



FILED

25 JUL 2025 PM 12:58

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: 11/26/2024 to 07/20/2025

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

Required ONLY if candidate is not on the ballot for the current year:

- ☒ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement (2025)
Coverage Year

9d. ☐ Amendment to Campaign Statement
(Complete Item 9a, 9b , 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I\We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my\our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/25/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/25/2025



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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>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 <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>12/07/2024</u>	
Name & Address: NEISHA CHUDLER 2410 AVONDALE ST W SYLVAN LAKE, MI 48320		\$ <u>15.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARALEGAL</u> Employer <u>OAKLAND COUNTY PROSECUTOR'S OFFICE</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>12/23/2024</u>	
Name & Address: DEBORAH LOBRING 410 OAK RUN CT ROYAL OAK, MI 48073		\$ <u>25.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>410 OAK RUN CT, ROYAL OAK, MI 48073</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/07/2025</u>	
Name & Address: NEISHA CHUDLER 2410 AVONDALE ST W SYLVAN LAKE, MI 48320		\$ <u>15.00</u>	\$ <u>45.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARALEGAL</u> Employer <u>OAKLAND COUNTY PROSECUTOR'S OFFICE</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/09/2025</u>	
Name & Address: AGNES GUND 765 PARK AVE NEW YORK, NY 10021		\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>725 PARK AVE, NEW YORK, NY 10021</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/09/2025</u> Name & Address: KARLA JURVETSON 27200 ALTAMONT RD LOS ALTOS, CA 94022		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>SELF EMPLOYED</u> Business Address <u>27200 ALTAMONT RD, LOS ALTOS HILLS, CA 94022</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/09/2025</u> Name & Address: PATTY QUILLIN 849 ALMAR AVE STE. C523 SANTA CRUZ, CA 95060		\$ <u>5,000.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>949 ALMAR AVE, STE. C523, SANTA CRUZ, CA 95060</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/09/2025</u> Name & Address: DANIEL WEAVER 9 ELWOOD ST REDWOOD CITY, CA 94062		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMPUTER PROGRAMMER</u> Employer <u>META</u> Business Address <u>1 HACKER WY, MENLO PARK, CA 94025</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>01/09/2025</u> Name & Address: ESTELLE BOGDONOFF 12 MAHAIWE ST APT. B GREAT BARRINGTON, MA 01230		\$ <u>6.25</u>	\$ <u>6.25</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>12 MAHAIWE ST, APT. B, GREAT BARRINGTON, MA 01230</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> 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**

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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>01/09/2025</u>	
Name & Address: ANNIE ANDERSON 45 HIGHLAND DR JAMESTOWN, RI 2835		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>45 HIGHLAND DR, JAMESTOWN, MA 2835</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/09/2025</u>	
Name & Address: MARTHA GOUEL 103 CHARMUTH ROAD LUTHERVILLE TIMONIUM, MD 21093		\$ <u>5.00</u>	\$ <u>5.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/09/2025</u>	
Name & Address: GARY EHRMIN 15552 FIVE POINT PERRYSBURG, OH 43551		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/09/2025</u>	
Name & Address: ORIN LEVY 9625 NW 60TH DR PARKLAND, FL 33076		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 95.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/09/2025</u>	
Name & Address: LESLIE GARLAND 19 CONNECTOR RD WESTBOROUGH, MA 01581		\$ <u>1.25</u>	\$ <u>1.25</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>01/09/2025</u>	
Name & Address: CLAIRE WHITCOMB 12 FAIRWOOD RD MADISON, NJ 07940		\$ <u>31.25</u>	\$ <u>31.25</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>01/09/2025</u>	
Name & Address: LEAH REIN 733 COBBLESTONE WAY SHAKOPEE, MN 55379		\$ <u>3.00</u>	\$ <u>3.00</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>01/09/2025</u>	
Name & Address: CARL FONER 125 BOERUM PL APT. 3B BROOKLANY, NY 11201		\$ <u>12.50</u>	\$ <u>12.50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **48.00**

Grand Total of All Schedules 1A
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Page.



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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/09/2025</u> Name & Address: SERGIO GIACOMAN SOTO 1117 EAST VANDERGRIF DR APT 1428 CARROLLTON, TX 75006		\$ <u>15.62</u>	\$ <u>15.62</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>01/09/2025</u> Name & Address: CYNTHIA THOMAS 34874 SUMMERWOOD DR YUCAIPA, CA 92399		\$ <u>62.50</u>	\$ <u>62.50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/09/2025</u> Name & Address: ELIZABETH THOMAS 3510 MULTIVIEW DR LOS ANGELES, CA 90068		\$ <u>555.55</u>	\$ <u>555.55</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRODUCER AND WRITER</u> Employer <u>LARGER THAN LIFE PRODUCTIONS</u> Business Address <u>12429 VENTURA CT, LOS ANGELES, CA 91604</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>01/09/2025</u> Name & Address: JUDITH HERR 8012 MAPLE RIDGE RD BETHESDA, MD 48610		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 708.67

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/09/2025</u>	
Name & Address: ALEXANDRA MOEDE 116 BEAUMONT DR NEWTOWN, PA 18940		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>116 BEAUMONT DR, NEWTOWN, PA 18940</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/09/2025</u>	
Name & Address: SARAH ONEIL 155 BELCHER DR SUDBURY, MA 01776		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/09/2025</u>	
Name & Address: DANA DAWSON 1521 24TH PL EUGENE, OR 97405		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/09/2025</u>	
Name & Address: MELISSA SILVERMAN 3760 CLAYTON AVE LOS ANGELES, CA 90027		\$ <u>12.50</u>	\$ <u>12.50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **157.50**

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/09/2025</u>	
Name & Address: LUCY PULS 1401 KAINS AVE BERKELEY, CA 94702		\$ <u>12.50</u>	\$ <u>12.50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/09/2025</u>	
Name & Address: ARYEH ARCHER 7905 SE ELLIS ST PORTLAND, OR 97206		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/09/2025</u>	
Name & Address: MATT LAMBERT 7905 SE ELLIS ST PORTLAND, OR 97206		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/09/2025</u>	
Name & Address: AMY SALTZ 305 E 24TH ST NEW YORK, NY 10010		\$ <u>3.12</u>	\$ <u>3.12</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **35.62**

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

Enter this total on
line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/09/2025</u>	
Name & Address: MICHELLE LOVE 338 C. TINTILLOS VIQUES, PR 00765		\$ <u>2.00</u>	\$ <u>2.00</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>01/09/2025</u>	
Name & Address: MOLLY RYAN 2440 GREEN STREET SAN FRANCISCO, CA 94123		\$ <u>3.12</u>	\$ <u>3.12</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>01/09/2025</u>	
Name & Address: CHRISTOPHER FINCHER 1866 GREENFIELD APT. 202 LOS ANGELES, CA 90025		\$ <u>12.50</u>	\$ <u>12.50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/09/2025</u>	
Name & Address: MICHELLE BEDDOR 860 PLEASANT VIEW RD CHANHASSEN, MN 55317		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/09/2025</u> Name & Address: KATHY HUNT 13333 NE 61ST STREET KIRKLAND, WA 98033		\$ <u>31.25</u>	\$ <u>31.25</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>01/09/2025</u> Name & Address: LAURA KATZ 85 LIVINGSTON ST APT. 12E DOWNTOWN BROOKLYN, NY 11201		\$ <u>62.50</u>	\$ <u>62.50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/09/2025</u> Name & Address: ANNE KIM 652 56TH STREET OAKLAND, CA 94609		\$ <u>6.25</u>	\$ <u>6.25</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>01/09/2025</u> Name & Address: STEVEN FENSTER 12 DAVIS ST PEMBERTON, NJ 8068		\$ <u>5.00</u>	\$ <u>5.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **105.00**

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>01/09/2025</u>	
Name & Address: ELLEN RUTH KLOWDEN 90 N GRAND ST EUGENE, OR 97402		\$ <u>1.00</u>	\$ <u>1.00</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>02/07/2025</u>	
Name & Address: NEISHA CHUDLER 2410 AVONDALE ST W SYLVAN LAKE, MI 48320		\$ <u>15.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARALEGAL</u> Employer <u>OAKLAND COUNTY PROSECUTOR'S OFFICE</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/17/2025</u>	
Name & Address: PAUL STEFANI 22026 CALIFORNIA STREET SAINT CLAIR SHORES, MI 48080		\$ <u>55.00</u>	\$ <u>55.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ELECTRICIAN</u> Employer <u>IBEW 58</u> Business Address <u>1358 ABBOTT ST, DETROIT, MI 48216</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/18/2025</u>	
Name & Address: CHRISTOPHER DINGELL 3360 BROOKSHIRE ST TRENTON, MI 48183		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>JUDGE</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>3360 BROOKSHIRE ST, TRENTON, MI 48183</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/07/2025</u>	
Name & Address: NEISHA CHUDLER 2410 AVONDALE ST W SYLVAN LAKE, MI 48320		\$ <u>15.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARALEGAL</u> Employer <u>OAKLAND COUNTY PROSECUTOR'S OFFICE</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/20/2025</u>	
Name & Address: MATTHEW RIZIK 660 LAKESIDE DR BIRMINGHAM, MI 48009		\$ <u>4,000.00</u>	\$ <u>4,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>ROCK LLC</u> Business Address <u>1074 WOODWARD AVE, DETROIT, MI 48226</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/20/2025</u>	
Name & Address: MARCIE ORLEY 25251 RIVER DR FRANKLIN, MI 48025		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>25251 RIVER DR, FRANKLIN, MI 48025</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>03/24/2025</u>	
Name & Address: DAVID MENDELSON 5017 MOHR VALLEY LN BLOOMFIELD HILLS, MI 48304		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MENDELSON LAW FIRM</u> Business Address <u>355 S OLD WOODWARD AVE, BIRMINGHAM, MI 48009</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **13,840.00**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/25/2025</u>	
Name & Address: MATTHEW LESTER 5625 SHADOW LN BLOOMFIELD HILLS, MI 48302		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>PRINCETON MANAGEMENT</u> Business Address <u>26600 TELEGRAPH RD, STE. 200, SOUTHFIELD, MI 48033</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/07/2025</u>	
Name & Address: NEISHA CHUDLER 2410 AVONDALE ST W SYLVAN LAKE, MI 48320		\$ <u>15.00</u>	\$ <u>90.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARALEGAL</u> Employer <u>OAKLAND COUNTY PROSECUTOR'S OFFICE</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/18/2025</u>	
Name & Address: MARK LOPATIN 25865 W 12 MILE RD SUITE 100 SOUTHFIELD, MI 48034		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>25865 W 12 MILE RD, SUITE 100, 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 # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/18/2025</u>	
Name & Address: SCOTT WALKER 2737 BERKSHIRE DR TROY, MI 48083		\$ <u>7.00</u>	\$ <u>7.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2737 BERKSHIRE DR, TROY, MI 48083</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **8,847.00**

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>05/06/2025</u>	
Name & Address: <u>IRA JAFFE</u> <u>27777 FRANKLIN RD</u> <u>SOUTHFIELD, MI 48034</u>		\$ <u>5,000.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TAFT LAW</u> Business Address <u>27777 FRANKLIN RD, 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>05/07/2025</u>	
Name & Address: <u>NEISHA CHUDLER</u> <u>2410 AVONDALE ST W</u> <u>SYLVAN LAKE, MI 48320</u>		\$ <u>15.00</u>	\$ <u>105.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARALEGAL</u> Employer <u>OAKLAND COUNTY PROSECUTOR'S OFFICE</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/07/2025</u>	
Name & Address: <u>NEISHA CHUDLER</u> <u>2410 AVONDALE ST W</u> <u>SYLVAN LAKE, MI 48320</u>		\$ <u>15.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARALEGAL</u> Employer <u>OAKLAND COUNTY PROSECUTOR'S OFFICE</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/07/2025</u>	
Name & Address: <u>NEISHA CHUDLER</u> <u>2410 AVONDALE ST W</u> <u>SYLVAN LAKE, MI 48320</u>		\$ <u>15.00</u>	\$ <u>135.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARALEGAL</u> Employer <u>OAKLAND COUNTY PROSECUTOR'S OFFICE</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 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
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**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 01/13/2025	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ 3,995.00
Receipt #2 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____

Page Subtotal **3,995.00**

Grand Total of All Schedules 1A -1
(Complete on last page of Schedule) **3,995.00**

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line 4 of Summary
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: MERCHANT FEES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/26/2024 Date	\$ 54.00
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	\$ 138.00
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	\$ 158.40
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	\$ 30.00
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	\$ 105.14

Subtotal this page **485.54**

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

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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 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)

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Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FLYWHEEL Address 1111 N 13TH ST STE. 208 OMAHA, NE 68102 <input type="checkbox"/> Fund Raiser	Purpose: SUBSCRIPTION <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/31/2024 Date	\$ 30.00
Expenditure #2 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 <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	01/02/2025 Date	\$ 158.40
Expenditure #3 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	01/09/2025 Date	\$ 0.79
Expenditure #4 Name DEMOCRACY ENGINE Address 237 FLORIDA AVE NW WASHINGTON, DC 20001 <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	01/09/2025 Date	\$ 369.37
Expenditure #5 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	01/27/2025 Date	\$ 1,500.00

Subtotal this page **2,058.56**

Grand Total of all Schedules 1B
(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 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	01/29/2025 Date	\$ 138.00
Expenditure #2 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	01/31/2025 Date	\$ 30.00
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	02/03/2025 Date	\$ 158.40
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	02/11/2025 Date	\$ 0.79
Expenditure #5 Name REBEKAH BOLSER Address PO BOX 1750 BIRMINGHAM, MI 48009 <input type="checkbox"/> Fund Raiser	Purpose: DIGITAL CONSULTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	02/13/2025 Date	\$ 300.00

Subtotal this page

627.19

Grand Total of all Schedules 1B
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Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name REBEKAH BOLSER Address PO BOX 1750 BIRMINGHAM, MI 48009 <input type="checkbox"/> Fund Raiser	Purpose: DIGITAL CONSULTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	02/19/2025 Date	\$ 75.00
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	02/20/2025 Date	\$ 6.20
Expenditure #3 Name UNION ASSEMBLY Address 2131 WOODWARD AVE DETROIT, MI 48201 <input type="checkbox"/> Fund Raiser	Purpose: EVENT SPACE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	02/24/2025 Date	\$ 3,333.57
Expenditure #4 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	02/27/2025 Date	\$ 85.86
Expenditure #5 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	03/03/2025 Date	\$ 158.40

Subtotal this page **3,659.03**

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FLYWHEEL Address 1111 N 13TH ST STE. 208 OMAHA, NE 68102 <input type="checkbox"/> Fund Raiser	Purpose: SUBSCRIPTION <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/03/2025 Date	\$ 30.00
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	03/03/2025 Date	\$ 138.00
Expenditure #3 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	03/10/2025 Date	\$ 189.00
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	03/11/2025 Date	\$ 0.79
Expenditure #5 Name DOORDASH Address 303 2ND ST SAN FRANCISCO, CA 94107 <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	03/18/2025 Date	\$ 12.74

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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 DOORDASH Address 303 2ND ST SAN FRANCISCO, CA 94107 <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	03/18/2025 Date	\$ 76.31
Expenditure #2 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	03/18/2025 Date	\$ 12,325.24
Expenditure #3 Name KATIE COSTELLO Address PO BOX 1750 BIRMINGHAM, MI 48009 <input type="checkbox"/> Fund Raiser	Purpose: EVENT STAFFING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/18/2025 Date	\$ 350.00
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	03/24/2025 Date	\$ 456.49
Expenditure #5 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	03/26/2025 Date	\$ 55.73

Subtotal this page **13,263.77**

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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 MICHIGAN DEMOCRATIC STATE CENTRAL COMMITTEE Address 606 TOWNSEND ST LANSING, MI 48933 <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 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	<u>03/31/2025</u> Date	\$ <u>30.00</u>
Expenditure #3 Name MAILCHIMP Address 675 PONCE DE LEON AVE NE STE. 5000 ATLANTA, GA 30308 <input type="checkbox"/> Fund Raiser	Purpose: <u>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 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	<u>04/02/2025</u> Date	\$ <u>1,500.00</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	<u>04/02/2025</u> Date	\$ <u>164.35</u>

Subtotal this page **1,862.35**

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

Subtotal this page **9,148.18**

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

Subtotal this page **3,434.23**

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: MERCHANT FEES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/22/2025 Date	\$ 19.22
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	\$ 169.49
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	\$ 138.00
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	\$ 210.56
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	\$ 30.00

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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 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	\$ 2,016.00
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	\$ 0.79
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	\$ 300.00
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	\$ 3,000.00
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	\$ 6,000.00

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

Subtotal this page **5,979.41**

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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 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	05/29/2025 Date	\$ 138.00
Expenditure #2 Name MISSION POINT RESORT Address ONE LAKE SHORE DR MACKINAC ISLAND, MI 49757 <input type="checkbox"/> Fund Raiser	Purpose: LODGING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/30/2025 Date	\$ 1,282.82
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	06/02/2025 Date	\$ 218.40
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	06/02/2025 Date	\$ 30.00
Expenditure #5 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	06/07/2025 Date	\$ 0.79

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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 ACUITY POLITICS Address 1030 15TH ST NW BOX 404 WASHINGTON, DC 20005 <input type="checkbox"/> Fund Raiser	Purpose: COMPLIANCE SERVICES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/27/2025 Date	\$ 1,500.00
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	06/30/2025 Date	\$ 138.00
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	07/01/2025 Date	\$ 218.40
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	07/01/2025 Date	\$ 30.00
Expenditure #5 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	07/07/2025 Date	\$ 0.79

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1,887.19

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