MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
24 JUL 2026 PM 04:01
OAKLAND COUNTY CLERK
PONTIAC, MICHIGAN

FOR OFFICIAL USE ONLY

CANDIDATE COMMITTEE COVER PAGE

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

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

1. Committee I.D. Number
97181

2. Committee Name
KAREN MCDONALD FOR PROSECUTOR

4. Candidate Last Name: MCDONALD First Name: KAREN M.I.: D

4a. Office Sought Including District # or Community Served (If applicable)
COUNTY PROSECUTOR, OAKLAND COUNTY

4b. County of Residence **OAKLAND COUNTY**

5. Committee's Mailing Address
PO BOX 1750
STE. 100
BIRMINGHAM, MI 48009

Area Code and Phone (248) 229-5339
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address
SUSAN LICHTERMAN
26080 YORK
HUNTINGTON WOODS, MI 48070

Area Code & Phone (248) 351-3000

7. Treasurer's Business Address
26080 YORK
HUNTINGTON WOODS, MI 48070

Area Code and Phone (248) 351-3000

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone () -

9. **TYPE OF STATEMENT**

9a. [X] Pre-Election **OR** 9b. [ ] Post-Election

Pre-Election or Post-Election Statement relates to:

- [ ] Primary
- [X] General
- [ ] Convention
- [ ] Special
- [ ] School
- [ ] Caucus

Date of Election, Convention or Caucus
11/05/2024

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

- [ ] July Quarterly
- [ ] October Quarterly

9c. [ ] Annual Statement (.) Coverage Year

9d. [X] 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 oustanding assets, owes no lates fees or has any oustanding 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 _____ / _____ Submitted electronically, signature on file Date 07/24/2026
Type or Print Name Signature

Candidate _____ / _____ Submitted electronically, signature on file Date 07/24/2026
Type or Print Name Signature

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 97181

SUMMARY PAGE
CANDIDATE COMMITTEE

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.) $	193,123.00	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $	193,123.00	(18.) $ 903,591.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $	0.00	(19.) $ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $	193,123.00	(20.) $ 903,591.00
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $	5,125.00	(21.) $ 36,718.78
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $	0.00	(22.) $ 0.00
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) $	409,281.62	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) $	0.00	
c. Unitemized (less than $50.01 each - no Schedule)	(8c.) $	0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) $	409,281.62	(23.) $ 684,278.51
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) $	0.00	
b. Unitemized (less than $50.01 each - no Schedule)	(10b.) $	0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) $	0.00	(24.) $ 0.00
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed **by** the Committee (Schedule 1E)	(12a.) $	0.00	
b. Owed **to** the Committee (Schedule 1E)	(12b.) $	0.00	

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $	482,417.96
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	193,123.00
15. SUBTOTAL Add lines 13 and 14	(15.) = $	675,540.96
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	409,281.62
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	266,259.34 *

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 08/29/2024

Name & Address:
JORDAN VAHDAT
6224 WILSON RD
ANN ARBOR, MI 48108

$ 250.00 $ 250.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer VAHDAT WEISMAN

Business Address 17197 N LAUREL PARK DR, LIVONIA, MI 48152

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/30/2024

Name & Address
DAVID WILLIAMS
1800 PINE ST
BIRMINGHAM, MI 48009

$ 250.00 $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer OAKLAND COUNTY

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 09/01/2024

Name & Address:
MOUSSA BAZZI
6160 UNIVERSITY DR
DEARBORN HEIGHTS, MI 48127

$ 2,500.00 $ 2,500.00

5. If over $100.00 cumulative, please provide:

Occupation DOCTOR Employer PROVIDER TEK PLLC

Business Address 4700 GREENFIELD RD, DEARBORN, MI 48126

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 09/01/2024

Name & Address
DAVID GORDON
16805 BAY IS CT
BONITA SPRINGS, FL 34135

$ 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 3,025.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 09/03/2024

Name & Address:
MICHAEL MEERON
1439 W WASHINGTON AVE
ROYAL OAK, MI 48067

$100.00 $100.00

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 09/03/2024

Name & Address
STEVE ZANG
5 DUXBURY LN
DEARBORN, MI 48120

$150.00 $150.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer SELF

Business Address 29777 TELEGRAPH RD, SOUTHFIELD, MI 48034

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt _____

Name & Address:

$_____ $_____

Click Here for Memo Itemization

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 09/06/2024

Name & Address
KENDELL BOUTELL
4942 TREESIDE LN
TROY, MI 48098

$100.00 $400.00

5. If over $100.00 cumulative, please provide:

Occupation MORTGAGE UNDERWRITER Employer ROCKET MORTGAGE

Business Address 1050 WOODWARD AVE, DETROIT, MI 48226

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 350.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 09/12/2024

Name & Address:
LINDSAY SIKORA
1720 WASHINGTON BLVD
BIRMINGHAM, MI 48009

$ 500.00 $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer SELF

Business Address 26211 CENTRAL PARK BLVD, SOUTHFIELD, MI 48076

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt

Name & Address

$ $

5. If over $100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation Employer

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 09/16/2024

Name & Address:
BRUCE KAHN
325 GREENWOOD ST
BIRMINGHAM, MI 48009

$ 1,000.00 $ 3,000.00

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

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3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 09/16/2024

Name & Address
IUPAT
14587 BARBER AVE
WARREN, MI 48088

$ 1,000.00 $ 1,000.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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Page Subtotal 2,500.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 09/26/2024

Name & Address:
MARK RUBENFIRE
5064 SILVERWOOD DR
WEST BLOOMFIELD, MI 48322

$ 250.00 $ 250.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer TAFT

Business Address 27777 FRANKLIN RD, SOUTHFIELD, MI 48034

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 09/27/2024

Name & Address
JEFFREY KIRKEY
7305 YORK CT
DEXTER, MI 48130

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt _____

Name & Address:

$ _____ $ _____

Click Here for Memo Itemization

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 09/27/2024

Name & Address
MAHESH NAYAK
1904 NEW CASTLE DR
TROY, MI 48098

$ 200.00 $ 700.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer DICKINSON WRIGHT

Business Address 2600 W BIG BEAVER RD, TROY, MI 48084

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

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Page Subtotal 550.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

Name & Address:

$ $

5. If over $100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation Employer

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 09/29/2024

Name & Address

ROBERT JOHNCOX
21401 CONCORD ST
SOUTHFIELD, MI 48076

$ 40.00 $ 280.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address 21401 CONCORD ST, SOUTHFIELD, MI 48076

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 09/30/2024

Name & Address:

KEVIN CAMPBELL
33620 GRAND RIVER AVE
FARMINGTON, MI 48335

$ 100.00 $ 100.00

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 09/30/2024

Name & Address

GERALD CAVELLIER
1842 LYSTER CT
TROY, MI 48085

$ 50.00 $ 150.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer HERTZ SCHRAM

Business Address 1760 S MAPLE, BLOOMFIELD HILLS, MI 48302

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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Page Subtotal 190.00

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

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 09/30/2024

Name & Address:
DAVID HARTMAN
1227 GREEN RIDGE RD
ROCHESTER HILLS, MI 48309

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 09/30/2024

Name & Address
JOHN KENNEDY
3664 EDGEMONT DR
TROY, MI 48084

$ 50.00 $ 105.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NA

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 09/30/2024

Name & Address:
ELIZABETH KLOS
18136 BUCKINGHAM AVE
BEVERLY HILLS, MI 48025

$ 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 09/30/2024

Name & Address
MARGO LESSER
1044 N GLENHURST DR
BIRMINGHAM, MI 48009

$ 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 110.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 10/09/2024

Name & Address:
KELLEY KENNEDY
1479 STANLEY BLVD
BIRMINGHAM, MI 48009

$ 1,000.00 $ 1,000.00

5. If over $100.00 cumulative, please provide:

Occupation THERAPEUTIC SPECIALIST Employer SUNOVISION PHARMA

Business Address 155 S MAPLE, BLOOMFIELD HILLS, MI 48301

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/09/2024

Name & Address
MARGO LESSER
1044 N GLENHURST DR
BIRMINGHAM, MI 48009

$ 50.00 $ 75.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/09/2024

Name & Address:
SUSAN LICHTERMAN
26080 YORK RD
HUNTINGTON WOODS, MI 48070

$ 250.00 $ 3,250.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer TAFT

Business Address 27777 FRANKLIN RD, 2500, SOUTHFIELD, MI 48034

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/09/2024

Name & Address
NICOLE MACWILLIAMS
3154 SHADYDALE LN
WEST BLOOMFIELD, MI 48323

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

Page Subtotal 1,400.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 09/05/2024

Name & Address:
BEVERLY BEATHAM
22275 BORDMAN RD
BERLIN, MI 48002

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/15/2024

Name & Address
KELLEY KENNEDY
1479 STANLEY BLVD
BIRMINGHAM, MI 48009

$ 288.00 $ 1,288.00

5. If over $100.00 cumulative, please provide:

Occupation THERAPEUTIC SPECIALIST Employer SUNOVISION PHARMA

Business Address 155 S MAPLE, BLOOMFIELD HILLS, MI 48301

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt _____

Name & Address:

$ _____ $ _____

Click Here for Memo Itemization

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 _____

Name & Address

$ _____ $ _____

5. If over $100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	313.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)	193,123.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 FIFTH AVENUE Address 215 W FIFTH ST ROYAL OAK, MI 48067 ☐ Fund Raiser	Purpose: EVENT COSTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/10/2024 Date	$ 2,387.70
Expenditure #2 Name NEW BLUE INTERACTIVE Address 1146 19TH ST NW WASHINGTON, DC 20036 ☐ Fund Raiser	Purpose: DIGITAL SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/2024 Date	$ 1,445.50
Expenditure #3 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: MERCHANT FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/31/2024 Date	$ 565.78
Expenditure #4 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: MERCHANT FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/31/2024 Date	$ 620.65
Expenditure #5 Name MOXIE MEDIA Address 146 N CANAL ST SEATTLE, WA 98103 ☐ Fund Raiser	Purpose: DIRECT MAIL SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/12/2024 Date	$ 2,925.00

Subtotal this page	7,944.63
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 COMERICA Address 188 N OLD WOODWARD AVE BIRMINGHAM, MI 48009 ☐ Fund Raiser	Purpose: BANK FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/13/2024 Date	$ 4.95
Expenditure #2 Name CYCLE STRATEGIES Address 2222 W GRAND RIVER AVE SUITE A OKEMOS, MI 48864 ☐ Fund Raiser	Purpose: FUNDRAISING CONSULTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/26/2024 Date	$ 6,000.00
Expenditure #3 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: MERCHANT FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/30/2024 Date	$ 1,344.07
Expenditure #4 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: MERCHANT FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/30/2024 Date	$ 896.11
Expenditure #5 Name COMERICA Address 188 N OLD WOODWARD AVE BIRMINGHAM, MI 48009 ☐ Fund Raiser	Purpose: BANK FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/07/2024 Date	$ 1.09

Subtotal this page	8,246.22
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 COMERICA Address 188 N OLD WOODWARD AVE BIRMINGHAM, MI 48009 ☐ Fund Raiser	Purpose: BANK FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/07/2024 Date	$ 39.00
Expenditure #2 Name NEW BLUE INTERACTIVE Address 1146 19TH ST NW WASHINGTON, DC 20036 ☐ Fund Raiser	Purpose: DIGITAL CONSULTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/09/2024 Date	$ 1,502.50
Expenditure #3 Name COMERICA Address 188 N OLD WOODWARD AVE BIRMINGHAM, MI 48009 ☐ Fund Raiser	Purpose: BANK FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/11/2024 Date	$ 37.00
Expenditure #4 Name CYCLE STRATEGIES Address 2222 W GRAND RIVER AVE SUITE A OKEMOS, MI 48864 ☐ Fund Raiser	Purpose: FUNDRAISING CONSULTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/2024 Date	$ 6,470.00
Expenditure #5 Name MOXIE MEDIA Address 146 N CANAL ST SEATTLE, WA 98103 ☐ Fund Raiser	Purpose: DIRECT MAIL SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/2024 Date	$ 32,268.72

Subtotal this page	40,317.22
Grand Total of all Schedules 1B (Complete on last page of Schedule)	409,281.62

Enter this total on line 8a of Summary Page