



FILED
28 OCT 2024 AM 08:47
OAKLAND COUNTY CLERK
PONTIAC, MICHIGAN

FOR OFFICIAL USE ONLY

CANDIDATE COMMITTEE COVER PAGE

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

3. This Statement covers From: 08/27/2024 to 10/20/2024

1. Committee I.D. Number
97181

2. Committee Name
KAREN MCDONALD FOR PROSECUTOR

4. Candidate Last Name First Name M.I.
MCDONALD **KAREN** **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
11/05/2024

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 <u>10/28/2024</u>
Candidate _____ Type or Print Name	/	Signature	Submitted electronically, signature on file Date <u>10/28/2024</u>



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>189,208.80</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>189,208.80</u>	(18.) \$ <u>899,621.80</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>189,208.80</u>	(20.) \$ <u>899,621.80</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>5,125.00</u>	(21.) \$ <u>36,718.78</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>356,406.75</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>356,406.75</u>	(23.) \$ <u>631,495.69</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>482,270.91</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>189,208.80</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>671,479.71</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>356,406.75</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>315,072.96</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>09/23/2024</u>	
Name & Address: NIRAV SHAH 20910 TURNBERRY BLVD NORTHVILLE, MI 48167		\$ <u>2,000.00</u>	\$ <u>3,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRINCIPAL</u> Employer <u>KMI FAMILY VENTURES</u> Business Address <u>20910 TURNBERRY BLVD, 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 # 2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/23/2024</u>	
Name & Address: SANJAY SHARMA 1314 MCLEAN AVE ROYAL OAK, MI 48067		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>ASCENDANT</u> Business Address <u>24681 NORTHWESTERN HWY, 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			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/23/2024</u>	
Name & Address: SHASHIDHAR SHASTRI 37279 ASPEN DR FARMINGTON HILLS, MI 48335		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COO</u> Employer <u>LGC GLOBAL</u> Business Address <u>7310 WOODWARD AVE, 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			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/23/2024</u>	
Name & Address: KENNETH WITTENBERG 701 NW 11TH AVE BOCA RATON, FL 33486		\$ <u>2,000.00</u>	\$ <u>3,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL ADVISOR</u> Employer <u>WITTENBERG INVESTMENTS</u> Business Address <u>2855 COOLIDGE HWY, 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 **4,750.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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>10/19/2024</u> Name & Address: JEFFREY SCHWARTZ 5403 DEERFIELD VILLAGE DR WEST BLOOMFIELD, MI 48322	\$ <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>08/27/2024</u> Name & Address: DIANE STELLINI 7192 PINE KNOB RD CLARKSTON VLG, MI 48348	\$ <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>08/27/2024</u> Name & Address: DEANNA UPLEGER 3325 GENOA RD CLARKSTON VLG, MI 48346	\$ <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 checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/27/2024</u> Name & Address: ROBERT VANWERT 17344 LOCHERBIE AVE BEVERLY HILLS, MI 48025	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal 255.00

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

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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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>08/27/2024</u> Name & Address: MAREISKA WASHINGTON 30143 SPRING-RIVER DR SOUTHFIELD, MI 48076	\$ <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>08/27/2024</u> Name & Address: ROBERT ZIVIAN 5518 PEMBURY LN WEST BLOOMFIELD, MI 48322	\$ <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>08/28/2024</u> Name & Address: JOEY TEST 18406 TELEGRAPH RD BROWNSTOWN, MI 48174	\$ <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>08/29/2024</u> Name & Address: PAUL STABLEIN 17174 BUCKINGHAM AVE BEVERLY HILLS, MI 48025	\$ <u>500.00</u>	\$ <u>1,100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>380 N MAPLE 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 950.00

Grand Total of All Schedules 1A
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/29/2024</u> Name & Address: JORDAN VAHDAT 6224 WILSON RD ANN ARBOR, MI 48108	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>VAHDAT WEISMAN</u> Business Address <u>17197 N LAUREL PARK DR, LIVONIA, MI 48152</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>08/30/2024</u> Name & Address: DAVID WILLIAMS 1800 PINE ST 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>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>09/03/2024</u> Name & Address: STEVE ZANG 5 DUXBURY LN DEARBORN, MI 48120	\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>29777 TELEGRAPH 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>09/06/2024</u> Name & Address: JULIE WARDLOW 2687 INDIAN MOUND RD BLOOMFIELD HILLS, MI 48301	\$ <u>250.00</u>	\$ <u>500.00</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		

Page Subtotal 900.00

Grand Total of All Schedules 1A
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1. Committee I.D. Number 97181
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/09/2024</u> Name & Address: <u>RACHEL WOLL</u> <u>8216 HUNTINGTON RD</u> <u>HUNTINGTON WOODS, MI 48070</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>DENTIST</u> Employer <u>ROYAL OAK COSMETIC DENISTRY</u> Business Address <u>8216 HUNTINGTON 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	\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/09/2024</u> Name & Address: <u>PRINCE YOUSIF</u> <u>4205 CROOKS RD</u> <u>TROY, MI 48098</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>HOUSE OF DANK</u> Business Address <u>4205 CROOKS RD, 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>500.00</u>	\$ <u>500.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/10/2024</u> Name & Address: <u>KENNETH WITTENBERG</u> <u>701 NW 11TH AVE</u> <u>BOCA RATON, FL 33486</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL ADVISOR</u> Employer <u>WITTENBERG INVESTMENTS</u> Business Address <u>2855 COOLIDGE HWY, 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 # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/11/2024</u> Name & Address: <u>KATHRYN WOOD</u> <u>1830 E MOHAWK CT</u> <u>BLOOMFIELD HILLS, MI 48302</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>DICKINSON</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	\$ <u>250.00</u>	\$ <u>600.00</u>

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
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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>09/16/2024</u> Name & Address: CASSONDRA WINKELMAN BARRON 3411 ROXBURY DR TROY, MI 48084	<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>09/17/2024</u> Name & Address: JUDITH WEISS 21 ORCHARD ST CAMBRIDGE, MA 02140	<u>\$ 110.00</u>	<u>\$ 110.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>SAMUEL RUBIN FOUNDATION</u> Business Address <u>21 ORCHARD ST, CAMBRIDGE, MA 02140</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>09/18/2024</u> Name & Address: JOHN WANDERFORD 212 W LINCOLN BIRMINGHAM, MI 48009	<u>\$ 150.00</u>	<u>\$ 150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ER</u> Employer <u>IEP</u> Business Address <u>729 E MICHIGAN AVE, JACKSON, MI 49201</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>09/18/2024</u> Name & Address: KATHY ZELENOK 2333 FAIRWAY DR 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>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 type="checkbox"/> Fund Raiser		

Page Subtotal **610.00**

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
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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>09/20/2024</u> Name & Address: HOLLI TARGAN 7402 VILLAGE SQUARE DR WEST BLOOMFIELD TOWNSHIP, MI 48322	\$ <u>10.00</u>	\$ <u>560.00</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 type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/23/2024</u> Name & Address: KENNETH WITTENBERG 701 NW 11TH AVE BOCA RATON, FL 33486	\$ <u>2,000.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL ADVISOR</u> Employer <u>WITTENBERG INVESTMENTS</u> Business Address <u>2855 COOLIDGE HWY, 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		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/23/2024</u> Name & Address: KATHRYN ZBANEK 4795 BURNLEY DR 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 type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/30/2024</u> Name & Address: KIMBERLY STOUT 2109 BORDEAUX ST WEST BLOOMFIELD TOWNSHIP, MI 48323	\$ <u>300.00</u>	\$ <u>1,050.00</u>
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		

Page Subtotal 2,410.00

Grand Total of All Schedules 1A
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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>09/30/2024</u> Name & Address: ERICA WARD GERSON 394 CRANBROOK RD BLOOMFIELD HILLS, MI 48304	<u>\$ 5,000.00</u>	<u>\$ 6,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ 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>09/30/2024</u> Name & Address: JAY WELFORD 2485 COMFORT CT WEST BLOOMFILED, 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</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 # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/01/2024</u> Name & Address: SANDRA SUTHERLAND 6191 VENICE DR COMMERCE TOWNSHIP, MI 48382	<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 # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/06/2024</u> Name & Address: CHARLES STAAB 41887 CHERRY HILL RD NOVI, MI 48375	<u>\$ 200.00</u>	<u>\$ 200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TRUANCY OFFICER</u> Employer <u>WATERFORD SCHOOL DISTRICT</u> Business Address <u>501 N CASS LAKE RD, WATERFORD, MI 48328</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **5,550.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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>10/06/2024</u> Name & Address: RONALD STROTE 4768 PICKERING RD 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>25.00</u>	\$ <u>25.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/06/2024</u> Name & Address: MEGAN WILLIAMS 23812 FARMINGTON RD FARMINGTON, MI 48336 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>100.00</u>	\$ <u>200.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/08/2024</u> Name & Address: STEVEN SZUCH 5457 HAGENVALE CT NE ROCKFORD, MI 49341 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>FISHERBROYLES LLP</u> Business Address <u>400 RENAISSANCE CENTER, 2600, DETROIT, MI 48243</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>10/08/2024</u> Name & Address: CINDY VIDA 1059 ALTER RD 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>100.00</u>	\$ <u>700.00</u>

Page Subtotal 475.00

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>10/08/2024</u> Name & Address: KATIE WRIGHT 13330 SHERWOOD DR 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 checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/09/2024</u> Name & Address: JANE STRUNCK 727 GOLF AVE 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 checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/09/2024</u> Name & Address: TRACEY WALTON 23771 KIM DR CLINTON TOWNSHIP, MI 48035	<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>10/09/2024</u> Name & Address: DANIELLE WALTON 746 BIRCH TREE LN ROCHESTER HILLS, MI 48306	<u>\$ 150.00</u>	<u>\$ 510.00</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 **325.00**

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>10/09/2024</u>	
Name & Address: ELIOT WEINER 550 CHESTER ST BIRMINGHAM, MI 48009		\$ <u>5,000.00</u>	\$ <u>7,000.00</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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/09/2024</u>	
Name & Address: MEGAN WILLIAMS 23812 FARMINGTON RD FARMINGTON, MI 48336		\$ <u>500.00</u>	\$ <u>700.00</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>10/09/2024</u>	
Name & Address: KENNETH WITTENBERG 701 NW 11TH AVE BOCA RATON, FL 33486		\$ <u>2,000.00</u>	\$ <u>7,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL ADVISOR</u> Employer <u>WITTENBERG INVESTMENTS</u> Business Address <u>2855 COOLIDGE HWY, 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			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/10/2024</u>	
Name & Address: STEVEN STEINHARDT 100 W BIG BEAVER RD TROY, MI 48084		\$ <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>100 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 7,750.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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>10/10/2024</u> Name & Address: KANIKA SURI 694 LANGLEY BLVD CLAWSON, MI 48017 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>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/10/2024</u> Name & Address: JESSICA SWANSON 1407 COLE ST BIRMINGHAM, MI 48009 5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>LEAR</u> Business Address <u>21557 TELEGRAPH RD, SOUTHFIELD, MI 48033</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>10/10/2024</u> Name & Address: LESLIE SWANSON 1024 STRATFORD PL BLOOMFIELD HILLS, MI 48304 5. If over \$100.00 cumulative, please provide: Occupation <u>PSYCHOLOGIST</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>24 FRANK LLOYD WRIGHT DR, 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>200.00</u>	\$ <u>200.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/15/2024</u> Name & Address: PAUL TAFELSKI 3451 WITHERBEE DR TROY, MI 48084 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>2525 S TELEGRAPH RD, 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>300.00</u>	\$ <u>300.00</u>

Page Subtotal **1,520.00**

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>10/15/2024</u> Name & Address: ARN TELLEM 1390 KIRKWAY RD BLOOMFIELD HILLS, MI 48302 5. If over \$100.00 cumulative, please provide: Occupation <u>VICE CHARIMAN</u> Employer <u>DETROIT PISTONS</u> Business Address <u>2645 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	\$ <u>5,000.00</u>	\$ <u>5,000.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/15/2024</u> Name & Address: STEVEN TRONSTEIN 1482 SODON CT BLOOMFIELD HILLS, MI 48302 5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS EXECUTIVE</u> Employer <u>GARDNER WHITE</u> Business Address <u>4445 N ATLANTIC BLVD, AUBURN HILLS, MI 48326</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>2,500.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/16/2024</u> Name & Address: RICHARD STRENGER 1064 ARBROAK WAY LAKE ORION, MI 48362 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>50.00</u>	\$ <u>50.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/16/2024</u> Name & Address: BRIAN THRASHER 11750 PEAKE RD PORTLAND, MI 48875 5. If over \$100.00 cumulative, please provide: Occupation <u>TRANSPORTATION</u> Employer <u>DEAN TRANSPORTATION</u> Business Address <u>4812 N AURELIUS RD, LANSING, MI 48910</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 **8,550.00**

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>10/17/2024</u> Name & Address: KENNETH WITTENBERG 701 NW 11TH AVE BOCA RATON, FL 33486	\$ <u>1,000.00</u>	\$ <u>8,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL ADVISOR</u> Employer <u>WITTENBERG INVESTMENTS</u> Business Address <u>2855 COOLIDGE HWY, 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		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/17/2024</u> Name & Address: LAUREN WYNNS 412 GLENGARRY RD 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 type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/18/2024</u> Name & Address: JOHN VANDERFORD 212 W LINCOLN BIRMINGHAM, MI 48009	\$ <u>50.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ER</u> Employer <u>IEP</u> Business Address <u>729 E MICHIGAN AVE, JACKSON, MI 49201</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>10/18/2024</u> Name & Address: CHRISTOPHER YATOOMA 1712 HAMILTON DR BLOOMFIELD HILLS, MI 48302	\$ <u>4,825.00</u>	\$ <u>8,325.00</u>
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		

Page Subtotal **5,925.00**

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>10/19/2024</u> Name & Address: DAVID WILLIAMS 1800 PINE ST BIRMINGHAM, MI 48009	\$ <u>4,000.00</u>	\$ <u>4,500.00</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>10/19/2024</u> Name & Address: DAVID WOLF 3800 RESEDA CT WATERFORD, 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 type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser 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 **4,050.00**
Grand Total of All Schedules 1A **189,208.80**
(Complete on last page of Schedule)

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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 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>09/23/2024</u> Date	<u>\$ 3,000.00</u>
Expenditure #2 Name DETROIT JEWISH NEWS Address 32255 NORTHWESTERN HWY FARMINGTON HILLS, MI 48334 <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>09/26/2024</u> Date	<u>\$ 690.00</u>
Expenditure #3 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>09/29/2024</u> Date	<u>\$ 138.00</u>
Expenditure #4 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>10/01/2024</u> Date	<u>\$ 30.00</u>
Expenditure #5 Name CHANGE MEDIA GROUP Address 1000 S WASHINGTON AVE LANSING, MI 48910 <input type="checkbox"/> Fund Raiser	Purpose: <u>DIGITAL ADS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/02/2024</u> Date	<u>\$ 225,000.00</u>

Subtotal this page **228,858.00**

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

Enter this total
on line 8a of
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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 NEW BLUE INTERACTIVE Address 1146 19TH ST NW WASHINGTON, DC 20036 <input type="checkbox"/> Fund Raiser	Purpose: <u>DIGITAL SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/20/2024</u> Date	\$ <u>2,877.50</u>
Expenditure #2 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 #3 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 #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 **2,877.50**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **356,406.75**

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on line 8a of
Summary Page