



FILED
25 APR 2025 PM 09:34
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: 07/22/2024 to 08/26/2024

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 04/25/2025
Candidate _____ / _____
Type or Print Name Signature
Submitted electronically, signature on file Date 04/25/2025



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: LAITH YALDOO 1000 CONTINENTAL DR KING OF PRUSSIA, PA 19406 If over \$100.00 cumulative, please provide: Occupation: FINANCIAL TRANSACTION SERVICES Employer Name & Business Address: CARDCONNECT 1000 CONTINENTAL DR, KING OF PRUSSIA, PA 19406 <input checked="" 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>08/09/2024</u> 6. Vendor Name & Address: ADACHI RESTAURANT GROUP LLC 325 S OLD WOODWARD AVE, BIRMINGHAM, MI 48009	\$ <u>1,612.40</u>	\$ <u>1,612.40</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: NICKOLAS HANNAWA 2909 E BIG BEAVER RD TROY, MI 48083 If over \$100.00 cumulative, please provide: Occupation: ATTORNEY Employer Name & Address: HANNAWA HIRMIZ LAW PLLC 2909 E BIG BEAVER RD, TROY, MI 48083 <input checked="" 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>08/13/2024</u> 6. Vendor Name & Address: SHENANDOAH COUNTRY CLUB 5600 WALNUT LAKE RD, WEST BLOOMFIELD TOWNSHIP, MI 48323	\$ <u>1,200.00</u>	\$ <u>2,200.00</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: GREGORY SHEENA 37405 GLENGROVE DR FARMINGTON HILLS, MI 48331 If over \$100.00 cumulative, please provide: Occupation: ATTORNEY Employer Name & Address: TICKET FIX PRO 29500 TELEGRAPH RD, SOUTHFIELD, MI 48034 <input checked="" 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>08/13/2024</u> 6. Vendor Name & Address: SHENANDOAH COUNTRY CLUB 5600 WALNUT LAKE RD, WEST BLOOMFIELD TOWNSHIP, MI 48323	\$ <u>1,200.00</u>	\$ <u>14,490.00</u>

Page Subtotal **4,012.40** **18,302.40**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **4,012.40**

Enter this total
on line 6 of Summary
Page