38 FOUNTAIN SQ PLZ CINCINNATI, OH 45202 ☐ Fund Raiser	Purpose: BANK FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/09/2024 Date	\$ 86.35
Expenditure #4 Name 1-800-SELF-STORAGE.COM Address 2477 W MAPLE RD TROY, MI 48084 ☐ Fund Raiser	Purpose: STORAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/01/2024 Date	\$ 212.00
Expenditure #5 Name FIFTH THIRD BANK Address 38 FOUNTAIN SQ PLZ CINCINNATI, OH 45202 ☐ Fund Raiser	Purpose: BANK FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/09/2024 Date	\$ 86.35

Subtotal this page

1,346.70

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 **92266**
2. Committee Name **FRIENDS OF MICHAEL BOUCHARD**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name 1-800-SELF-STORAGE.COM Address 2477 W MAPLE RD TROY, MI 48084 ☐ Fund Raiser	Purpose: STORAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/01/2024 Date	\$ 212.00
Expenditure #2 Name FIFTH THIRD BANK Address 38 FOUNTAIN SQ PLZ CINCINNATI, OH 45202 ☐ Fund Raiser	Purpose: BANK FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/11/2024 Date	\$ 86.35
Expenditure #3 Name 1-800-SELF-STORAGE.COM Address 2477 W MAPLE RD TROY, MI 48084 ☐ Fund Raiser	Purpose: STORAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/01/2024 Date	\$ 212.00
Expenditure #4 Name FIFTH THIRD BANK Address 38 FOUNTAIN SQ PLZ CINCINNATI, OH 45202 ☐ Fund Raiser	Purpose: BANK FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/09/2024 Date	\$ 86.35
Expenditure #5 Name ALLIE BROTHERS Address 20295 MIDDLEBELT RD LIVONIA, MI 48152 ☐ Fund Raiser	Purpose: SUPPLIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/09/2024 Date	\$ 920.05

Subtotal this page

1,516.75

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 **92266**
2. Committee Name **FRIENDS OF MICHAEL BOUCHARD**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name OAKLAND COUNTY CLERK Address 1200 N TELEGRAPH 12E PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: FILING FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/22/2024 Date	\$ 100.00
Expenditure #2 Name 1-800-SELF-STORAGE.COM Address 2477 W MAPLE RD TROY, MI 48084 ☐ Fund Raiser	Purpose: STORAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/01/2024 Date	\$ 212.00
Expenditure #3 Name FIFTH THIRD BANK Address 38 FOUNTAIN SQ PLZ CINCINNATI, OH 45202 ☐ Fund Raiser	Purpose: BANK FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/09/2024 Date	\$ 245.35
Expenditure #4 Name 1-800-SELF-STORAGE.COM Address 2477 W MAPLE RD TROY, MI 48084 ☐ Fund Raiser	Purpose: STORAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/01/2024 Date	\$ 212.00
Expenditure #5 Name AT&T Address 208 S AKARD ST DALLAS, TX 75202 ☐ Fund Raiser	Purpose: PHONE PAYMENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/04/2024 Date	\$ 65.00

Subtotal this page

834.35

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 **92266**
2. Committee Name **FRIENDS OF MICHAEL BOUCHARD**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FIFTH THIRD BANK Address 38 FOUNTAIN SQ PLZ CINCINNATI, OH 45202 ☐ Fund Raiser	Purpose: BANK FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/11/2024 Date	\$ 86.35
Expenditure #2 Name 1-800-SELF-STORAGE.COM Address 2477 W MAPLE RD TROY, MI 48084 ☐ Fund Raiser	Purpose: STORAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2024 Date	\$ 212.00
Expenditure #3 Name OAKLAND COUNTY TIMES Address PO BOX 20293 FERNDAL, MI 48220 ☐ Fund Raiser	Purpose: CANDIDATE INTERVIEW ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/08/2024 Date	\$ 150.00
Expenditure #4 Name JASON TUCKER Address 8084 BYWATER ST COMMERCE TWP, MI 48382 ☐ Fund Raiser	Purpose: DOMAIN HOSTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/09/2024 Date	\$ 672.00
Expenditure #5 Name FIFTH THIRD BANK Address 38 FOUNTAIN SQ PLZ CINCINNATI, OH 45202 ☐ Fund Raiser	Purpose: BANK FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/09/2024 Date	\$ 86.35

Subtotal this page

1,206.70

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 **92266**
2. Committee Name **FRIENDS OF MICHAEL BOUCHARD**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MICROSOFT Address 1 MICROSOFT WAY REDMOND, WA 98052 ☐ Fund Raiser	Purpose: SOFTWARE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/15/2024 Date	\$ 74.19
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **74.19**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **4,978.69**

Enter this total
on line 8a of
Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **92266**
2. Committee Name **FRIENDS OF MICHAEL BOUCHARD**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 05/14/2024	4. Number of Individuals Attending or Participating (whichever is greater) 75	5. Type of Fund Raising Activity BIRTHDAY FUNDRAISER	6. Address and Name (If any) of the place where the activity was held. ZANA 210 S OLD WOODWARD AVE BIRMINGHAM, MI 48009 ☐ Private Residence
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7. Total Contributions **72,375.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **72,375.00**
10. Total Cost of Event **3,000.00**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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