



FILED
26 JUL 2024 PM 03:27
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
97181
2. Committee Name
KAREN MCDONALD FOR PROSECUTOR

4. Candidate Last Name **MCDONALD** First Name **KAREN** M.I. **D**
4a. Office Sought Including District # or Community Served (If applicable)
COUNTY PROSECUTOR, OAKLAND COUNTY
4b. County of Residence **OAKLAND COUNTY**

5. Committee's Mailing Address
**PO BOX 1750
STE. 100
BIRMINGHAM, MI 48009**
Area Code and Phone (248) 229-5339
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address
**SUSAN LICHTERMAN
26080 YORK
HUNTINGTON WOODS, MI 48070**
Area Code & Phone (248) 351-3000

7. Treasurer's Business Address
**26080 YORK
HUNTINGTON WOODS, MI 48070**
Area Code and Phone (248) 351-3000

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 lates 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



1. Committee I.D. Number 97181

2. Committee Name KAREN MCDONALD FOR PROSECUTOR

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>172,944.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>172,944.00</u>	(18.) \$ <u>643,188.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>172,944.00</u>	(20.) \$ <u>643,188.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>6,009.55</u>	(21.) \$ <u>27,581.38</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>107,400.89</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>107,400.89</u>	(23.) \$ <u>233,021.36</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>391,570.38</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>172,944.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>564,514.38</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>107,400.89</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>457,113.49</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/03/2024</u>	
Name & Address: BETSEY HAGE 1503 N MAPLE AVE ROYAL OAK, MI 48067		\$ <u>200.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>OAKLAND COUNTY</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/07/2024</u>	
Name & Address: NEISHA CHUDLER 2410 AVONDALE ST W SYLVAN LAKE, MI 48320		\$ <u>15.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARALEGAL</u> Employer <u>OAKLAND COUNTY PROSECUTOR'S OFFICE</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/09/2024</u>	
Name & Address: MISTI RICE 483 BEDLINGTON DR ROCHESTER HILLS, MI 48307		\$ <u>200.00</u>	\$ <u>1,200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GOVERNMENT AFFAIRS</u> Employer <u>MAGNA</u> Business Address <u>750 TOWER DR, TROY, MI 48098</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/01/2024</u>	
Name & Address: MATT FRAIBERG 1710 ORCHARD LN BLOOMFIELD HILLS, MI 48301		\$ <u>30.00</u>	\$ <u>995.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>FRAIBERG & PERNIE</u> Business Address <u>1000 S OLD WOODWARD AVE, BIRMINGHAM, MI 48009</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **445.00**

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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/02/2024</u> Name & Address: NEISHA CHUDLER 2410 AVONDALE ST W SYLVAN LAKE, MI 48320	\$ <u>15.00</u>	\$ <u>465.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARALEGAL</u> Employer <u>OAKLAND COUNTY PROSECUTOR'S OFFICE</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/10/2024</u> Name & Address: MATT FRAIBERG 1710 ORCHARD LN BLOOMFIELD HILLS, MI 48301	\$ <u>30.00</u>	\$ <u>1,025.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>FRAIBERG & PERNIE</u> Business Address <u>1000 S OLD WOODWARD AVE, BIRMINGHAM, MI 48009</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/15/2024</u> Name & Address: MARK KASSAB 54135 QUEENSBOROUGH DR SHELBY TWP, MI 48315	\$ <u>1,000.00</u>	\$ <u>1,100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>REAL ESTATE ONE</u> Business Address <u>31550 NORTHWESTERN HWY, #220, FARMINGTON HILLS, MI 48334</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/18/2024</u> Name & Address: MARLENE KNAUS 920 N DORCHESTER AVE ROYAL OAK, MI 48067	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>920 N DORCHESTER AVE, ROYAL OAK, MI 48067</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal 1,295.00

Grand Total of All Schedules 1A
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Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/19/2024</u> Name & Address: HARVEY BRONSTEIN 22490 HALLCROFT TRAIL SOUTHFIELD, MI 48034	\$ <u>250.00</u>	\$ <u>610.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>OAKLAND COMMUNITY COLLEGE</u> Business Address <u>22490 HALLCROFT TRAIL, SOUTHFIELD, MI 48034</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/20/2024</u> Name & Address: MARY ANN FONTANA 26080 SALEM RD HUNTINGTON WOODS, MI 48070	\$ <u>250.00</u>	\$ <u>275.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>26080 SALEM RD, HUNTINGTON WOODS, MI 48070</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/20/2024</u> Name & Address: JUDITH KALPIN 2422 GLENVIEW AVE ROYAL OAK, MI 48073	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL COACH</u> Employer <u>SELF</u> Business Address <u>2422 GLENVIEW AVE, ROYAL OAK, MI 48073</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/20/2024</u> Name & Address: JOHN O'BRIEN 2422 GLENVIEW AVE ROYAL OAK, MI 48073	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>OAKLAND COUNTY</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **1,000.00**

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

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line 3a of Summary
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 97181
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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? <input type="checkbox"/> YES 4. Date of Receipt <u>02/26/2024</u> Name & Address: ANN HUBBARD 18770 GLENWOOD BLVD LATHRUP VILLAGE, MI 48076 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>50.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/28/2024</u> Name & Address: ANNA CRAPROTTA 1059 AUTUMNVIEW DR ROCHESTER, MI 48307 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>25.00</u>	\$ <u>75.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/28/2024</u> Name & Address: MATT FRAIBERG 1710 ORCHARD LN BLOOMFIELD HILLS, MI 48301 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>FRAIBERG & PERNIE</u> Business Address <u>1000 S OLD WOODWARD AVE, BIRMINGHAM, MI 48009</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>1,075.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/28/2024</u> Name & Address: HOWARD LINDEN 681 BENNINGTON DR BLOOMFIELD HILLS, MI 48304 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>29100 NORTHWESTERN HWY, 370, SOUTHFIELD, MI 48034</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>1,000.00</u>	\$ <u>2,000.00</u>

Page Subtotal **1,125.00**

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

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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 97181
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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? <input type="checkbox"/> YES 4. Date of Receipt <u>02/28/2024</u> Name & Address: MAXINE MONDSHINE 30685 WOODGATE DR SOUTHFIELD, MI 48076	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/29/2024</u> Name & Address: ROB GILLETTE 700 WOODDALE 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>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>700 WOODDALE RD, BLOOMFIELD HILLS, MI 48301</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/04/2024</u> Name & Address: SAM HUSZCZO 26211 CENTRAL PARK BLVD 601 SOUTHFIELD, MI 48076	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>26211 CENTRAL PARK BLVD, SOUTHFIELD, MI 48076</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/2024</u> Name & Address: JOE MALCOUN 1516 MORTON AVE ANN ARBOR, MI 48104	\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CO-FOUNDER</u> Employer <u>CAHOOTS</u> Business Address <u>206 E HURON ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **1,775.00**

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

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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/06/2024</u> Name & Address: ELAINE ASHER 1003 IRVING AVE ROYAL OAK, MI 48067	\$ 50.00	\$ 50.00
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/06/2024</u> Name & Address: SHARON BASEMAN 13320 WALES AVE HUNTINGTON WOODS, MI 48070	\$ 50.00	\$ 50.00
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/06/2024</u> Name & Address: SAMUEL PERNICK 2515 W 13 MILE RD ROYAL OAK, MI 48073	\$ 250.00	\$ 250.00
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SELF</u> Business Address <u>2515 W 13 MILE RD, ROYAL OAK, MI 48073</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/06/2024</u> Name & Address: ROBERT TYLER 3001 W BIG BEAVER RD TROY, MI 48084	\$ 25.00	\$ 25.00
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **375.00**

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/07/2024</u> Name & Address: NEISHA CHUDLER 2410 AVONDALE ST W SYLVAN LAKE, MI 48320 5. If over \$100.00 cumulative, please provide: Occupation <u>PARALEGAL</u> Employer <u>OAKLAND COUNTY PROSECUTOR'S OFFICE</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>15.00</u>	\$ <u>480.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/07/2024</u> Name & Address: TREVIS HARROLD 739 GREEN CIRCLE ROCHESTER, MI 48307 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>25.00</u>	\$ <u>25.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/10/2024</u> Name & Address: JOHN ERICH 1919 ELSIE DR WEST BLOOMFIELD TOWNSHIP, MI 48324 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>25.00</u>	\$ <u>25.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/10/2024</u> Name & Address: SUSAN ERICH 1919 ELSIE DR WEST BLOOMFIELD TOWNSHIP, MI 48324 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>25.00</u>	\$ <u>25.00</u>

Page Subtotal 90.00

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/10/2024</u> Name & Address: MATT FRAIBERG 1710 ORCHARD LN BLOOMFIELD HILLS, MI 48301	\$ <u>30.00</u>	\$ <u>1,105.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>FRAIBERG & PERNIE</u> Business Address <u>1000 S OLD WOODWARD AVE, BIRMINGHAM, MI 48009</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/12/2024</u> Name & Address: MAUREEN CHRISTENSEN 933 SUFFIELD AVE BIRMINGHAM, MI 48009	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>933 SUFFIELD AVE, BIRMINGHAM, MI 48009</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/12/2024</u> Name & Address: MARY ANN FONTANA 26080 SALEM RD HUNTINGTON WOODS, MI 48070	\$ <u>250.00</u>	\$ <u>525.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>26080 SALEM RD, HUNTINGTON WOODS, MI 48070</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/12/2024</u> Name & Address: DEAN FOUSSIANES 2578 ARNETH RD WEST BLOOMFIELD TOWNSHIP, MI 48324	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **630.00**

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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/12/2024</u> Name & Address: GAIL WHITY 165 BALDWIN RD BIRMINGHAM, MI 48009	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/12/2024</u> Name & Address: MIKE WHITTY 165 BALDWIN RD BIRMINGHAM, MI 48009	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/13/2024</u> Name & Address: LELAND BASSETT 30751 CEDAR CREEK DR FARMINGTON HILLS, MI 48336	\$ <u>250.00</u>	\$ <u>1,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>BASSETT & BASSETT</u> Business Address <u>660 WOODWARD AVE, DETROIT, MI 48226</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/13/2024</u> Name & Address: JAMES CUNNINGHAM 6079 SNOWSHOE CIR BLOOMFIELD HILLS, MI 48301	\$ <u>250.00</u>	\$ <u>610.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WILLIAMS WILLIAMS RATTNER</u> Business Address <u>6079 SNOWSHOE CIR, BLOOMFIELD HILLS, MI 48301</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal 600.00

Grand Total of All Schedules 1A
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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/13/2024</u> Name & Address: MARK GUTMAN 3674 LOCH BEND DR COMMERCE TWP, MI 48382	\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>3674 LOCH BEND DR, COMMERCE TWP, MI 48382</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/13/2024</u> Name & Address: JILL HOCKMAN 720 HUPP CROSS RD BLOOMFIELD TWP, MI 48301	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/13/2024</u> Name & Address: DEBRA HORNER 1800 PINE ST BIRMINGHAM, MI 48009	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/13/2024</u> Name & Address: BARBARA LOGAN 703 WASHINGTON PL DR ROYAL OAK, MI 48067	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **350.00**

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/13/2024</u> Name & Address: KRISTIN MEEKHOF PO BOX 300555 DRAYTON PLAINS, MI 48330	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/13/2024</u> Name & Address: JENNIFER NOWACZOK-MILLER 51 GROSSE PINES DR ROCHESTER HILLS, MI 48309	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/13/2024</u> Name & Address: AMY PALOMAR 39349 DURAND DR STERLING HEIGHTS, MI 48310	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/13/2024</u> Name & Address: SANDRA RICCARDI 2178 MAHAN ST FERNDAL, MI 48220	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **125.00**

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/14/2024</u> Name & Address: LINDA FURLOUGH 1715 MOUNTAIN ASH DR WEST BLOOMFIELD TOWNSHIP, MI 48324	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/14/2024</u> Name & Address: JOEL GRAND 13330 ELGIN AVE 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: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/14/2024</u> Name & Address: MAXINE MONDSHINE 30685 WOODGATE DR SOUTHFIELD, MI 48076	\$ <u>50.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/15/2024</u> Name & Address: ELLEN GELEMAN 3842 S SHORELINE DR MILFORD TWP, MI 48381	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **175.00**

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/15/2024</u> Name & Address: MARCUS JACKSON 7985 SADBURY DR WEST BLOOMFIELD TOWNSHIP, MI 48322	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/17/2024</u> Name & Address: VERONICA ADAMS 24664 MADISON CT FARMINGTON HILLS, MI 48335	\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/17/2024</u> Name & Address: GERALDINE BARCLAY 32241 SOUTHFIELD RD BEVERLY HILLS, MI 48025	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/17/2024</u> Name & Address: HOWARD BARON 1355 JUNIPER LN BLOOMFIELD TWP, MI 48302	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **210.00**

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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/17/2024</u> Name & Address: ARA BERBERIAN 28415 STREAMWOOD LN SOUTHFIELD, MI 48034	<u>\$ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/17/2024</u> Name & Address: RITA BROWN BASHIAN DR NOVI, MI 48375	<u>\$ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/17/2024</u> Name & Address: EDWARD CHELIAN 5719 BLOOMFIELD GLENS RD WEST BLOOMFIELD TOWNSHIP, MI 48322	<u>\$ 50.00</u>	<u>\$ 50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/17/2024</u> Name & Address: LARA CHELIAN 4444 BERKSHIRE RD ROYAL OAK, MI 48073	<u>\$ 50.00</u>	<u>\$ 50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **300.00**

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

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/17/2024</u> Name & Address: RENEE CHELIAN 5719 BLOOMFIELD GLENS RD WEST BLOOMFIELD TOWNSHIP, MI 48322 5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>NORTHLAND FAMILY PLANNING</u> Business Address <u>35000 FORD RD, STE 3, WESTLAND, MI 48185</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>50.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/17/2024</u> Name & Address: TRICIA DARE 170 GREAT PINES DR OXFORD, MI 48371 5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT PROSECUTOR</u> Employer <u>OAKLAND COUNTY PROSECUTOR'S OFFICE</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>300.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/17/2024</u> Name & Address: ANN ERIKSON-GAULT 5910 DIAMOND DR TROY, MI 48085 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/17/2024</u> Name & Address: NESSA FELLER 843 PURDY ST BIRMINGHAM, MI 48009 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>25.00</u>	\$ <u>25.00</u>

Page Subtotal 275.00

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

1. Committee I.D. Number 97181
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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? <input type="checkbox"/> YES 4. Date of Receipt <u>03/17/2024</u> Name & Address: KRISTIN FETTIG 3160 MIDDLEBURY LN BLOOMFIELD HILLS, MI 48301	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/17/2024</u> Name & Address: MARILYN FINKEL 7142 BRIDGE WAY WEST BLOOMFIELD TOWNSHIP, MI 48322	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/17/2024</u> Name & Address: FOX TYLER 472 SLOCUM DR AUBURN HILLS, MI 48326	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/17/2024</u> Name & Address: CHRISTINE GRAND 13330 ELGIN AVE 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: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **115.00**

Grand Total of All Schedules 1A
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Enter this total on
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/17/2024</u> Name & Address: SARAH GREENE 42160 WOODWARD AVE BLOOMFIELD HILLS, MI 48304	<u>\$ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/17/2024</u> Name & Address: MIRIAM HALPRIN 5639 WESTWOOD CT BLOOMFIELD HILLS, MI 48301	<u>\$ 25.00</u>	<u>\$ 25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/17/2024</u> Name & Address: AMY HOCHKAMMER 1504 BIRMINGHAM BLVD BIRMINGHAM, MI 48009	<u>\$ 250.00</u>	<u>\$ 360.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SCHOOL BOARD TRUSTEE</u> Employer <u>BIRMINGHAM PUBLIC SCHOOLS</u> Business Address <u>1504 BIRMINGHAM BLVD, BIRMINGHAM, MI 48009</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/17/2024</u> Name & Address: JEFFREY KINGZETT 197 CHIPPEWA RD PONTIAC, MI 48341	<u>\$ 50.00</u>	<u>\$ 50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal 425.00

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

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2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/17/2024</u> Name & Address: SHADIA MARTINI 1717 HERON RIDGE DR BLOOMFIELD TWP, MI 48302	<u>\$ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/17/2024</u> Name & Address: TAMMY PEREIRA 1659 HENRIETTA ST BIRMINGHAM, MI 48009	<u>\$ 25.00</u>	<u>\$ 25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/17/2024</u> Name & Address: EVE PICKMAN 2355 PEMBROKE RD BIRMINGHAM, MI 48009	<u>\$ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/17/2024</u> Name & Address: BRITTANY PINNOCK 20755 CLUB LN NORTHVILLE, MI 48167	<u>\$ 25.00</u>	<u>\$ 25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal 250.00

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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/17/2024</u> Name & Address: NATALIE PRICE 2773 HARVARD RD BERKLEY, MI 48072	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/17/2024</u> Name & Address: MISTI RICE 483 BEDLINGTON DR ROCHESTER HILLS, MI 48307	\$ <u>500.00</u>	\$ <u>1,700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GOVERNMENT AFFAIRS</u> Employer <u>MAGNA</u> Business Address <u>750 TOWER DR, TROY, MI 48098</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/17/2024</u> Name & Address: ERIN RIDEN 4229 SEDGEMOOR LN BLOOMFIELD HILLS, MI 48302	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HUMAN RESOURCES</u> Employer <u>TRANE TECHNOLOGIES</u> Business Address <u>800 BEATY ST, DAVIDSON, NC 28036</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/17/2024</u> Name & Address: ALEXANDRIA RILEY 149 OTTAWA DR PONTIAC, MI 48341	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **625.00**

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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/17/2024</u> Name & Address: NINA ROBB 5312 FOREST WAY BLOOMFIELD TWP, MI 48302	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/17/2024</u> Name & Address: JENNIFER SHAFFER 3108 BRADWAY BLVD BLOOMFIELD HILLS, MI 48301	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/17/2024</u> Name & Address: HEATHER WEBBER 20752 RICHMOND DR NORTHVILLE, MI 48167	\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/17/2024</u> Name & Address: CINDY WEINTRAUB 115 HUPP CROSS RD BLOOMFIELD TWP, MI 48301	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **135.00**

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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/17/2024</u> Name & Address: SHARI ZWIERZCHOWSKI 280 N GLENHURST DR BLOOMFIELD HILLS, MI 48301	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/17/2024</u> Name & Address: HOWARD BARON 1355 JUNIPER LN BLOOMFIELD TWP, MI 48302	\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/17/2024</u> Name & Address: JILL BANKEY 2359 HARVARD RD BERKLEY, MI 48072	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>BANKEY LAW PLC</u> Business Address <u>240 DANES, BIRMINGHAM, MI 48009</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/18/2024</u> Name & Address: SHARON ADAS 7313 GATEWAY DR WEST BLOOMFIELD TOWNSHIP, MI 48322	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal 250.00

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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/18/2024</u> Name & Address: JUDITH ANCELL 37524 BURTON CT FARMINGTON HILLS, MI 48331	<u>\$ 100.00</u>	<u>\$ 600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNSELOR</u> Employer <u>ROBERT B ANCELL & ASSOCIATES</u> Business Address <u>30200 TELEGRAPH RD, BINGHAM FARMS, MI 48025</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/18/2024</u> Name & Address: MARTIN BROOK 1332 LAKE CRESCENT DR BLOOMFIELD HILLS, MI 48302	<u>\$ 50.00</u>	<u>\$ 50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/18/2024</u> Name & Address: CHRISTINA HINES 4817 LA CHENE DR WARREN, MI 48092	<u>\$ 50.00</u>	<u>\$ 50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/18/2024</u> Name & Address: JAMES HUDDLESTON 20420 HARBOR LN SOUTHFIELD, MI 48076	<u>\$ 50.00</u>	<u>\$ 50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal 250.00

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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/18/2024</u>	
Name & Address: KJ MCGEE PO BOX 762 BIRMINGHAM, MI 48012		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>PO BOX 762, BIRMINGHAM, MI 48012</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/18/2024</u>	
Name & Address: ROBIN MCGREGOR 2629 CATERHAM DR WATERFORD TWP, MI 48329		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/18/2024</u>	
Name & Address: CLAUDIA SILLS 120 HAWTHORNE ST BIRMINGHAM, MI 48009		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INVESTOR</u> Employer <u>FIRST HOLDING</u> Business Address <u>6960 ORCHARD LAKE RD, 300, WEST BLOOMFIELD TOWNSHIP, MI 48322</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/20/2024</u>	
Name & Address: BARBARA ARNETT 46280 W MAIN ST NORTHVILLE, MI 48167		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 600.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/20/2024</u> Name & Address: QAMAR ENAYAH 5219 NORTHWOOD RD GRAND BLANC, MI 48439	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT PROSECUTOR</u> Employer <u>OAKLAND COUNTY</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/20/2024</u> Name & Address: LOWELL FRIEDMAN 302 S MAIN ST ROYAL OAK, MI 48067	\$ <u>1,000.00</u>	\$ <u>1,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>FRIEDMAN LAW FIRM</u> Business Address <u>302 S MAIN ST, ROYAL OAK, MI 48067</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/20/2024</u> Name & Address: ROBERT JOHNCOX 21401 CONCORD ST SOUTHFIELD, MI 48076	\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/20/2024</u> Name & Address: B. ANDREW RIFKIN 1930 FAIRVIEW ST BIRMINGHAM, MI 48009	\$ <u>500.00</u>	\$ <u>2,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>BANK RIFKIN</u> Business Address <u>1930 FAIRVIEW ST, BIRMINGHAM, MI 48009</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **1,790.00**

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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/21/2024</u> Name & Address: MARY CONNOLLY 843 ARLINGTON ST BIRMINGHAM, MI 48009 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/21/2024</u> Name & Address: CHRIS TREBILCOCK 205 HENDRIE BLVD ROYAL OAK, MI 48067 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>CLARK HILL</u> Business Address <u>500 LAFAYETTE AVE, DETROIT, MI 48226</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>500.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/21/2024</u> Name & Address: LISA VARNIER 4139 WAKEFIELD RD BERKLEY, MI 48072 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/22/2024</u> Name & Address: JUDITH ANCELL 37524 BURTON CT FARMINGTON HILLS, MI 48331 5. If over \$100.00 cumulative, please provide: Occupation <u>COUNSELOR</u> Employer <u>ROBERT B ANCELL & ASSOCIATES</u> Business Address <u>30200 TELEGRAPH RD, BINGHAM FARMS, MI 48025</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>150.00</u>	\$ <u>750.00</u>

Page Subtotal **850.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/25/2024</u> Name & Address: ERIC LINDEN 270 MARBLEHEAD DR BLOOMFIELD HILLS, MI 48304	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TAFT</u> Business Address <u>27777 FRANKLIN RD, 2500, SOUTHFIELD, MI 48034</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/25/2024</u> Name & Address: LISA NEILSON 2344 WINDEMERE RD BIRMINGHAM, MI 48009	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>FAMILY LAW CONSULTING</u> Business Address <u>27777 FRANKLIN RD, SOUTHFIELD, MI 48034</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/25/2024</u> Name & Address: HOLLI TARGAN 7402 VILLAGE SQUARE DR WEST BLOOMFIELD TOWNSHIP, MI 48322	\$ <u>300.00</u>	\$ <u>550.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TAFT</u> Business Address <u>27777 FRANKLIN RD, SOUTHFIELD, MI 48034</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/28/2024</u> Name & Address: KATHERINE BENNETT 963 E SUMMERFIELD GLEN CIR ANN ARBOR, MI 48103	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NA</u> Business Address <u>963 E SUMMERFIELD GLEN CIR, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **1,050.00**

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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/28/2024</u>	
Name & Address: JORDAN BOLTON 844 PILGRIM AVE P BIRMINGHAM, MI 48009		\$ <u>180.00</u>	\$ <u>360.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TAFT LAW</u> Business Address <u>27777 FRANKLIN RD, SOUTHFIELD, MI 48034</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/28/2024</u>	
Name & Address: CHRIS TREBILCOCK 205 HENDRIE BLVD ROYAL OAK, MI 48067		\$ <u>250.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>CLARK HILL</u> Business Address <u>500 LAFAYETTE AVE, DETROIT, MI 48226</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/29/2024</u>	
Name & Address: MARC CAMAJ 5871 PINE AIRE CT ROCHESTER, MI 48306		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROPERTY MANAGER</u> Employer <u>CAMAJ CONSULTING</u> Business Address <u>5871 PINE AIRE CT, ROCHESTER, MI 48306</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/02/2024</u>	
Name & Address: MARCY 2 HAHN 2134 FAIRWAY DR BIRMINGHAM, MI 48009		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LOTUS LEGAL SOLUTIONS</u> Business Address <u>550 W MERRILL ST, #100, BIRMINGHAM, MI 48009</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **1,680.00**

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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/02/2024</u>	
Name & Address: ROBERT MACDONALD 12176 MADONNA DR LANSING, MI 48917		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>12176 MADONNA DR, LANSING, MI 48917</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/03/2024</u>	
Name & Address: KELLY ALLEN 2177 CLINTON VIEW CIR ROCHESTER HILLS, MI 48309		\$ <u>250.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ADKISON NEED ALLEN</u> Business Address <u>39572 WOODWARD AVE, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/03/2024</u>	
Name & Address: MATT FRAIBERG 1710 ORCHARD LN BLOOMFIELD HILLS, MI 48301		\$ <u>250.00</u>	\$ <u>1,355.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>FRAIBERG & PERNIE</u> Business Address <u>1000 S OLD WOODWARD AVE, BIRMINGHAM, MI 48009</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/05/2024</u>	
Name & Address: JULIE NELSON-KLEIN 6430 APPLE GROVE LN BLOOMFIELD HILLS, MI 48301		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>4000 TOWN CENTER, 550, SOUTHFIELD, MI 48075</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **1,750.00**

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

Enter this total on
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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/08/2024</u> Name & Address: NEISHA CHUDLER 2410 AVONDALE ST W SYLVAN LAKE, MI 48320	\$ <u>15.00</u>	\$ <u>495.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARALEGAL</u> Employer <u>OAKLAND COUNTY PROSECUTOR'S OFFICE</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/08/2024</u> Name & Address: BETSEY HAGE 1503 N MAPLE AVE ROYAL OAK, MI 48067	\$ <u>1,000.00</u>	\$ <u>1,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>OAKLAND COUNTY</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/08/2024</u> Name & Address: PAUL HAGE 1503 N MAPLE AVE ROYAL OAK, MI 48067	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TAFT LAW</u> Business Address <u>27777 FRANKLIN RD, #2500, SOUTHFIELD, MI 48034</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/08/2024</u> Name & Address: EMILY MAYER 645 PURDY ST BIRMINGHAM, MI 48009	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TAFT</u> Business Address <u>27777 FRANKLIN RD, 2500, SOUTHFIELD, MI 48034</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **3,015.00**

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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/08/2024</u> Name & Address: MISTI RICE 483 BEDLINGTON DR ROCHESTER HILLS, MI 48307		\$ <u>1,000.00</u>	\$ <u>2,700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GOVERNMENT AFFAIRS</u> Employer <u>MAGNA</u> Business Address <u>750 TOWER DR, TROY, MI 48098</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/09/2024</u> Name & Address: DEBRA RIBITWER 4190 TELEGRAPH RD BLOOMFIELD TWP, MI 48302		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>4190 TELEGRAPH RD, BLOOMFIELD TWP, MI 48302</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/10/2024</u> Name & Address: DANIEL BATES 911 TARTAN TRAIL BLOOMFIELD HILLS, MI 48304		\$ <u>250.00</u>	\$ <u>650.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>DANIEL BATES PC</u> Business Address <u>33 PARKWAY, STE. 270, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/10/2024</u> Name & Address: MAUREEN CHRISTENSEN 933 SUFFIELD AVE BIRMINGHAM, MI 48009		\$ <u>199.00</u>	\$ <u>449.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>933 SUFFIELD AVE, BIRMINGHAM, MI 48009</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **1,949.00**

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

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/10/2024</u> Name & Address: LOREN DICKSTEIN 2000 TOWN CENTER #2350 SOUTHFIELD, MI 48075 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LEWIS & DICKSTEIN</u> Business Address <u>2000 TOWN CENTER, 32350, SOUTHFIELD, MI 48075</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>1,000.00</u>	\$ <u>2,000.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/10/2024</u> Name & Address: SCOTT GOODWIN 5311 FOREST WAY BLOOMFIELD TWP, MI 48302 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>GOODWIN & SCIESZKA</u> Business Address <u>999 HAYNES ST, #385, BIRMINGHAM, MI 48009</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/10/2024</u> Name & Address: RANDALL LEWIS 2000 TOWN CENTER 2350 SOUTHFIELD, MI 48075 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LEWIS & DICKSTEIN PLLC</u> Business Address <u>2000 TOWN CENTER, 2350, SOUTHFIELD, MI 48075</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/10/2024</u> Name & Address: JASON RAZNICK 1 CAMPUS MARTIUS DETROIT, MI 48226 5. If over \$100.00 cumulative, please provide: Occupation <u>MEDIA</u> Employer <u>BENZINGA</u> Business Address <u>1 CAMPUS MARTIUS, DETROIT, MI 48226</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>1,500.00</u>

Page Subtotal 2,750.00

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

1. Committee I.D. Number 97181
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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? <input type="checkbox"/> YES 4. Date of Receipt <u>04/10/2024</u> Name & Address: MICHAEL ROBBINS 3910 TELEGRAPH RD 200 BLOOMFIELD TWP, MI 48302 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>3910 TELEGRAPH RD, 200, BLOOMFIELD TWP, MI 48302</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/10/2024</u> Name & Address: JAMES WHITEHEAD 495 GOLFVIEW BLVD BIRMINGHAM, MI 48009 5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>AUTOMOTIVE MEDIA</u> Business Address <u>1708 NORTHWOOD DR, TROY, MI 48084</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/11/2024</u> Name & Address: CANDYCE ABBATT 32023 MOUNTAIN VIEW RD FRANKLIN, MI 48025 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ABBATT ZACOWSKI</u> Business Address <u>32770 FRANKLIN RD, FL 2, FRANKLIN, MI 48025</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>750.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/11/2024</u> Name & Address: WILLIAM ABBATT 32023 MOUNTAIN VIEW RD FRANKLIN, MI 48025 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>BROOKS KUSHMAN</u> Business Address <u>150 W 2ND ST, ROYAL OAK, MI 48067</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>

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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/11/2024</u>	
Name & Address: JILL BANKEY 2359 HARVARD RD BERKLEY, MI 48072		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>BANKEY LAW PLC</u> Business Address <u>240 DANES, BIRMINGHAM, MI 48009</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/11/2024</u>	
Name & Address: KEITH BINKOWSKI 272 W DRAYTON FERNDALE, MI 48220		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>HAZEL PARK PUBLIC SCHOOLS</u> Business Address <u>1620 E AVE, HAZEL PARK, MI 48030</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/11/2024</u>	
Name & Address: JOE CROSS 160 PLEASANT ST BIRMINGHAM, MI 48009		\$ <u>500.00</u>	\$ <u>650.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>1821 W MAPLE RD, BIRMINGHAM, MI 48009</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/11/2024</u>	
Name & Address: MARSHAL GARMO 41471 THOREAU RIDGE NOVI, MI 48377		\$ <u>300.00</u>	\$ <u>550.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MARSHAL PLLC</u> Business Address <u>24725 W 12 MILE RD, #300, SOUTHFIELD, MI 48034</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **1,150.00**

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

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/11/2024</u> Name & Address: NICOLE GARMO 6563 STILLWELL WEST BLOOMFIELD TOWNSHIP, MI 48322 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>100.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/11/2024</u> Name & Address: JENNIFER GRANGER 1365 PURITAN AVE BIRMINGHAM, MI 48009 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1365 PURITAN AVE, BIRMINGHAM, MI 48009</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>1,250.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/11/2024</u> Name & Address: ZACHARY GRANT PO BOX 7383 BLOOMFIELD HILLS, MI 48302 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/11/2024</u> Name & Address: SARAH GREENE 42160 WOODWARD AVE BLOOMFIELD HILLS, MI 48304 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>OAKLAND COUNTY</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>350.00</u>

Page Subtotal **650.00**

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

1. Committee I.D. Number 97181
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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? <input type="checkbox"/> YES 4. Date of Receipt <u>04/11/2024</u> Name & Address: JEFFREY HALL 150 W SECOND ST #250 ROYAL OAK, MI 48067 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>FRIED SAPERSTEIN SAKWA</u> Business Address <u>150 W 2ND ST, #250, ROYAL OAK, MI 48067</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/11/2024</u> Name & Address: SHANE KOLO 2344 WINDEMERE RD BIRMINGHAM, MI 48009 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2344 WINDEMERE RD, BIRMINGHAM, MI 48009</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/11/2024</u> Name & Address: JOSEPH LAVIGNE 31700 W 13 MILE RD #96 FARMINGTON HILLS, MI 48334 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>31700 W 13 MILE RD, #96, FARMINGTON HILLS, MI 48334</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>1,750.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/11/2024</u> Name & Address: KRISTIN LUSN 1312 JOLIET PL DETROIT, MI 48207 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>1312 JOLIET PL, DETROIT, MI 48207</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>

Page Subtotal **1,250.00**

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

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/11/2024</u> Name & Address: BARRY MALONE 3627 HUTCHINS HILL DR WEST BLOOMFIELD TOWNSHIP, MI 48323	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LAKESHORE LEGAL AID</u> Business Address <u>30500 VAN DYKE AVE, WARREN, MI 48093</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/11/2024</u> Name & Address: ROBERT MORAD 355 S OLD WOODWARD AVE 100 BIRMINGHAM, MI 48009	\$ <u>500.00</u>	\$ <u>1,750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>355 S OLD WOODWARD AVE, BIRMINGHAM, MI 48009</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/11/2024</u> Name & Address: JEFFREY NEILSON 2344 WINDEMERE RD BIRMINGHAM, MI 48009	\$ <u>1,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LIPSON NEILSON</u> Business Address <u>27777 FRANKLIN RD, SOUTHFIELD, MI 48034</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/11/2024</u> Name & Address: LISA NEILSON 2344 WINDEMERE RD BIRMINGHAM, MI 48009	\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>FAMILY LAW CONSULTING</u> Business Address <u>27777 FRANKLIN RD, SOUTHFIELD, MI 48034</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal 2,000.00

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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/11/2024</u> Name & Address: <u>JOHN O'NEILL</u> <u>898 N ADAMS RD</u> <u>#3</u> <u>BIRMINGHAM, MI 48009</u>		\$ <u>250.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>OAKLAND COUNTY</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/11/2024</u> Name & Address: <u>JAMES PARKS</u> <u>19055 SAXON DR</u> <u>BEVERLY HILLS, MI 48025</u>		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TAFT</u> Business Address <u>27777 FRANKLIN RD, 2500, SOUTHFIELD, MI 48034</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/11/2024</u> Name & Address: <u>ERIN RIDEN</u> <u>4229 SEDGEMOOR LN</u> <u>BLOOMFIELD HILLS, MI 48302</u>		\$ <u>100.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HUMAN RESOURCES</u> Employer <u>TRANE TECHNOLOGIES</u> Business Address <u>800 BEATY ST, DAVIDSON, NC 28036</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/11/2024</u> Name & Address: <u>KAREN ROCKIND</u> <u>92 MANOR CT</u> <u>BLOOMFIELD HILLS, MI 48304</u>		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>92 MANOR CT, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 8,925.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/11/2024</u> Name & Address: JASON SAKIS 1045 VALLEY STREAM DR ROCHESTER HILLS, MI 48309 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SAKIS & SAKIS PLC</u> Business Address <u>5600 NEW KING DR, #365, TROY, MI 48098</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>1,500.00</u>	\$ <u>6,500.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/11/2024</u> Name & Address: KIMBERLY STOUT 2109 BORDEAUX ST WEST BLOOMFIELD TOWNSHIP, MI 48323 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>2109 BORDEAUX ST, WEST BLOOMFIELD TOWNSHIP, MI 48323</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>750.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/11/2024</u> Name & Address: KATIE WESTON 1261 GLASS LAKE CIR OXFORD, MI 48371 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/12/2024</u> Name & Address: THOMAS BARLOW 1338 JOLIET PL DETROIT, MI 48207 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>30.00</u>	\$ <u>30.00</u>

Page Subtotal **1,880.00**

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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/12/2024</u> Name & Address: DENISE ILITCH 23675 WOODLYNNE DR BINGHAM FARMS, MI 48025	\$ <u>1,000.00</u>	\$ <u>4,476.40</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>ILITCH ENTERPRISES, LLC</u> Business Address <u>2211 WOODWARD AVE, DETROIT, MI 48201</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/22/2024</u> Name & Address: EMMA HAIGH-HUTCHINSON 35 CAMPBELL AVE SW #401 ROANOKE, VA 24011	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/22/2024</u> Name & Address: ROBERT JOHNCOX 21401 CONCORD ST SOUTHFIELD, MI 48076	\$ <u>40.00</u>	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>21401 CONCORD ST, SOUTHFIELD, MI 48076</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/22/2024</u> Name & Address: JOAN KOBLAS 13118 E 47TH LN YUMA, AZ 85367	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **1,165.00**

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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/22/2024</u> Name & Address: BOYD RICHARDS 19410 LUCERNE DR DETROIT, MI 48203	\$ <u>100.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>MICHIGAN SPINE AND BRAIN</u> Business Address <u>22250 PROVIDENCE DR, SOUTHFIELD, MI 48075</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/23/2024</u> Name & Address: JIM BUSH 2757 WARWICK DR BLOOMFIELD HILLS, MI 48304	\$ <u>25.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/23/2024</u> Name & Address: EMILY CORD-DUTHINH 7020 PENINSULA CT CLARKSTON VLG, MI 48346	\$ <u>80.00</u>	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/23/2024</u> Name & Address: DANIELLE DEWITT 100 MICHIGAN ST NE GRAND RAPIDS, MI 49503	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 255.00

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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/23/2024</u> Name & Address: LILLIAN DIALLO 51147 BROMPTON NOVI, MI 48374	\$ <u>110.00</u>	\$ <u>110.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>500 GRISWOLD ST, #2350, DETROIT, MI 48226</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/23/2024</u> Name & Address: RAMI FARHAT 29222 VALLEY BEND CT FARMINGTON HILLS, MI 48331	\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MASTER WATCH MAKER</u> Employer <u>PRECISE TIME</u> Business Address <u>29222 VALLEY BEND CT, FARMINGTON HILLS, MI 48331</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/23/2024</u> Name & Address: ROBIN FENBERG 350 N OLD WOODWARD AVE STE 100 BIRMINGHAM, MI 48009	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CFO</u> Employer <u>STRENGTH CAPITAL PARTNERS</u> Business Address <u>350 N OLD WOODWARD AVE, BIRMINGHAM, MI 48009</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/23/2024</u> Name & Address: DEBORAH LOBRING 410 OAK RUN CT ROYAL OAK, MI 48073	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **535.00**

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

Enter this total on
line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/23/2024</u> Name & Address: DEBORAH LOBRING 410 OAK RUN CT ROYAL OAK, MI 48073	\$ <u>25.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/23/2024</u> Name & Address: MELISSA MAHAFFEY 48 FISHER ST WESTWOOD, MA 02090	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/23/2024</u> Name & Address: ASSEFA MEHRETU 4555 PIONEER TRAIL MERIDIAN TWP, MI 48864	\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/23/2024</u> Name & Address: MICHAEL MORSE 26232 PEMBROKE RD HUNTINGTON WOODS, MI 48070	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>24901 NORTHWESTERN HWY, SOUTHFIELD, MI 48075</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **1,085.00**

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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/23/2024</u> Name & Address: SYLVIA ROSE 29100 POINTE O WOODS PL SOUTHFIELD, MI 48034	\$ <u>10.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/23/2024</u> Name & Address: MICHAEL ROSS 27177 FARMBROOK VILLA DR SOUTHFIELD, MI 48034	\$ <u>55.00</u>	\$ <u>110.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>27177 FARMBROOK VILLA DR, SOUTHFIELD, MI 48034</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/24/2024</u> Name & Address: WENDY WILLIAMS 2072 GARLAND ST SYLVAN LAKE, MI 48320	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/29/2024</u> Name & Address: JOHN KENNEDY 3664 EDGEMONT DR TROY, MI 48084	\$ <u>55.00</u>	\$ <u>55.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **145.00**

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

Enter this total on
line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/30/2024</u> Name & Address: BARBARA MORRISON 2709 WINDSOR DR TROY, MI 48085	\$ <u>100.00</u>	\$ <u>510.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>OAKLAND COUNTY PROSECUTOR'S OFFICE</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/06/2024</u> Name & Address: PHILLIP FISHER 1288 W LONG LAKE RD BLOOMFIELD HILLS, MI 48302	\$ <u>5,000.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>MISSION THROTTLE</u> Business Address <u>TWO TOWNE SQUARE, 900, SOUTHFIELD, MI 48076</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/06/2024</u> Name & Address: JOSEPH LASH 26091 DUNDEE RD HUNTINGTON WOODS, MI 48070	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TAFT</u> Business Address <u>27777 FRANKLIN RD, 2500, SOUTHFIELD, MI 48034</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>05/07/2024</u> Name & Address: A BETTER MICHIGAN PAC 1100 W MAPLE RD TROY, MI 48084	\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **13,675.00**

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

Enter this total on
line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/07/2024</u> Name & Address: SHERMAN ABDO 12900 HALL RD STE.403 STERLING HEIGHTS, MI 48313 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LAW OFFICES OF SHERMAN ABDO</u> Business Address <u>12900 HALL RD, STE.403, STERLING HEIGHTS, MI 48313</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/07/2024</u> Name & Address: SABER AMMORI 7065 PINWOOD CT BLOOMFIELD HILLS, MI 48301 5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>WIRELESS VISION</u> Business Address <u>40700 WOODWARD AVE, STE 250, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>1,000.00</u>	\$ <u>3,000.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/07/2024</u> Name & Address: NEISHA CHUDLER 2410 AVONDALE ST W SYLVAN LAKE, MI 48320 5. If over \$100.00 cumulative, please provide: Occupation <u>PARALEGAL</u> Employer <u>OAKLAND COUNTY PROSECUTOR'S OFFICE</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>15.00</u>	\$ <u>510.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/07/2024</u> Name & Address: CHRISTOPHER DENHA 6859 WHITE PINE DR BLOOMFIELD HILLS, MI 48301 5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>8 MILE FOODLAND</u> Business Address <u>18880 EIGHT MILE RD, SOUTHFIELD, MI 48075</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>500.00</u>

Page Subtotal 2,515.00

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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/07/2024</u> Name & Address: MARK DENHA 6215 HILLS DR BLOOMFIELD HILLS, MI 48301		\$ <u>2,000.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>WIRELESS VISION</u> Business Address <u>40700 WOODWARD AVE, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/07/2024</u> Name & Address: PATRICK KATTOO 3460 MIDDLEBELT RD WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>3,000.00</u>	\$ <u>3,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>FOUR SEASONS CONTRACTING</u> Business Address <u>2011 ORCHARD LAKE RD, SYLVAN LAKE, MI 48320</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/07/2024</u> Name & Address: ROBERT LEVIN 32640 DEQUINDRE RD WARREN, MI 48092		\$ <u>5,000.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>32640 DEQUINDRE RD, WARREN, MI 48092</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/07/2024</u> Name & Address: KONSTANTINA MOURTOS 21705 RIVER RD GROSSE POINTE WOODS, MI 48236		\$ <u>1,785.00</u>	\$ <u>1,785.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTROLLER</u> Employer <u>VISION INVESTMENT PARTNERS</u> Business Address <u>21705 RIVER RD, GROSSE POINTE WOODS, MI 48236</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **11,785.00**

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

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/07/2024</u> Name & Address: JORDAN RASSAM 3168 WOODLAND RIDGE DR WEST BLOOMFIELD TOWNSHIP, MI 48323 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>29500 TELEGRAPH RD, 250, SOUTHFIELD, MI 48034</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>500.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/07/2024</u> Name & Address: SYLVESTOR SANIHA 5020 VILLAGE PL DR WEST BLOOMFIELD TOWNSHIP, MI 48322 5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>PINNACLE MANAGEMENT GROUP</u> Business Address <u>2008 HOGBACK RD, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/07/2024</u> Name & Address: ALICIA SCHEHR 4797 APPLE GROVE CT BLOOMFIELD HILLS, MI 48301 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TAFT</u> Business Address <u>27777 FRANKLIN RD, 2500, SOUTHFIELD, MI 48034</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/07/2024</u> Name & Address: GREGORY SHEENA 37405 GLENGROVE DR FARMINGTON HILLS, MI 48331 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TICKET FIX PRO LLC</u> Business Address <u>37405 GLENGROVE DR, FARMINGTON HILLS, MI 48331</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>1,000.00</u>	\$ <u>7,060.00</u>

Page Subtotal 2,750.00

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

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/07/2024</u> Name & Address: CHRISTOPHER YATOOMA 1712 HAMILTON DR BLOOMFIELD HILLS, MI 48302 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>CITIZENS STATE BANK</u> Business Address <u>32500 WOODWARD AVE, ROYAL OAK, MI 48073</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>1,000.00</u>	\$ <u>3,500.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/07/2024</u> Name & Address: NICHOLAS YELDO 2870 MEADOWOOD LN BLOOMFIELD TWP, MI 48302 5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>HENRY FORD HEALTH</u> Business Address <u>1 FORD PL, DETROIT, MI 48202</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/07/2024</u> Name & Address: SABAH YELDO 1879 PACKER RD BLOOMFIELD TWP, MI 48302 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>1879 PACKER RD, BLOOMFIELD TWP, MI 48302</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>200.00</u>	\$ <u>200.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/13/2024</u> Name & Address: BRUCE KAHN 325 GREENWOOD ST BIRMINGHAM, MI 48009 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TAFT</u> Business Address <u>27777 FRANKLIN RD, 2500, SOUTHFIELD, MI 48034</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>

Page Subtotal 4,200.00

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

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/13/2024</u> Name & Address: MARK KOWALSKY 5128 CORNERS DR WEST BLOOMFIELD TOWNSHIP, MI 48322	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TAFT</u> Business Address <u>27777 FRANKLIN RD, #2500, SOUTHFIELD, MI 48034</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>05/13/2024</u> Name & Address: MICHIGAN REGIONAL COUNCIL OF CARPENTERS AND MILLRIGHTS 23401 MOUND RD 101 WARREN, MI 48091	\$ <u>15,000.00</u>	\$ <u>20,292.50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/14/2024</u> Name & Address: ERIC ENDELMAN 5254 PARKSIDE DR WEST BLOOMFIELD TOWNSHIP, MI 48323	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TAFT LAW</u> Business Address <u>27777 FRANKLIN RD, #2500, SOUTHFIELD, MI 48034</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/14/2024</u> Name & Address: TALAL JAWAD 950 ORCHARD AVE FERNDAL, MI 48220	\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>F. LAX CONSTRUCTION</u> Business Address <u>950 ORCHARD AVE, FERNDAL, MI 48220</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **16,000.00**

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

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/14/2024</u> Name & Address: JENNIFER LATOSH 715 W BRECKENRIDGE ST FERNDALE, MI 48220	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TAFT</u> Business Address <u>27777 FRANKLIN RD, SOUTHFIELD, MI 48034</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/14/2024</u> Name & Address: JONATHAN SCHWARTZ 26810 WYOMING RD HUNTINGTON WOODS, MI 48070	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TAFT</u> Business Address <u>27777 FRANKLIN RD, 2500, SOUTHFIELD, MI 48034</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/14/2024</u> Name & Address: MINNA SHARRAK 280 EUCLID AVE BIRMINGHAM, MI 48009	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMERCIAL REAL ESTATE</u> Employer <u>BEANSTALK REAL ESTATE</u> Business Address <u>422 W CONGRESS ST, 200, DETROIT, MI 48226</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/14/2024</u> Name & Address: JONATHAN SRIRO 10044 TALBOT AVE HUNTINGTON WOODS, MI 48070	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TAFT</u> Business Address <u>27777 FRANKLIN RD, SOUTHFIELD, MI 48034</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **1,000.00**

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

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/14/2024</u> Name & Address: PETER SUGAR 1694 TRADING POST LN BLOOMFIELD TWP, MI 48302	\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TAFT</u> Business Address <u>27777 FRANKLIN RD, SOUTHFIELD, MI 48034</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/15/2024</u> Name & Address: PATRICK KRUSE 104 CAMBRIDGE BLVD PLEASANT RIDGE, MI 48069	\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>104 CAMBRIDGE BLVD, PLEASANT RIDGE, MI 48069</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/15/2024</u> Name & Address: WENDY ZABRISKIE 587 WATKINS ST BIRMINGHAM, MI 48009	\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TAFT</u> Business Address <u>27777 FRANKLIN RD, 2500, SOUTHFIELD, MI 48034</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/16/2024</u> Name & Address: ADAM BEHRENDT 7394 SANDY CREEK LN BLOOMFIELD HILLS, MI 48301	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **1,300.00**

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

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/16/2024</u> Name & Address: JOSH BORSON 10805 LINCOLN DR HUNTINGTON WOODS, MI 48070	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TAFT LAW</u> Business Address <u>27777 FRANKLIN RD, SOUTHFIELD, MI 48034</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/16/2024</u> Name & Address: RUSSEL CARNIAK 370 E MAPLE RD BIRMINGHAM, MI 48009	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>270 E MAPLE RD, BIRMINGHAM, MI 48009</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/16/2024</u> Name & Address: THOMAS COUGHLIN 4285 BLAIN ISLAND DR WATERFORD TWP, MI 48329	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TAFT LAW</u> Business Address <u>27777 FRANKLIN RD, STE 2500, SOUTHFIELD, MI 48034</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/16/2024</u> Name & Address: KELLIE DEVITO 445 SHREWSBURY DR CLARKSTON VLG, MI 48348	\$ <u>1,000.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>GMH</u> Business Address <u>101 W BIG BEAVER RD, TROY, MI 48084</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> 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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/16/2024</u> Name & Address: JASON GORDON 17520 W 12 MILE RD SOUTHFIELD, MI 48076	<u>\$ 500.00</u>	<u>\$ 500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FOUNDER</u> Employer <u>SELECT SURPLUS</u> Business Address <u>17520 W 12 MILE RD, SOUTHFIELD, MI 48076</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/16/2024</u> Name & Address: JENNIFER GRIECO 111 CAMBRIDGE BLVD PLEASANT RIDGE, MI 48069	<u>\$ 250.00</u>	<u>\$ 250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ALTIOR LAW</u> Business Address <u>401 S OLD WOODWARD AVE, #460, BIRMINGHAM, MI 48009</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/16/2024</u> Name & Address: DAVID GRONER 23900 GREENGLEN CT BINGHAM FARMS, MI 48025	<u>\$ 100.00</u>	<u>\$ 1,100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FACILIATATOR</u> Employer <u>UNIVERSITY OF DETROIT MERCY</u> Business Address <u>4001 W MCNICHOLS RD, DETROIT, MI 48221</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/16/2024</u> Name & Address: AMY HATHAWAY 1022 BUCKINGHAM GROSSE POINTE PARK, MI 48230	<u>\$ 500.00</u>	<u>\$ 5,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>2000 TOWN CENTER, 1490, SOUTHFIELD, MI 48075</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **1,350.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/16/2024</u> Name & Address: JULIET HENTSCHEL 6160 EASTMOOR RD BLOOMFIELD HILLS, MI 48301	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/16/2024</u> Name & Address: JEFFREY HEUER 27777 FRANKLIN RD SOUTHFIELD, MI 48034	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TAFT LAW</u> Business Address <u>27777 FRANKLIN RD, SOUTHFIELD, MI 48034</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/16/2024</u> Name & Address: MARIA IVEZAJ 48515 W SEVEN MILE RD NORTHVILLE, MI 48167	\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOTARY</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>48515 W SEVEN MILE RD, NORTHVILLE, MI 48167</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/16/2024</u> Name & Address: MICHAEL JACOBSON 260 JOYCE CT BLOOMFIELD HILLS, MI 48304	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TAFT</u> Business Address <u>27777 FRANKLIN RD, SOUTHFIELD, MI 48034</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **1,100.00**

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

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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 97181
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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? <input type="checkbox"/> YES 4. Date of Receipt <u>05/16/2024</u> Name & Address: FAWWAZ JARBOU 812 S MAIN ST 200 ROYAL OAK, MI 48067 5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>SYMMETRY PROPERTY</u> Business Address <u>4198 ORCHARD LAKE RD, 250, WEST BLOOMFIELD TOWNSHIP, MI 48323</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/16/2024</u> Name & Address: TAMARA JONIK 1085 SUFFIELD AVE BIRMINGHAM, MI 48009 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>50.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/16/2024</u> Name & Address: RANDALL LEWIS 2000 TOWN CENTER 2350 SOUTHFIELD, MI 48075 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LEWIS & DICKSTEIN PLLC</u> Business Address <u>2000 TOWN CENTER, 2350, SOUTHFIELD, MI 48075</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>1,250.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/16/2024</u> Name & Address: SUSAN LICHTERMAN 26080 YORK RD HUNTINGTON WOODS, MI 48070 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TAFT</u> Business Address <u>27777 FRANKLIN RD, 2500, SOUTHFIELD, MI 48034</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>2,500.00</u>	\$ <u>3,000.00</u>

Page Subtotal **3,050.00**

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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/16/2024</u> Name & Address: DOV LUSTIG 5724 BLOOMFIELD GLENS RD WEST BLOOMFIELD TOWNSHIP, MI 48322 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>240 DAINES ST, BIRMINGHAM, MI 48009</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>8,200.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/16/2024</u> Name & Address: SEAN MCNALLY 4000 TOWN CENTER 1800 SOUTHFIELD, MI 48075 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SPM TPHS PC</u> Business Address <u>4000 TOWN CENTER, 1800, SOUTHFIELD, MI 48075</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/16/2024</u> Name & Address: JOHN MORAD 22206 VALLEY OAKS DR BEVERLY HILLS, MI 48025 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/16/2024</u> Name & Address: LITA POPKE 44921 BROADMOOR CIR S TOWNSHIP OF NORTHVILLE, MI 48168 5. If over \$100.00 cumulative, please provide: Occupation <u>MEDIATOR</u> Employer <u>JAMS</u> Business Address <u>150 W JEFFERSON AVE, 850, DETROIT, MI 48226</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>

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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/16/2024</u> Name & Address: RAKESH RAMAKRISHNAN 1082 CHAPIN AVE BIRMINGHAM, MI 48009 5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>SELF</u> Business Address <u>21031 MICHIGAN AVE, DEARBORN, MI 48124</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/16/2024</u> Name & Address: JARED RAPP 4105 LAKERIDGE LN BLOOMFIELD HILLS, MI 48302 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>4105 LAKERIDGE LN, BLOOMFIELD HILLS, MI 48302</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/16/2024</u> Name & Address: BRIAN RAZNICK 1941 CRAGIN DR BLOOMFIELD TWP, MI 48302 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TAFT</u> Business Address <u>27777 FRANKLIN RD, 2500, SOUTHFIELD, MI 48034</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>2,500.00</u>	\$ <u>3,500.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/16/2024</u> Name & Address: MARK ROSSMAN 2145 CROOKS RD 220 TROY, MI 48084 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ROSSMAN PC</u> Business Address <u>2145 CROOKS RD, TROY, MI 48084</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>

Page Subtotal **4,000.00**

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

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/16/2024</u> Name & Address: <u>SAMANTHA SCPTT</u> <u>48295 MENTER ST</u> <u>NEW BALTIMORE, MI 48047</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/16/2024</u> Name & Address: <u>LYNN SIRISH</u> <u>521 GOLF VIEW</u> <u>BIRMINGHAM, MI 48009</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>DICKINSON WRIGHT</u> Business Address <u>2600 W BIG BEAVER RD, TROY, MI 48084</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>1,250.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/16/2024</u> Name & Address: <u>STUART SKLAR</u> <u>33450 W 12 MILE RD</u> <u>FARMINGTON HILLS, MI 48331</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>FABIAN SKLAR</u> Business Address <u>33450 W 12 MILE RD, FARMINGTON HILLS, MI 48331</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/16/2024</u> Name & Address: <u>DIANE SLINGER TRABUCCHI</u> <u>4821 EAGLE SPRING CT</u> <u>CLARKSTON VLG, MI 48348</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TAFT</u> Business Address <u>27777 FRANKLIN RD, 2500, SOUTHFIELD, MI 48034</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>

Page Subtotal **1,600.00**

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

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/16/2024</u> Name & Address: TODD STEARN 1000 JOANNE CT BLOOMFIELD TWP, MI 48302	<u>\$ 500.00</u>	<u>\$ 500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>1000 JOANNE CT, BLOOMFIELD TWP, MI 48302</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/16/2024</u> Name & Address: JULIE WARDLOW 2687 INDIAN MOUND RD BLOOMFIELD HILLS, MI 48301	<u>\$ 250.00</u>	<u>\$ 250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2687 INDIAN MOUND RD, BLOOMFIELD HILLS, MI 48301</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/16/2024</u> Name & Address: JASON YERT 490 PARK ST BIRMINGHAM, MI 48009	<u>\$ 250.00</u>	<u>\$ 250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>YERT LAW</u> Business Address <u>490 PARK ST, BIRMINGHAM, MI 48009</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/17/2024</u> Name & Address: JEFFREY MORGANTHALER 1366 ALDEN NASH AVE NE LOWELL, MI 49331	<u>\$ 25.00</u>	<u>\$ 25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **1,025.00**

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

1. Committee I.D. Number 97181
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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? <input type="checkbox"/> YES 4. Date of Receipt <u>05/18/2024</u> Name & Address: SALLY HART 2284 OAKDALE WATERFORD, MI 48329	<u>\$ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/19/2024</u> Name & Address: JACK MCINTYRE 541 DONALD AVE CLAWSON, MI 48017	<u>\$ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/20/2024</u> Name & Address: THOMAS CRANMER 559 BENNINGTON DR BLOOMFIELD HILLS, MI 48304	<u>\$ 250.00</u>	<u>\$ 500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MILLER CANFIELD</u> Business Address <u>840 W LONG LAKE RD, #150, TROY, MI 48098</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/20/2024</u> Name & Address: CHERYL GAMBRELL 29485 WOODHAVEN LN SOUTHFIELD, MI 48076	<u>\$ 250.00</u>	<u>\$ 250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>29485 WOODHAVEN LN, SOUTHFIELD, MI 48076</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 700.00

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

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/20/2024</u> Name & Address: NARGIZ NESIMOVA 7324 KATRIN DR WEST BLOOMFIELD TOWNSHIP, MI 48322	<u>\$ 100.00</u>	<u>\$ 600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>7324 KATRIN DR, WEST BLOOMFIELD TOWNSHIP, MI 48322</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/20/2024</u> Name & Address: MARCIA ROSS 24200 WILDBROOK CT SOUTHFIELD, MI 48034	<u>\$ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/20/2024</u> Name & Address: ALLEN SALYER 1657 WELLING DR TROY, MI 48085	<u>\$ 45.00</u>	<u>\$ 45.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/20/2024</u> Name & Address: JOSEPH VICARI 37523 HIDDEN VALLEY CT CLINTON TWP, MI 48036	<u>\$ 100.00</u>	<u>\$ 1,100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>JOE VICARI RESTAURANT GROUP</u> Business Address <u>6676 TELEGRAPH RD, BLOOMFIELD HILLS, MI 48301</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **345.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/20/2024</u> Name & Address: BARNEY WHITESMAN 1121 S GRAND TRAVERSE ST FLINT, MI 48502	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/21/2024</u> Name & Address: ELIOT WEINER 550 CHESTER ST BIRMINGHAM, MI 48009	\$ <u>1,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>EDWARD C LEVY</u> Business Address <u>550 CHESTER ST, BIRMINGHAM, MI 48009</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/22/2024</u> Name & Address: JAMES MIKUS 164 LINCOLN ST LAPEER, MI 48446	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/26/2024</u> Name & Address: MARTIN MCGLADDERY 35310 EDYTHE DR FARMINGTON HILLS, MI 48331	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **1,175.00**

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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/27/2024</u> Name & Address: CHUCK SEIGERMAN 5925 PINECROFT DR WEST BLOOMFIELD TOWNSHIP, MI 48322 5. If over \$100.00 cumulative, please provide: Occupation <u>PSYCHOLOGIST</u> Employer <u>SELF</u> Business Address <u>5925 PINECROFT DR, WEST BLOOMFIELD TOWNSHIP, MI 48322</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>200.00</u>	\$ <u>200.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/30/2024</u> Name & Address: RENEE CHELIAN 5719 BLOOMFIELD GLENS RD WEST BLOOMFIELD TOWNSHIP, MI 48322 5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>NORTHLAND FAMILY PLANNING</u> Business Address <u>35000 FORD RD, STE 3, WESTLAND, MI 48185</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>550.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/30/2024</u> Name & Address: NICKI HOGAN 8250 LINCOLN DR HUNTINGTON WOODS, MI 48070 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/30/2024</u> Name & Address: ALAN JILKA 847 S 9TH ST SALINA, KS 67401 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ <u>20.00</u>

Page Subtotal **820.00**

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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/30/2024</u> Name & Address: NATHANIEL PERNICK 13313 LUDLOW AVE HUNTINGTON WOODS, MI 48070	<u>\$ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/30/2024</u> Name & Address: MELANIE WEISS 4097 GRATIOT AVE FORT GRATIOT TWP, MI 48059	<u>\$ 500.00</u>	<u>\$ 500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>4097 GRATIOT AVE, FORT GRATIOT TWP, MI 48059</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/30/2024</u> Name & Address: MARVA WILLIAMS 1824 PINE ST BIRMINGHAM, MI 48009	<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>1824 PINE ST, BIRMINGHAM, MI 48009</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/03/2024</u> Name & Address: BRIAN BURNETT 3012 ROBINA AVE BERKLEY, MI 48072	<u>\$ 55.00</u>	<u>\$ 55.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **8,980.00**

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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/03/2024</u> Name & Address: JOHN MCLAREN 10023 APPLGATE LN BRIGHTON, MI 48114	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>SUN COMMUNITIES</u> Business Address <u>27777 FRANKLIN RD, SOUTHFIELD, MI 48034</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/07/2024</u> Name & Address: NEISHA CHUDLER 2410 AVONDALE ST W SYLVAN LAKE, MI 48320	\$ <u>15.00</u>	\$ <u>525.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARALEGAL</u> Employer <u>OAKLAND COUNTY PROSECUTOR'S OFFICE</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/10/2024</u> Name & Address: CLAUDIA SILLS 120 HAWTHORNE ST BIRMINGHAM, MI 48009	\$ <u>400.00</u>	\$ <u>650.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INVESTOR</u> Employer <u>FIRST HOLDING</u> Business Address <u>6960 ORCHARD LAKE RD, 300, WEST BLOOMFIELD TOWNSHIP, MI 48322</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/11/2024</u> Name & Address: MICHAEL ROSS 27177 FARBROOK VILLA DR SOUTHFIELD, MI 48034	\$ <u>100.00</u>	\$ <u>210.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>27177 FARBROOK VILLA DR, SOUTHFIELD, MI 48034</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **1,515.00**

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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/12/2024</u> Name & Address: PATRICK GILLESPIE 330 MARSHALL ST LANSING, MI 48912	<u>\$ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/14/2024</u> Name & Address: TIM WARD 515 N GLENHURST DR BIRMINGHAM, MI 48009	<u>\$ 250.00</u>	<u>\$ 250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LOBBYIST</u> Employer <u>MLC</u> Business Address <u>110 W MICHIGAN AVE, #500, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/17/2024</u> Name & Address: PAUL BORUCKI 3053 CARLY CT AUBURN HILLS, MI 48326	<u>\$ 50.00</u>	<u>\$ 50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/2024</u> Name & Address: SCOTT BOWEN 2235 SHAWNEE DR SE GRAND RAPIDS, MI 49506	<u>\$ 1,000.00</u>	<u>\$ 1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DNR DIRECTOR</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>525 W ALLEGAN ST, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **1,400.00**

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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/2024</u> Name & Address: JOHN DEWANE 1039 FOXBOROUGH DR WILLIAMSTON, MI 48895	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/2024</u> Name & Address: RENI GEORGE 2804 ORCHARD LAKE RD #205 KEEGO HARBOR, MI 48320	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGING PARTNER</u> Employer <u>CYPRESS COVE PARTNERS</u> Business Address <u>2804 ORCHARD LAKE RD, #205, KEEGO HARBOR, MI 48320</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/2024</u> Name & Address: BILL WORTZ 4144 MERIDIAN RD OKEMOS, MI 48864	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LOBBYIST</u> Employer <u>PAA</u> Business Address <u>120 N WASHINGTON SQUARE, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/20/2024</u> Name & Address: ROBERT JOHNCOX 21401 CONCORD ST SOUTHFIELD, MI 48076	\$ <u>40.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>21401 CONCORD ST, SOUTHFIELD, MI 48076</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **1,390.00**

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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/20/2024</u> Name & Address: ROBERT JOHNCOX 21401 CONCORD ST SOUTHFIELD, MI 48076	\$ <u>40.00</u>	\$ <u>160.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>21401 CONCORD ST, SOUTHFIELD, MI 48076</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>06/25/2024</u> Name & Address: PLUMBERS LOCAL 98 700 TOWER DR 300 TROY, MI 48098	\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/27/2024</u> Name & Address: FRED ANDERSON 410 WADSWORTH LN 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>RETIRED</u> Business Address <u>410 WADSWORTH LN, BLOOMFIELD HILLS, MI 48301</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/27/2024</u> Name & Address: LISA GOLDSTEIN 31070 OAK VALLEY DR FARMINGTON HILLS, MI 48331	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>31070 OAK VALLEY DR, FARMINGTON HILLS, MI 48331</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **1,740.00**

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

Enter this total on
line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/27/2024</u> Name & Address: JUDITH PRITCHETT 62823 TOURNAMENT DR WASHINGTON, MI 48094	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/27/2024</u> Name & Address: MALVIN SHAMAN 50761 PONTIAC TRAIL WIXOM, MI 48393	\$ <u>3,000.00</u>	\$ <u>3,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MALTON</u> Business Address <u>50761 PONTIAC TRAIL, WIXOM, MI 48393</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/27/2024</u> Name & Address: ANNE SLADE 2076 S SHORE DR HOLLAND, MI 49423	\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>AUTHOR</u> Employer <u>SELF</u> Business Address <u>2076 S SHORE DR, HOLLAND, MI 49423</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/07/2024</u> Name & Address: NEISHA CHUDLER 2410 AVONDALE ST W SYLVAN LAKE, MI 48320	\$ <u>15.00</u>	\$ <u>540.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARALEGAL</u> Employer <u>OAKLAND COUNTY PROSECUTOR'S OFFICE</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **3,615.00**

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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/2024</u> Name & Address: KATHRYN WOOD 1830 E MOHAWK CT BLOOMFIELD TWP, MI 48302	\$ <u>100.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>DICKINSON WRIGHT</u> Business Address <u>500 WOODWARD AVE, DETROIT, MI 48226</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/12/2024</u> Name & Address: KALVIN WANG 20442 GERALD ZAPPELLI CT SARATOGA, CA 95070	\$ <u>5.00</u>	\$ <u>5.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/18/2024</u> Name & Address: GARY LEWIS 41000 WOODWARD AVE #350 BLOOMFIELD TWP, MI 48304	\$ <u>1,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INVESTMENT ADVISOR</u> Employer <u>CASCADE PARTNERS LLC</u> Business Address <u>41000 WOODWARD AVE, #350, BLOOMFIELD TWP, MI 48304</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/19/2024</u> Name & Address: MISCHA BOARDMAN 2921 PROVINCIAL DR ANN ARBOR, MI 48104	\$ <u>1,600.00</u>	\$ <u>1,600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER</u> Business Address <u>32255 NORTHWESTERN HWY, STE 225, FARMINGTON HILLS, MI 48334</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal 2,705.00

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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>07/19/2024</u> Name & Address: CHALDEAN CHAMBER PAC 3601 15 MILE RD STERLING HEIGHTS, MI 48310	\$ <u>2,000.00</u>	\$ <u>12,600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/19/2024</u> Name & Address: JANET DABISH 23377 N STOCKTON AVE FARMINGTON HILLS, MI 48336	\$ <u>100.00</u>	\$ <u>340.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>23377 N STOCKTON AVE, FARMINGTON HILLS, MI 48336</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/19/2024</u> Name & Address: CONTESSA DENHA 3916 MT VERNON DR BLOOMFIELD HILLS, MI 48301	\$ <u>1,225.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>3916 MT VERNON DR, BLOOMFIELD HILLS, MI 48301</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/19/2024</u> Name & Address: KEVIN DENHA 700 N OLD WOODWARD AVE STE 300 BIRMINGHAM, MI 48009	\$ <u>1,225.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESATE</u> Employer <u>SELF</u> Business Address <u>700 N OLD WOODWARD AVE, BIRMINGHAM, MI 48009</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **4,550.00**

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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/19/2024</u> Name & Address: STEPHEN ESTEY 10132 TENNYSON DR PLYMOUTH, MI 48170 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER</u> Business Address <u>32255 NORTHWESTERN HWY, STE 225, FARMINGTON HILLS, MI 48334</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>500.00</u>
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>07/19/2024</u> Name & Address: FEMS FOR DEMS 2590 KENT RIDGE CT BLOOMFIELD HILLS, MI 48301 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/19/2024</u> Name & Address: CAMERON GETTO 32255 NORTHWESTERN HWY #225 FARMINGTON HILLS, MI 48334 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER</u> Business Address <u>32255 NORTHWESTERN HWY, #225, FARMINGTON HILLS, MI 48334</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>500.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/19/2024</u> Name & Address: BRANDON HEINTZELMAN 57323 HIDDEN TIMBERS DR SOUTH LYON, MI 48178 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER</u> Business Address <u>32255 NORTHWESTERN HWY, 225, FARMINGTON HILLS, MI 48334</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>300.00</u>	\$ <u>300.00</u>

Page Subtotal **1,550.00**

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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/19/2024</u>	
Name & Address: HEIDI HUDSON 32255 NORTHWESTERN HWY 225 FARMINGTON HILLS, MI 48334		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER</u> Business Address <u>32255 NORTHWESTERN HWY, 225, FARMINGTON HILLS, MI 48334</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/19/2024</u>	
Name & Address: DANIEL JEDELL 1451 LARKMOOR DRIVE TROY, MI 48064		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER</u> Business Address <u>32555 NORTHWESTERN HWY, 225, FARMINGTON HILLS, MI 48334</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/19/2024</u>	
Name & Address: HOWARD LEDERMAN 2239 CUMMINGS AVE BERKLEY, MI 48072		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/19/2024</u>	
Name & Address: DOV LOKETCH 25940 STRATFORD PL OAK PARK, MI 48237		\$ <u>5,000.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VP</u> Employer <u>STERLING GROUP</u> Business Address <u>333 W FORT ST, 1350, DETROIT, MI 48226</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **5,850.00**

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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/19/2024</u> Name & Address: JEREMY MULLETT 32255 NORTHWESTERN HWY 225 FARMINGTON HILLS, MI 48334 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER</u> Business Address <u>32255 NORTHWESTERN HWY, 225, FARMINGTON HILLS, MI 48334</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>500.00</u>	\$ <u>500.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/19/2024</u> Name & Address: CINNAMON PLONKA 32255 NORTHWESTERN HWY 225 FARMINGTON HILLS, MI 48334 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER</u> Business Address <u>32255 NORTHWESTERN HWY, 225, FARMINGTON HILLS, MI 48334</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>1,100.00</u>	\$ <u>1,100.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/19/2024</u> Name & Address: CHRISTINE PROVOST 376 BALDWIN RD BIRMINGHAM, MI 48009 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>376 BALDWIN RD, BIRMINGHAM, MI 48009</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/19/2024</u> Name & Address: DAVID PROVOST 376 BALDWIN RD BIRMINGHAM, MI 48009 5. If over \$100.00 cumulative, please provide: Occupation <u>VICE CHAIRMAN</u> Employer <u>TCF BANK</u> Business Address <u>333 W FORT ST, DETROIT, MI 48226</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>2,500.00</u>	\$ <u>2,500.00</u>

Page Subtotal **6,600.00**

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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/19/2024</u> Name & Address: ELIZABETHA RUMERY 64078 TURNBERRY WAY WASHINGTON, MI 48095	<u>\$ 400.00</u>	<u>\$ 400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER</u> Business Address <u>32255 NORTHWESTERN HWY, 225, FARMINGTON HILLS, MI 48334</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/19/2024</u> Name & Address: LEE SCHOTTENFELS 4152 WENDELL RD WEST BLOOMFIELD TOWNSHIP, MI 48323	<u>\$ 25.00</u>	<u>\$ 55.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/19/2024</u> Name & Address: MICHAEL SCHWARTZ 32255 NORTHWESTERN HWY FARMINGTON HILLS, MI 48334	<u>\$ 500.00</u>	<u>\$ 500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER</u> Business Address <u>32255 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/19/2024</u> Name & Address: DEVIN SULLIVAN 32255 NORTHWESTERN HWY FARMINGTON HILLS, MI 48334	<u>\$ 500.00</u>	<u>\$ 500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER</u> Business Address <u>32255 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **1,425.00**

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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/19/2024</u> Name & Address: GARY TORGOW 2301 W BIG BEAVER RD TROY, MI 48084	<u>\$ 5,000.00</u>	<u>\$ 5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHAIRMAN</u> Employer <u>TALMER BANK</u> Business Address <u>2301 W BIG BEAVER RD, TROY, MI 48084</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/19/2024</u> Name & Address: MALKA TORGOW 14661 LUDLOW ST OAK PARK, MI 48237	<u>\$ 2,500.00</u>	<u>\$ 2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>14661 LUDLOW ST, OAK PARK, MI 48237</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/19/2024</u> Name & Address: LAUREN WAWRZYNIAK 32255 NORTHWESTERN HWY FARMINGTON HILLS, MI 48334	<u>\$ 300.00</u>	<u>\$ 300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER</u> Business Address <u>32255 NORTHWESTERN HWY, 225, FARMINGTON HILLS, MI 48334</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/19/2024</u> Name & Address: JAMES WRIGHT 32255 NORTHWESTERN HWY FARMINGTON HILLS, MI 48334	<u>\$ 1,600.00</u>	<u>\$ 1,600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER</u> Business Address <u>32255 NORTHWESTERN HWY, 2500, FARMINGTON HILLS, MI 48334</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **9,400.00**

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 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/19/2024</u> Name & Address: MARK ZAUSMER 32255 NORTHWESTERN HWY STE. 225 FARMINGTON HILLS, MI 48334 5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGING SHAREHOLDER</u> Employer <u>ZAUSMER</u> Business Address <u>32255 NORTHWESTERN HWY, 225, FARMINGTON HILLS, MI 48334</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>3,900.00</u>	\$ <u>3,900.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/20/2024</u> Name & Address: ROBERT JOHNCOX 21401 CONCORD ST SOUTHFIELD, MI 48076 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>21401 CONCORD ST, SOUTHFIELD, MI 48076</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>40.00</u>	\$ <u>200.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____ _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ _____	\$ _____
Click Here for Memo Itemization		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____ _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ _____	\$ _____
Click Here for Memo Itemization		

Page Subtotal **3,940.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **172,944.00**

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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 97181

CANDIDATE COMMITTEE

2. Committee Name KAREN MCDONALD FOR PROSECUTOR

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? <input type="checkbox"/> Yes Name & Address: ETHAN HOLTZ 26030 ROMANY WAY FRANKLIN, MI 48025 If over \$100.00 cumulative, please provide: Occupation: ATTORNEY Employer Name & Business Address: TAFT LAW 27777 FRANKLIN RD, 2500, SOUTHFIELD, MI 48034 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>EVENT FOOD AND BEVERAGE</u> 5. Date Of Receipt: <u>05/16/2024</u> 6. Vendor Name & Address: MEX 6675 TELEGRAPH RD, BLOOMFIELD HILLS, MI 48301	\$ <u>4,059.55</u>	\$ <u>4,059.55</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: JEFFREY ABOOD 470 N OLD WOODWARD AVE STE. 250 BIRMINGHAM, MI 48009 If over \$100.00 cumulative, please provide: Occupation: ATTORNEY Employer Name & Address: ABOOD LAW FIRM 470 N OLD WOODWARD AVE, BIRMINGHAM, MI 48009 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>FOOD AND BEVERAGE</u> 5. Date Of Receipt: <u>06/18/2024</u> 6. Vendor Name & Address: SIDEBAR 246 E SAGINAW ST, EAST LANSING, MI 48823	\$ <u>550.00</u>	\$ <u>550.00</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: LORI GOLDMAN 2590 KENT RIDGE CT BLOOMFIELD HILLS, MI 48301 If over \$100.00 cumulative, please provide: Occupation: NOT EMPLOYED Employer Name & Address: NOT EMPLOYED 2590 KENT RIDGE CT, BLOOMFIELD HILLS, MI 48301 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>CATERING</u> 5. Date Of Receipt: <u>06/20/2024</u> 6. Vendor Name & Address: EL CHARRO 21519 21 MILE RD, MACOMB, MI 48044	\$ <u>1,400.00</u>	\$ <u>1,400.00</u>

Page Subtotal **6,009.55** **6,009.55**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **6,009.55**

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FLYWHEEL Address 1111 N 13TH ST STE. 208 OMAHA, NE 68102 <input type="checkbox"/> Fund Raiser	Purpose: <u>WEB HOSTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/02/2024</u> Date	\$ <u>30.00</u>
Expenditure #2 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 <input type="checkbox"/> Fund Raiser	Purpose: <u>EMAIL SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/02/2024</u> Date	\$ <u>158.40</u>
Expenditure #3 Name NGP VAN, INC Address 1445 NEW YORK AVE NW STE. 200 WASHINGTON, DC 20005 <input type="checkbox"/> Fund Raiser	Purpose: <u>DATABASE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/12/2024</u> Date	\$ <u>960.00</u>
Expenditure #4 Name MOMENT STRATEGIES Address 2937 E GRAND BLVD STE. 506 DETROIT, MI 48202 <input type="checkbox"/> Fund Raiser	Purpose: <u>PHOTO LICENSING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/16/2024</u> Date	\$ <u>1,650.00</u>
Expenditure #5 Name MAILCHIMP Address 675 PONCE DE LEON AVE NE STE. 5000 ATLANTA, GA 30308 <input type="checkbox"/> Fund Raiser	Purpose: <u>EMAIL SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/29/2024</u> Date	\$ <u>138.00</u>

Subtotal this page **2,936.40**

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

1. Committee I. D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FLYWHEEL Address 1111 N 13TH ST STE. 208 OMAHA, NE 68102 <input type="checkbox"/> Fund Raiser	Purpose: <u>WEB HOSTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/30/2024</u> Date	\$ <u>30.00</u>
Expenditure #2 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/31/2024</u> Date	\$ <u>6.68</u>
Expenditure #3 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 <input type="checkbox"/> Fund Raiser	Purpose: <u>EMAIL SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/01/2024</u> Date	\$ <u>158.40</u>
Expenditure #4 Name CHRISTOPHER MUELLER Address 601 ABBOTT ST DETROIT, MI 48226 <input type="checkbox"/> Fund Raiser	Purpose: <u>GRAPHIC DESIGN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/20/2024</u> Date	\$ <u>150.00</u>
Expenditure #5 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/28/2024</u> Date	\$ <u>66.69</u>

Subtotal this page **411.77**

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

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Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MAILCHIMP Address 675 PONCE DE LEON AVE NE STE. 5000 ATLANTA, GA 30308 <input type="checkbox"/> Fund Raiser	Purpose: <u>EMAIL SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/29/2024</u> Date	\$ <u>138.00</u>
Expenditure #2 Name FLYWHEEL Address 1111 N 13TH ST STE. 208 OMAHA, NE 68102 <input type="checkbox"/> Fund Raiser	Purpose: <u>WEB HOSTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/01/2024</u> Date	\$ <u>30.00</u>
Expenditure #3 Name CHANGE MEDIA GROUP Address 1000 S WASHINGTON AVE LANSING, MI 48910 <input type="checkbox"/> Fund Raiser	Purpose: <u>WEBSITE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/04/2024</u> Date	\$ <u>7,995.00</u>
Expenditure #4 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 <input type="checkbox"/> Fund Raiser	Purpose: <u>EMAIL SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/04/2024</u> Date	\$ <u>158.40</u>
Expenditure #5 Name MARKET SQUARE Address 1964 SOUTHFIELD RD BIRMINGHAM, MI 48009 <input type="checkbox"/> Fund Raiser	Purpose: <u>FOOD & BEVERAGE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/06/2024</u> Date	\$ <u>344.94</u>

Subtotal this page **8,666.34**

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

1. Committee I. D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CHANGE MEDIA GROUP Address 1000 S WASHINGTON AVE LANSING, MI 48910 <input type="checkbox"/> Fund Raiser	Purpose: <u>VIDEO PRODUCTION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/13/2024</u> Date	<u>\$ 9,995.00</u>
Expenditure #2 Name OAKLAND COUNTY DEMOCRATIC PARTY Address 555 HORACE BROWN DR STE. 202 MADISON HEIGHTS, MI 48071 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/19/2024</u> Date	<u>\$ 630.00</u>
Expenditure #3 Name NGP VAN, INC Address 1445 NEW YORK AVE NW STE. 200 WASHINGTON, DC 20005 <input type="checkbox"/> Fund Raiser	Purpose: <u>DATABASE SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/20/2024</u> Date	<u>\$ 960.00</u>
Expenditure #4 Name IMAGN CONTENT SERVICES Address 1675 BROADWAY FL 23 NEW YORK, NY 10019 <input type="checkbox"/> Fund Raiser	Purpose: <u>PHOTO LICENSING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/28/2024</u> Date	<u>\$ 750.00</u>
Expenditure #5 Name MAILCHIMP Address 675 PONCE DE LEON AVE NE STE. 5000 ATLANTA, GA 30308 <input type="checkbox"/> Fund Raiser	Purpose: <u>EMAIL SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/29/2024</u> Date	<u>\$ 138.00</u>

Subtotal this page **12,473.00**

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

1. Committee I. D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/31/2024</u> Date	\$ <u>183.11</u>
Expenditure #2 Name FLYWHEEL Address 1111 N 13TH ST STE. 208 OMAHA, NE 68102 <input type="checkbox"/> Fund Raiser	Purpose: <u>WEB HOSTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/01/2024</u> Date	\$ <u>30.00</u>
Expenditure #3 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 <input type="checkbox"/> Fund Raiser	Purpose: <u>EMAIL SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/02/2024</u> Date	\$ <u>158.40</u>
Expenditure #4 Name CHANGE MEDIA GROUP Address 1000 S WASHINGTON AVE LANSING, MI 48910 <input type="checkbox"/> Fund Raiser	Purpose: <u>DIGITAL SUPPORT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/14/2024</u> Date	\$ <u>1,632.00</u>
Expenditure #5 Name HAVEN Address 801 VANGUARD DRIVE PONTIAC, MI 48341 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/15/2024</u> Date	\$ <u>2,000.00</u>

Subtotal this page **4,003.51**

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

1. Committee I. D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

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 PONTIAC, MI 48341 <input type="checkbox"/> Fund Raiser	Purpose: <u>FILING FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/22/2024</u> Date	<u>\$ 100.00</u>
Expenditure #2 Name BIRMINGHAM ATHLETIC CLUB Address 4033 W MAPLE RD BLOOMFIELD HILLS, MI 48301 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FOOD AND BEVERAGE FOR EVENT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/24/2024</u> Date	<u>\$ 3,316.15</u>
Expenditure #3 Name CLARK HILL Address 500 WOODWARD AVE 3500 DETROIT, MI 48226 <input type="checkbox"/> Fund Raiser	Purpose: <u>LEGAL SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/25/2024</u> Date	<u>\$ 3,000.00</u>
Expenditure #4 Name MAILCHIMP Address 675 PONCE DE LEON AVE NE STE. 5000 ATLANTA, GA 30308 <input type="checkbox"/> Fund Raiser	Purpose: <u>EMAIL</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/29/2024</u> Date	<u>\$ 138.00</u>
Expenditure #5 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/30/2024</u> Date	<u>\$ 339.63</u>

Subtotal this page **6,893.78**

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

1. Committee I. D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FLYWHEEL Address 1111 N 13TH ST STE. 208 OMAHA, NE 68102 <input type="checkbox"/> Fund Raiser	Purpose: <u>WEB HOSTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/01/2024</u> Date	<u>\$ 30.00</u>
Expenditure #2 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 <input type="checkbox"/> Fund Raiser	Purpose: <u>EMAIL SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/02/2024</u> Date	<u>\$ 158.40</u>
Expenditure #3 Name DETROIT BRANCH NAACP Address 8220 2ND AVE DETROIT, MI 48202 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING SPONSORSHIP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/10/2024</u> Date	<u>\$ 1,619.00</u>
Expenditure #4 Name CHANGE MEDIA GROUP Address 1000 S WASHINGTON AVE LANSING, MI 48910 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING AND MAILING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/21/2024</u> Date	<u>\$ 7,471.08</u>
Expenditure #5 Name MAILCHIMP Address 675 PONCE DE LEON AVE NE STE. 5000 ATLANTA, GA 30308 <input type="checkbox"/> Fund Raiser	Purpose: <u>EMAIL SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/29/2024</u> Date	<u>\$ 138.00</u>

Subtotal this page **9,416.48**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

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Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/31/2024</u> Date	\$ <u>292.22</u>
Expenditure #2 Name FLYWHEEL Address 1111 N 13TH ST STE. 208 OMAHA, NE 68102 <input type="checkbox"/> Fund Raiser	Purpose: <u>WEB HOSTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/31/2024</u> Date	\$ <u>30.00</u>
Expenditure #3 Name CLARK HILL Address 500 WOODWARD AVE 3500 DETROIT, MI 48226 <input type="checkbox"/> Fund Raiser	Purpose: <u>LEGAL SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/03/2024</u> Date	\$ <u>1,500.00</u>
Expenditure #4 Name CYCLE STRATEGIES Address 2222 W GRAND RIVER AVE STE. A MERIDIAN TWP, MI 48864 <input type="checkbox"/> Fund Raiser	Purpose: <u>CONSULTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/03/2024</u> Date	\$ <u>12,094.55</u>
Expenditure #5 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 <input type="checkbox"/> Fund Raiser	Purpose: <u>EMAIL SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/03/2024</u> Date	\$ <u>158.40</u>

Subtotal this page **14,075.17**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name NGP VAN, INC Address 1445 NEW YORK AVE NW STE. 200 WASHINGTON, DC 20005 <input type="checkbox"/> Fund Raiser	Purpose: <u>DATABASE SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/06/2024</u> Date	<u>\$ 960.00</u>
Expenditure #2 Name TODD'S ROOM Address 825 BOWERS ST BIRMINGHAM, MI 48009 <input type="checkbox"/> Fund Raiser	Purpose: <u>PHOTOSHOOT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/07/2024</u> Date	<u>\$ 190.00</u>
Expenditure #3 Name GLOBAL STRATEGY GROUP Address 215 PARK AVE S 15TH FL NEW YORK, NY 10003 <input type="checkbox"/> Fund Raiser	Purpose: <u>RESERACH</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/17/2024</u> Date	<u>\$ 42,500.00</u>
Expenditure #4 Name CHANGE MEDIA GROUP Address 1000 S WASHINGTON AVE LANSING, MI 48910 <input type="checkbox"/> Fund Raiser	Purpose: <u>DIGITAL SUPPORT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/28/2024</u> Date	<u>\$ 4,495.00</u>
Expenditure #5 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/30/2024</u> Date	<u>\$ 53.04</u>

Subtotal this page **48,198.04**

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

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Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FLYWHEEL Address 1111 N 13TH ST STE. 208 OMAHA, NE 68102 <input type="checkbox"/> Fund Raiser	Purpose: <u>WEB HOSTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/01/2024</u> Date	\$ <u>30.00</u>
Expenditure #2 Name MAILCHIMP Address 675 PONCE DE LEON AVE NE STE. 5000 ATLANTA, GA 30308 <input type="checkbox"/> Fund Raiser	Purpose: <u>EMAIL SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/01/2024</u> Date	\$ <u>138.00</u>
Expenditure #3 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 <input type="checkbox"/> Fund Raiser	Purpose: <u>EMAIL SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/02/2024</u> Date	\$ <u>158.40</u>
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **326.40**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **107,400.89**

Enter this total
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Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>03/17/2024</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>90</u>	5. Type of Fund Raising Activity <u>RECEPTION</u>	6. Address and Name (If any) of the place where the activity was held. <u>CREATIVE ARTS CENTER</u> <u>47 WILLIAMS ST</u> <u>PONTIAC, MI 48341</u> <input type="checkbox"/> Private Residence
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7. Total Contributions 5,185.00

8. Other Receipts 0.00

9. Gross Receipts (Add lines 7 and 8) 5,185.00

10. Total Cost of Event 1,400.00
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>04/11/2024</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>50</u>	5. Type of Fund Raising Activity <u>RECEPTION</u>	6. Address and Name (If any) of the place where the activity was held. BIRMINGHAM ATHLETIC CLUB 4033 W MAPLE RD BLOOMFIELD HILLS, MI 48301 <input type="checkbox"/> Private Residence
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7. Total Contributions 33,864.00
8. Other Receipts 0.00
9. Gross Receipts (Add lines 7 and 8) 33,864.00
10. Total Cost of Event 3,316.15
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>05/07/2024</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>35</u>	5. Type of Fund Raising Activity <u>RECEPTION</u>	6. Address and Name (If any) of the place where the activity was held. <u>700 N OLD WOODWARD AVE</u> <input type="checkbox"/> <u>BIRMINGHAM, MI 48009</u> Private Residence
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7. Total Contributions 29,310.00
8. Other Receipts 0.00
9. Gross Receipts (Add lines 7 and 8) 29,310.00
10. Total Cost of Event 0.00
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>05/16/2024</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>45</u>	5. Type of Fund Raising Activity <u>RECEPTION</u>	6. Address and Name (If any) of the place where the activity was held. MEX 6675 TELEGRAPH RD BLOOMFIELD HILLS, MI 48301 <input type="checkbox"/> Private Residence
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7. Total Contributions 25,880.00

8. Other Receipts 0.00

9. Gross Receipts (Add lines 7 and 8) 25,880.00

10. Total Cost of Event 4,059.55
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97181
2. Committee Name KAREN MCDONALD FOR PROSECUTOR

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>06/18/2024</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>20</u>	5. Type of Fund Raising Activity RECEPTION	6. Address and Name (If any) of the place where the activity was held. SIDEBAR 246 E SAGINAW ST EAST LANSING, MI 48823 <input type="checkbox"/> Private Residence
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7. Total Contributions 17,700.00

8. Other Receipts 0.00

9. Gross Receipts (Add lines 7 and 8) 17,700.00

10. Total Cost of Event 550.00
(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.