



**FILED**  
**25 APR 2025 PM 08:56**  
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: 10/21/2024 to 11/25/2024

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  
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 04/25/2025

Candidate \_\_\_\_\_ / \_\_\_\_\_  
Type or Print Name Signature

Submitted electronically, signature on file Date 04/25/2025



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>63,084.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>63,084.00</u>	(18.) \$ <u>962,705.80</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>63,084.00</u>	(20.) \$ <u>962,705.80</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>3,380.00</u>	(21.) \$ <u>40,098.78</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>179,907.31</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>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>179,907.31</u>	(23.) \$ <u>811,403.00</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (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>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed <b>by</b> the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed <b>to</b> the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>315,072.96</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>63,084.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>378,156.96</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>179,907.31</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>198,249.65</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>11/13/2024</u> Name & Address: <b>SABAH AMMOURI</b> 265 LOWELL CT BLOOMFIELD HILLS, MI 48304  5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>ATM OF AMERICA</u> Business Address <u>24911 JOHN R RD, 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	\$ <u>3,000.00</u>	\$ <u>6,880.00</u>
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>11/23/2024</u> Name & Address: <b>DEBORAH LOBRING</b> 410 OAK RUN CT ROYAL OAK, MI 48073  5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NA</u> 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>325.00</u>
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/31/2024</u> Name & Address: <b>SETH GOLDEN</b> 5185 LONGMEADOW RD BLOOMFIELD HILLS, MI 48304  5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SEE EYEWEAR</u> Business Address <u>160 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	\$ <u>500.00</u>	\$ <u>500.00</u>
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>11/24/2024</u> Name & Address: <b>ARTHUR WEISS</b> 30120 WESTGATE RD FARMINGTON HILLS, MI 48334  5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TAFT LAW</u> Business Address <u>1 WOODWARD AVE, STE. 2400, 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>1,000.00</u>	\$ <u>1,000.00</u>

Page Subtotal **4,525.00**

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

**63,084.00**

Enter this total on  
line 3a of Summary  
Page.



**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: <b>SABAH AMMOURI</b> <b>265 LOWELL CT</b> <b>BLOOMFIELD HILLS, MI 48304</b> <b>If over \$100.00 cumulative, please provide:</b> Occupation: <b>PRESIDENT</b> Employer Name & Business Address: <b>ATM OF AMERICA</b> <b>24911 JOHN R RD,</b> <b>HAZEL PARK, MI 48030</b>  <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- <b>LOAN</b> Description <u>FOOD AND BEVERAGE</u>  5. Date Of Receipt: <u>11/12/2024</u> 6. <b>Vendor Name &amp; Address:</b> <b>LA SAJ LEBANESE BISTRO</b> <b>2149 CROOKS RD,</b> <b>TROY, MI 48084</b>	\$ <b>3,380.00</b>	\$ <b>3,880.00</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address:   <b>If over \$100.00 cumulative, please provide:</b> Occupation:  Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description _____  5. Date Of Receipt: _____ 6. <b>Vendor Name &amp; Address:</b>	\$ _____	\$ _____
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address:   <b>If over \$100.00 cumulative, please provide:</b> Occupation:  Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description _____  5. Date Of Receipt: _____ 6. <b>Vendor Name &amp; Address:</b>	\$ _____	\$ _____

[Click Here for Memo Itemization](#)

[Click Here for Memo Itemization](#)

Page Subtotal      **3,380.00**      **3,880.00**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)      **3,380.00**

Enter this total  
on line 6 of Summary  
Page