



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

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

FILED
25 JUL 2025 PM 12:58

OAKLAND COUNTY CLERK
PONTIAC, MICHIGAN

FOR OFFICIAL USE ONLY

<p>1. Committee I.D. Number 97181</p> <p>2. Committee Name KAREN MCDONALD FOR PROSECUTOR</p> <p>5. Committee's Mailing Address PO BOX 1750 STE. 100 BIRMINGHAM, MI 48009</p> <p>Area Code and Phone <u>(248) 229-5339</u> 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.</p> <p>7. Treasurer's Business Address 26080 YORK HUNTINGTON WOODS, MI 48070</p> <p>Area Code and Phone <u>(248) 351-3000</u></p>		<p>3. This Statement covers From: <u>11/26/2024</u> to <u>07/20/2025</u></p> <p>4. Candidate Last Name MCDONALD First Name KAREN M.I. D</p> <p>4a. Office Sought Including District # or Community Served (If applicable) COUNTY PROSECUTOR, OAKLAND COUNTY</p> <p>4b. County of Residence OAKLAND COUNTY</p> <p>6. Treasurer's Name & Residential Address SUSAN LICHTERMAN 26080 YORK HUNTINGTON WOODS, MI 48070</p> <p>Area Code & Phone <u>(248) 351-3000</u></p> <p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone <u>() -</u></p>
<p>9. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus _____</p>		<p>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input checked="" type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly</p> <p>9c. <input type="checkbox"/> Annual Statement (2025) Coverage Year</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b , 9c or 9e to indicate which Statement is being amended.)</p> <p>9e. DISSOLUTION OF CANDIDATE COMMITTEE</p> <p><input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.</p> <p>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Effective date of dissolution _____</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>
<p>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.</p> <p>Current Treasurer or Designated Record keeper _____ / _____ Type or Print Name _____ Signature _____ Date <u>07/25/2025</u></p> <p>Candidate _____ / _____ Type or Print Name _____ Signature _____ Date <u>07/25/2025</u></p>		



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97181

2. Committee Name KAREN MCDONALD FOR PROSECUTOR

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>37,641.66</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>37,641.66</u>	(18.) \$ <u>37,641.66</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>3,995.00</u>	(19.) \$ <u>3,995.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>41,636.66</u>	(20.) \$ <u>41,636.66</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>169,970.00</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>169,970.00</u>	(23.) \$ <u>169,970.00</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>198,249.65</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>41,636.66</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>239,886.31</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>169,970.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>69,916.31</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 all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 12/07/2024

Name & Address:

NEISHA CHUDLER
2410 AVONDALE ST W
SYLVAN LAKE, MI 48320

\$ 15.00 \$ 30.00

5. If over \$100.00 cumulative, please provide:

Occupation PARALEGAL Employer OAKLAND COUNTY PROSECUTOR'S OFFICE

Business Address 1200 N TELEGRAPH, PONTIAC, MI 48341

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 12/23/2024

Name & Address:

DEBORAH LOBRING
410 OAK RUN CT
ROYAL OAK, MI 48073

\$ 25.00 \$ 50.00

5. If over \$100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address 410 OAK RUN CT, ROYAL OAK, MI 48073

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 01/07/2025

Name & Address:

NEISHA CHUDLER
2410 AVONDALE ST W
SYLVAN LAKE, MI 48320

\$ 15.00 \$ 45.00

5. If over \$100.00 cumulative, please provide:

Occupation PARALEGAL Employer OAKLAND COUNTY PROSECUTOR'S OFFICE

Business Address 1200 N TELEGRAPH, PONTIAC, MI 48341

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 01/09/2025

Name & Address:

AGNES GUND
765 PARK AVE
NEW YORK, NY 10021

\$ 2,500.00 \$ 2,500.00

5. If over \$100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address 725 PARK AVE, NEW YORK, NY 10021

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 2,555.00

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 all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 01/09/2025

Name & Address:

**KARLA JURVETSON
27200 ALTAMONT RD
LOS ALTOS, CA 94022**

\$ 500.00 \$ 500.00

5. If over \$100.00 cumulative, please provide:

Occupation PHYSICIAN Employer SELF EMPLOYED

Business Address 27200 ALTAMONT RD, LOS ALTOS HILLS, CA 94022

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 01/09/2025

Name & Address

**PATTY QUILLIN
849 ALMAR AVE
STE. C523
SANTA CRUZ, CA 95060**

\$ 5,000.00 \$ 5,000.00

5. If over \$100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address 949 ALMAR AVE, STE. C523, SANTA CRUZ, CA 95060

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 01/09/2025

Name & Address:

**DANIEL WEAVER
9 ELWOOD ST
REDWOOD CITY, CA 94062**

\$ 500.00 \$ 500.00

5. If over \$100.00 cumulative, please provide:

Occupation COMPUTER PROGRAMMER Employer META

Business Address 1 HACKER WY, MENLO PARK, CA 94025

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 01/09/2025

Name & Address

**ESTELLE BOGDONOFF
12 MAHAIWE ST
APT. B
GREAT BARRINGTON, MA 01230**

\$ 6.25 \$ 6.25

5. If over \$100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address 12 MAHAIWE ST, APT. B, GREAT BARRINGTON, MA 01230

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal

6,006.25

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 all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 01/09/2025

Name & Address:

**ANNIE ANDERSON
45 HIGHLAND DR
JAMESTOWN, RI 2835**

\$ 40.00 \$ 40.00

5. If over \$100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address 45 HIGHLAND DR, JAMESTOWN, MA 2835

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 01/09/2025

Name & Address

**MARTHA GOUEL
103 CHARMUTH ROAD
LUTHERVILLE TIMONIUM, MD 21093**

\$ 5.00 \$ 5.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 01/09/2025

Name & Address:

**GARY EHRMIN
15552 FIVE POINT
PERRYSBURG, OH 43551**

\$ 25.00 \$ 25.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 01/09/2025

Name & Address

**ORIN LEVY
9625 NW 60TH DR
PARKLAND, FL 33076**

\$ 25.00 \$ 25.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 95.00

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 all contributions regardless of amount.

6. Amount _____
7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt) _____

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 01/09/2025

Name & Address:

**LESLIE GARLAND
19 CONNECTOR RD
WESTBOROUGH, MA 01581**

\$ 1.25 \$ 1.25

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 01/09/2025

Name & Address:

**CLAIRE WHITCOMB
12 FAIRWOOD RD
MADISON, NJ 07940**

\$ 31.25 \$ 31.25

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 01/09/2025

Name & Address:

**LEAH REIN
733 COBBLESTONE WAY
SHAKOPEE, MN 55379**

\$ 3.00 \$ 3.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 01/09/2025

Name & Address:

**CARL FONER
125 BOERUM PL
APT. 3B
BROOKLYN, NY 11201**

\$ 12.50 \$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 48.00

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

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6. Amount _____
7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt) _____

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 01/09/2025

Name & Address:

**SERGIO GIACOMAN SOTO
1117 EAST VANDERGRIFF DR APT 1428
CARROLLTON, TX 75006**

\$ 15.62 \$ 15.62

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 01/09/2025

Name & Address:

**CYNTHIA THOMAS
34874 SUMMERWOOD DR
YUCAIPA, CA 92399**

\$ 62.50 \$ 62.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 01/09/2025

Name & Address:

**ELIZABETH THOMAS
3510 MULTIVIEW DR
LOS ANGELES, CA 90068**

\$ 555.55 \$ 555.55

5. If over \$100.00 cumulative, please provide:

Occupation PRODUCER AND WRITER Employer LARGER THAN LIFE PRODUCTIONS

Business Address 12429 VENTURA CT, LOS ANGELES, CA 91604

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 01/09/2025

Name & Address:

**JUDITH HERR
8012 MAPLE RIDGE RD
BETHESDA, MD 48610**

\$ 75.00 \$ 75.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 708.67

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 all contributions regardless of amount.

6. Amount _____
7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt) _____

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 01/09/2025

Name & Address:

**ALEXANDRA MOEDE
116 BEAUMONT DR
NEWTOWN, PA 18940**

\$ 125.00 \$ 125.00

5. If over \$100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address 116 BEAUMONT DR, NEWTOWN, PA 18940

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 01/09/2025

Name & Address

**SARAH ONEIL
155 BELCHER DR
SUDBURY, MA 01776**

\$ 10.00 \$ 10.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 01/09/2025

Name & Address:

**DANA DAWSON
1521 24TH PL
EUGENE, OR 97405**

\$ 10.00 \$ 10.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 01/09/2025

Name & Address

**MELISSA SILVERMAN
3760 CLAYTON AVE
LOS ANGELES, CA 90027**

\$ 12.50 \$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 157.50

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 all contributions regardless of amount.

6. Amount _____
7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt) _____

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 01/09/2025

Name & Address:

LUCY PULS
1401 KAINS AVE
BERKELEY, CA 94702

\$ 12.50 \$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 01/09/2025

Name & Address:

ARYEH ARCHER
7905 SE ELLIS ST
PORTLAND, OR 97206

\$ 10.00 \$ 10.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 01/09/2025

Name & Address:

MATT LAMBERT
7905 SE ELLIS ST
PORTLAND, OR 97206

\$ 10.00 \$ 10.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 01/09/2025

Name & Address:

AMY SALTZ
305 E 24TH ST
NEW YORK, NY 10010

\$ 3.12 \$ 3.12

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 35.62

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
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6. Amount _____
7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt) _____

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 01/09/2025

Name & Address:

**MICHELLE LOVE
338 C. TINTILLOS
VIQUES, PR 00765**

\$ 2.00 2.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 01/09/2025

Name & Address:

**MOLLY RYAN
2440 GREEN STREET
SAN FRANCISCO, CA 94123**

\$ 3.12 3.12

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 01/09/2025

Name & Address:

**CHRISTOPHER FINCHER
1866 GREENFIELD APT. 202
LOS ANGELES, CA 90025**

\$ 12.50 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 01/09/2025

Name & Address:

**MICHELLE BEDDOR
860 PLEASANT VIEW RD
CHANHASSEN, MN 55317**

\$ 10.00 10.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 27.62

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 all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 01/09/2025

Name & Address:

KATHY HUNT
13333 NE 61ST STREET
KIRKLAND, WA 98033

\$ 31.25 \$ 31.25

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 01/09/2025

Name & Address:

LAURA KATZ
85 LIVINGSTON ST
APT. 12E
DOWNTOWN BROOKLYN, NY 11201

\$ 62.50 \$ 62.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 01/09/2025

Name & Address:

ANNE KIM
652 56TH STREET
OAKLAND, CA 94609

\$ 6.25 \$ 6.25

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 01/09/2025

Name & Address:

STEVEN FENSTER
12 DAVIS ST
PEMBERTON, NJ 8068

\$ 5.00 \$ 5.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal

105.00

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 all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 01/09/2025

Name & Address:

**ELLEN RUTH KLOWDEN
90 N GRAND ST
EUGENE, OR 97402**

\$ 1.00 1.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/07/2025

Name & Address:

**NEISHA CHUDLER
2410 AVONDALE ST W
SYLVAN LAKE, MI 48320**

\$ 15.00 60.00

5. If over \$100.00 cumulative, please provide:

Occupation PARALEGAL Employer OAKLAND COUNTY PROSECUTOR'S OFFICE

Business Address 1200 N TELEGRAPH, PONTIAC, MI 48341

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 02/17/2025

Name & Address:

**PAUL STEFANI
22026 CALIFORNIA STREET
SAINT CLAIR SHORES, MI 48080**

\$ 55.00 55.00

5. If over \$100.00 cumulative, please provide:

Occupation ELECTRICIAN Employer IBEW 58

Business Address 1358 ABBOTT ST, DETROIT, MI 48216

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/18/2025

Name & Address:

**CHRISTOPHER DINGELL
3360 BROOKSHIRE ST
TRENTON, MI 48183**

\$ 100.00 100.00

5. If over \$100.00 cumulative, please provide:

Occupation JUDGE Employer STATE OF MICHIGAN

Business Address 3360 BROOKSHIRE ST, TRENTON, MI 48183

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal

171.00

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 all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/07/2025

Name & Address:

NEISHA CHUDLER
2410 AVONDALE ST W
SYLVAN LAKE, MI 48320

\$ 15.00 \$ 75.00

5. If over \$100.00 cumulative, please provide:

Occupation PARALEGAL Employer OAKLAND COUNTY PROSECUTOR'S OFFICE

Business Address 1200 N TELEGRAPH, PONTIAC, MI 48341

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/20/2025

Name & Address:

MATTHEW RIZIK
660 LAKESIDE DR
BIRMINGHAM, MI 48009

\$ 4,000.00 \$ 4,000.00

5. If over \$100.00 cumulative, please provide:

Occupation CPA Employer ROCK LLC

Business Address 1074 WOODWARD AVE, DETROIT, MI 48226

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/20/2025

Name & Address:

MARCIE ORLEY
25251 RIVER DR
FRANKLIN, MI 48025

\$ 8,325.00 \$ 8,325.00

5. If over \$100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address 25251 RIVER DR, FRANKLIN, MI 48025

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/24/2025

Name & Address:

DAVID MENDELSON
5017 MOHR VALLEY LN
BLOOMFIELD HILLS, MI 48304

\$ 1,500.00 \$ 1,500.00

5. If over \$100.00 cumulative, please provide:

Occupation ATTORNEY Employer MENDELSON LAW FIRM

Business Address 355 S OLD WOODWARD AVE, BIRMINGHAM, MI 48009

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal

13,840.00

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 all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/25/2025

Name & Address:

MATTHEW LESTER
5625 SHADOW LN
BLOOMFIELD HILLS, MI 48302

\$ 8,325.00 8,325.00

5. If over \$100.00 cumulative, please provide:

Occupation CEO Employer PRINCETON MANAGEMENT

Business Address 26600 TELEGRAPH RD, STE. 200, SOUTHFIELD, MI 48033

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/07/2025

Name & Address:

NEISHA CHUDLER
2410 AVONDALE ST W
SYLVAN LAKE, MI 48320

\$ 15.00 90.00

5. If over \$100.00 cumulative, please provide:

Occupation PARALEGAL Employer OAKLAND COUNTY PROSECUTOR'S OFFICE

Business Address 1200 N TELEGRAPH, PONTIAC, MI 48341

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/18/2025

Name & Address:

MARK LOPATIN
25865 W 12 MILE RD
SUITE 100
SOUTHFIELD, MI 48034

\$ 500.00 500.00

5. If over \$100.00 cumulative, please provide:

Occupation ATTORNEY Employer SELF EMPLOYED

Business Address 25865 W 12 MILE RD, SUITE 100, SOUTHFIELD, MI 48034

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/18/2025

Name & Address:

SCOTT WALKER
2737 BERKSHIRE DR
TROY, MI 48083

\$ 7.00 7.00

5. If over \$100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address 2737 BERKSHIRE DR, TROY, MI 48083

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 8,847.00

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 all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/06/2025

Name & Address:

IRA JAFFE

27777 FRANKLIN RD
SOUTHFIELD, MI 48034

\$ 5,000.00

\$ 5,000.00

5. If over \$100.00 cumulative, please provide:

Occupation **ATTORNEY** Employer **TAFT LAW**

Business Address **27777 FRANKLIN RD, SOUTHFIELD, MI 48034**

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/07/2025

Name & Address:

NEISHA CHUDLER
2410 AVONDALE ST W
SYLVAN LAKE, MI 48320

\$ 15.00

\$ 105.00

5. If over \$100.00 cumulative, please provide:

Occupation **PARALEGAL** Employer **OAKLAND COUNTY PROSECUTOR'S OFFICE**

Business Address **1200 N TELEGRAPH, PONTIAC, MI 48341**

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/07/2025

Name & Address:

NEISHA CHUDLER
2410 AVONDALE ST W
SYLVAN LAKE, MI 48320

\$ 15.00

\$ 120.00

5. If over \$100.00 cumulative, please provide:

Occupation **PARALEGAL** Employer **OAKLAND COUNTY PROSECUTOR'S OFFICE**

Business Address **1200 N TELEGRAPH, PONTIAC, MI 48341**

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/07/2025

Name & Address:

NEISHA CHUDLER
2410 AVONDALE ST W
SYLVAN LAKE, MI 48320

\$ 15.00

\$ 135.00

5. If over \$100.00 cumulative, please provide:

Occupation **PARALEGAL** Employer **OAKLAND COUNTY PROSECUTOR'S OFFICE**

Business Address **1200 N TELEGRAPH, PONTIAC, MI 48341**

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal

5,045.00

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

37,641.66

Enter this total on
line 3a of Summary
Page.



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

1. Committee I.D. Number 97181

2. Committee Name KAREN MCDONALD FOR PROSECUTOR

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: CHANGE MEDIA GROUP 1000 S WASHINGTON AVE LANSING, MI 48910	Date of Receipt <u>01/13/2025</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ <u>3,995.00</u>
	<input type="checkbox"/> Fund Raiser		
Receipt #2 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		

Page Subtotal 3,995.00

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

3,995.00

3,995.00

Enter this total on
line 4 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 ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: MERCHANT FEES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/26/2024 Date	\$ <u>54.00</u>
Expenditure #2 Name MAILCHIMP Address 675 PONCE DE LEON AVE NE STE. 5000 ATLANTA, GA 30308 <input type="checkbox"/> Fund Raiser	Purpose: SUBSCRIPTION <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/29/2024 Date	\$ <u>138.00</u>
Expenditure #3 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 <input type="checkbox"/> Fund Raiser	Purpose: SUBSCRIPTION <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/02/2024 Date	\$ <u>158.40</u>
Expenditure #4 Name FLYWHEEL Address 1111 N 13TH ST STE. 208 OMAHA, NE 68102 <input type="checkbox"/> Fund Raiser	Purpose: SUBSCRIPTION <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/02/2024 Date	\$ <u>30.00</u>
Expenditure #5 Name BEYOND JUICERY + EATERY Address 270 W MAPLE RD BIRMINGHAM, MI 48009 <input type="checkbox"/> Fund Raiser	Purpose: MEAL <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/05/2024 Date	\$ <u>105.14</u>

Subtotal this page **485.54**

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**

97181

1. Committee I. D. Number

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: MERCHANT FEES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/11/2024 Date	\$ 0.79
Expenditure #2 Name CLARK HILL Address 500 WOODWARD AVE 3500 DETROIT, MI 48226 <input type="checkbox"/> Fund Raiser	Purpose: LEGAL CONSULTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/20/2024 Date	\$ 1,500.00
Expenditure #3 Name CYCLE STRATEGIES Address 2222 W GRAND RIVER AVE SUITE A OKEMOS, MI 48864 <input type="checkbox"/> Fund Raiser	Purpose: FUNDRAISING CONSULTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/24/2024 Date	\$ 12,000.00
Expenditure #4 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: MERCHANT FEES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/26/2024 Date	\$ 1.16
Expenditure #5 Name MAILCHIMP Address 675 PONCE DE LEON AVE NE STE. 5000 ATLANTA, GA 30308 <input type="checkbox"/> Fund Raiser	Purpose: SUBSCRIPTION <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/30/2024 Date	\$ 138.00

Subtotal this page

13,639.95

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 FLYWHEEL Address 1111 N 13TH ST STE. 208 OMAHA, NE 68102 <input type="checkbox"/> Fund Raiser	Purpose: <u>SUBSCRIPTION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/31/2024 Date	\$ <u>30.00</u>
Expenditure #2 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 <input type="checkbox"/> Fund Raiser	Purpose: <u>SOFTWARE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	01/02/2025 Date	\$ <u>158.40</u>
Expenditure #3 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>MERCHANT FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	01/09/2025 Date	\$ <u>0.79</u>
Expenditure #4 Name DEMOCRACY ENGINE Address 237 FLORIDA AVE NW WASHINGTON, DC 20001 <input type="checkbox"/> Fund Raiser	Purpose: <u>MERCHANT FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	01/09/2025 Date	\$ <u>369.37</u>
Expenditure #5 Name CLARK HILL Address 500 WOODWARD AVE 3500 DETROIT, MI 48226 <input type="checkbox"/> Fund Raiser	Purpose: <u>LEGAL CONSULTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	01/27/2025 Date	\$ <u>1,500.00</u>

Subtotal this page 2,058.56

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**

97181

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>SUBSCRIPTION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	01/29/2025 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>SUBSCRIPTION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	01/31/2025 Date	\$ <u>30.00</u>
Expenditure #3 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 <input type="checkbox"/> Fund Raiser	Purpose: <u>SUBSCRIPTION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	02/03/2025 Date	\$ <u>158.40</u>
Expenditure #4 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>MERCHANT FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	02/11/2025 Date	\$ <u>0.79</u>
Expenditure #5 Name REBEKAH BOLSER Address PO BOX 1750 BIRMINGHAM, MI 48009 <input type="checkbox"/> Fund Raiser	Purpose: <u>DIGITAL CONSULTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	02/13/2025 Date	\$ <u>300.00</u>

Subtotal this page

627.19

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 REBEKAH BOLSER Address PO BOX 1750 BIRMINGHAM, MI 48009 <input type="checkbox"/> Fund Raiser	Purpose: <u>DIGITAL CONSULTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	02/19/2025 Date	\$ <u>75.00</u>
Expenditure #2 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>MERCHANT FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	02/20/2025 Date	\$ <u>6.20</u>
Expenditure #3 Name UNION ASSEMBLY Address 2131 WOODWARD AVE DETROIT, MI 48201 <input type="checkbox"/> Fund Raiser	Purpose: <u>EVENT SPACE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	02/24/2025 Date	\$ <u>3,333.57</u>
Expenditure #4 Name BEYOND JUICERY + EATERY Address 270 W MAPLE RD BIRMINGHAM, MI 48009 <input type="checkbox"/> Fund Raiser	Purpose: <u>MEAL</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	02/27/2025 Date	\$ <u>85.86</u>
Expenditure #5 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 <input type="checkbox"/> Fund Raiser	Purpose: <u>SUBSCRIPTION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/03/2025 Date	\$ <u>158.40</u>

Subtotal this page	<u>3,659.03</u>
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 FLYWHEEL Address 1111 N 13TH ST STE. 208 OMAHA, NE 68102 <input type="checkbox"/> Fund Raiser	Purpose: <u>SUBSCRIPTION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/03/2025 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>SUBSCRIPTION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/03/2025 Date	\$ <u>138.00</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>SOFTWARE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/10/2025 Date	\$ <u>189.00</u>
Expenditure #4 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>MERCHANT FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/11/2025 Date	\$ <u>0.79</u>
Expenditure #5 Name DOORDASH Address 303 2ND ST SAN FRANCISCO, CA 94107 <input type="checkbox"/> Fund Raiser	Purpose: <u>MEAL</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/18/2025 Date	\$ <u>12.74</u>

Subtotal this page

370.53

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**

97181

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 DOORDASH Address 303 2ND ST SAN FRANCISCO, CA 94107 <input type="checkbox"/> Fund Raiser	Purpose: <u>MEAL</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/18/2025 Date	\$ <u>76.31</u>
Expenditure #2 Name CYCLE STRATEGIES Address 2222 W GRAND RIVER AVE SUITE A OKEMOS, MI 48864 <input type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISING CONSULTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/18/2025 Date	\$ <u>12,325.24</u>
Expenditure #3 Name KATIE COSTELLO Address PO BOX 1750 BIRMINGHAM, MI 48009 <input type="checkbox"/> Fund Raiser	Purpose: <u>EVENT STAFFING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/18/2025 Date	\$ <u>350.00</u>
Expenditure #4 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>MERCHANT FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/24/2025 Date	\$ <u>456.49</u>
Expenditure #5 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>MERCHANT FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/26/2025 Date	\$ <u>55.73</u>

Subtotal this page 13,263.77

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**

97181

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 <u>MICHIGAN DEMOCRATIC STATE CENTRAL COMMITTEE</u> Address <u>606 TOWNSEND ST</u> <u>LANSING, MI 48933</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MEMBERSHIP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/28/2025</u> Date	<u>\$ 30.00</u>
Expenditure #2 Name <u>FLYWHEEL</u> Address <u>1111 N 13TH ST</u> <u>STE. 208</u> <u>OMAHA, NE 68102</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SUBSCRIPTION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/31/2025</u> Date	<u>\$ 30.00</u>
Expenditure #3 Name <u>MAILCHIMP</u> Address <u>675 PONCE DE LEON AVE NE</u> <u>STE. 5000</u> <u>ATLANTA, GA 30308</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SUBSCRIPTION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/31/2025</u> Date	<u>\$ 138.00</u>
Expenditure #4 Name <u>CLARK HILL</u> Address <u>500 WOODWARD AVE</u> <u>3500</u> <u>DETROIT, MI 48226</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LEGAL CONSULTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/02/2025</u> Date	<u>\$ 1,500.00</u>
Expenditure #5 Name <u>GOOGLE</u> Address <u>1600 AMPHITHEATRE PKWY</u> <u>MOUNTAIN VIEW, CA 94043</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SUBSCRIPTION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/02/2025</u> Date	<u>\$ 164.35</u>

Subtotal this page 1,862.35

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**

97181

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 AS CONSULTING Address 5113 WOODLANDS LN BLOOMFIELD HILLS, MI 48302 <input type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISING CONSULTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/07/2025 Date	\$ <u>6,000.00</u>
Expenditure #2 Name LAUREN BLANK Address 478 CATALPA DR BIRMINGHAM, MI 48009 <input type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISING CONSULTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/07/2025 Date	\$ <u>3,000.00</u>
Expenditure #3 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>MERCHANT FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/09/2025 Date	\$ <u>0.79</u>
Expenditure #4 Name MACKINAC BRIDGE AUTHORITY Address I-75 ST. IGNACE, MI 49781 <input type="checkbox"/> Fund Raiser	Purpose: <u>TOLL</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/14/2025 Date	\$ <u>8.00</u>
Expenditure #5 Name HOLIDAY INN Address 1171 RIVERVIEW WAY SAULT STE. MARIE, MI 49783 <input type="checkbox"/> Fund Raiser	Purpose: <u>LODGING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/14/2025 Date	\$ <u>139.39</u>

Subtotal this page 9,148.18

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 HOLIDAY INN Address 1171 RIVERVIEW WAY SAULT STE. MARIE, MI 49783 <input type="checkbox"/> Fund Raiser	Purpose: <u>LODGING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/14/2025 Date	\$ <u>139.39</u>
Expenditure #2 Name DOORDASH Address 303 2ND ST SAN FRANCISCO, CA 94107 <input type="checkbox"/> Fund Raiser	Purpose: <u>MEAL</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/16/2025 Date	\$ <u>13.49</u>
Expenditure #3 Name DOORDASH Address 303 2ND ST SAN FRANCISCO, CA 94107 <input type="checkbox"/> Fund Raiser	Purpose: <u>MEAL</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/16/2025 Date	\$ <u>79.50</u>
Expenditure #4 Name CYCLE STRATEGIES Address 2222 W GRAND RIVER AVE SUITE A OKEMOS, MI 48864 <input type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISING CONSULTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/16/2025 Date	\$ <u>3,116.20</u>
Expenditure #5 Name MINDED Address 747 FRONT ST SUITE 200 SAN FRANCISCO, CA 94111 <input type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISING SUPPLIES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/17/2025 Date	\$ <u>85.65</u>

Subtotal this page	<u>3,434.23</u>
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**

97181

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: MERCHANT FEES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/22/2025 Date	\$ <u>19.22</u>
Expenditure #2 Name ZOOM Address 55 S ALMADEN BLVD SAN JOSE, CA 95113 <input type="checkbox"/> Fund Raiser	Purpose: SOFTWARE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/24/2025 Date	\$ <u>169.49</u>
Expenditure #3 Name MAILCHIMP Address 675 PONCE DE LEON AVE NE STE. 5000 ATLANTA, GA 30308 <input type="checkbox"/> Fund Raiser	Purpose: SUBSCRIPTION <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/29/2025 Date	\$ <u>138.00</u>
Expenditure #4 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 <input type="checkbox"/> Fund Raiser	Purpose: SUBSCRIPTION <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/01/2025 Date	\$ <u>210.56</u>
Expenditure #5 Name FLYWHEEL Address 1111 N 13TH ST STE. 208 OMAHA, NE 68102 <input type="checkbox"/> Fund Raiser	Purpose: SUBSCRIPTION <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/01/2025 Date	\$ <u>30.00</u>

Subtotal this page

567.27

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**

97181

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: SOFTWARE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/05/2025 Date	\$ <u>2,016.00</u>
Expenditure #2 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: MERCHANT FEES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/07/2025 Date	\$ <u>0.79</u>
Expenditure #3 Name CANVA Address 200 E 6TH ST AUSTIN, TX 78701 <input type="checkbox"/> Fund Raiser	Purpose: SOFTWARE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/09/2025 Date	\$ <u>300.00</u>
Expenditure #4 Name CYCLE STRATEGIES Address 2222 W GRAND RIVER AVE SUITE A OKEMOS, MI 48864 <input type="checkbox"/> Fund Raiser	Purpose: FUNDRAISING CONSULTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/12/2025 Date	\$ <u>3,000.00</u>
Expenditure #5 Name AS CONSULTING STRATEGIES Address 5113 WOODLANDS LN BLOOMFIELD HILLS, MI 48302 <input type="checkbox"/> Fund Raiser	Purpose: FUNDRAISING CONSULTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/12/2025 Date	\$ <u>6,000.00</u>

Subtotal this page

11,316.79

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 LAUREN BLANCK Address 630 WADDINGTON BLOOMFIELD HILLS, MI 48301 <input type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISING CONSULTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/13/2025 Date	\$ <u>3,000.00</u>
Expenditure #2 Name KENT COUNTY DEMOCRATIC PARTY Address 301 FULLER AVE NE GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: <u>DONATION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/15/2025 Date	\$ <u>450.00</u>
Expenditure #3 Name CLARK HILL Address 500 WOODWARD AVE 3500 DETROIT, MI 48226 <input type="checkbox"/> Fund Raiser	Purpose: <u>LEGAL CONSULTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/20/2025 Date	\$ <u>1,500.00</u>
Expenditure #4 Name UNITED STATES POST OFFICE Address 1221 BOWERS ST BIRMINGHAM, MI 48012 <input type="checkbox"/> Fund Raiser	Purpose: <u>PO BOX FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/22/2025 Date	\$ <u>382.00</u>
Expenditure #5 Name MISSION POINT RESORT Address ONE LAKE SHORE DR MACKINAC ISLAND, MI 49757 <input type="checkbox"/> Fund Raiser	Purpose: <u>LODGING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/28/2025 Date	\$ <u>647.41</u>

Subtotal this page 5,979.41

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 MAILCHIMP Address 675 PONCE DE LEON AVE NE STE. 5000 ATLANTA, GA 30308 <input type="checkbox"/> Fund Raiser	Purpose: <u>SUBSCRIPTION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/29/2025 Date	\$ <u>138.00</u>
Expenditure #2 Name MISSION POINT RESORT Address ONE LAKE SHORE DR MACKINAC ISLAND, MI 49757 <input type="checkbox"/> Fund Raiser	Purpose: <u>LODGING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/30/2025 Date	\$ <u>1,282.82</u>
Expenditure #3 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 <input type="checkbox"/> Fund Raiser	Purpose: <u>SUBSCRIPTION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/02/2025 Date	\$ <u>218.40</u>
Expenditure #4 Name FLYWHEEL Address 1111 N 13TH ST STE. 208 OMAHA, NE 68102 <input type="checkbox"/> Fund Raiser	Purpose: <u>SUBSCRIPTION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/02/2025 Date	\$ <u>30.00</u>
Expenditure #5 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>MERCHANT FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/07/2025 Date	\$ <u>0.79</u>

Subtotal this page	<u>1,670.01</u>
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 ACUITY POLITICS Address 1030 15TH ST NW BOX 404 WASHINGTON, DC 20005 <input type="checkbox"/> Fund Raiser	Purpose: <u>COMPLIANCE SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/27/2025 Date	\$ <u>1,500.00</u>
Expenditure #2 Name MAILCHIMP Address 675 PONCE DE LEON AVE NE STE. 5000 ATLANTA, GA 30308 <input type="checkbox"/> Fund Raiser	Purpose: <u>SUBSCRIPTION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/30/2025 Date	\$ <u>138.00</u>
Expenditure #3 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 <input type="checkbox"/> Fund Raiser	Purpose: <u>SUBSCRIPTION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2025 Date	\$ <u>218.40</u>
Expenditure #4 Name FLYWHEEL Address 1111 N 13TH ST STE. 208 OMAHA, NE 68102 <input type="checkbox"/> Fund Raiser	Purpose: <u>SUBSCRIPTION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2025 Date	\$ <u>30.00</u>
Expenditure #5 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>MERCHANT FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/07/2025 Date	\$ <u>0.79</u>

Subtotal this page 1,887.19

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 KAREN MCDONALD FOR MICHIGAN Address 355 S. WOODWARD AVE. STE. 100 BIRMINGHAM, MI 48009 <input type="checkbox"/> Fund Raiser	Purpose: TRANSFER OF UNEXPENDED FUNDS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/18/2025 Date	\$ 100,000.00
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 **100,000.00**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **169,970.00**

Enter this total
on line 8a of
Summary Page