MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
24 JUL 2026 PM 03:55
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: 07/22/2024 to 08/26/2024

1. Committee I.D. Number
97181

2. Committee Name
KAREN MCDONALD FOR PROSECUTOR

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

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

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

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

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

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

Area Code & Phone (248) 351-3000

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

Area Code and Phone (248) 351-3000

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

Area Code and Phone () -

9. **TYPE OF STATEMENT**

9a. ☐ Pre-Election **OR** 9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☒ Primary
- ☐ General
- ☐ Convention
- ☐ Special
- ☐ School
- ☐ Caucus

Date of Election, Convention or Caucus
08/06/2024

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

- ☐ July Quarterly
- ☐ October Quarterly

9c. ☐ Annual Statement ( ) Coverage Year

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

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no 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.) $	67,280.00	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $	67,280.00	(18.) $ 710,468.00
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.) $	67,280.00	(20.) $ 710,468.00
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $	4,012.40	(21.) $ 31,593.78
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.) $	41,975.53	
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.) $	41,975.53	(23.) $ 274,996.89
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.) $	457,113.49
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	67,280.00
15. SUBTOTAL Add lines 13 and 14	(15.) = $	524,393.49
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	41,975.53
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	482,417.96 *

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 07/23/2024

Name & Address:
DEBORAH LOBRING
410 OAK RUN CT
ROYAL OAK, MI 48073

$ 25.00 | $ 75.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

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

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

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 07/23/2024

Name & Address
JASON PASKO
111 N MAIN ST
#305
ROYAL OAK, MI 48067

$ 500.00 | $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation CEO Employer FORTE CANABIS

Business Address 111 N MAIN ST, ROYAL OAK, MI 48067

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

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 07/23/2024

Name & Address:
JEFFREY SCHRODER
1592 E LINCOLN ST
BIRMINGHAM, MI 48009

$ 500.00 | $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer PLUNKETT COONEY

Business Address 38500 WOODWARD AVE, BLOOMFIELD HILLS, MI 48304

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

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3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 07/23/2024

Name & Address
NORMAN YALDOO
4514 LAKEVIEW CT
BLOOMFIELD HILLS, MI 48301

$ 1,000.00 | $ 1,000.00

5. If over $100.00 cumulative, please provide:

Occupation GROCER Employer UNIVERSITY FOODS

Business Address 1131 W WARREN AVE, DETROIT, MI 48201

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

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Page Subtotal 2,025.00

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 07/25/2024

Name & Address:
EDDIE BARASH
218 DOURDAN PL
BLOOMFIELD HILLS, MI 48304

$ 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 08/08/2024

Name & Address
ANN YOUSEF
2732 W HICKORY GROVE RD
BLOOMFIELD TWP, MI 48302

$ 5,200.00 $ 5,200.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address 2732 W HICKORY GROVE RD, BLOOMFIELD TWP, MI 48302

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

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/09/2024

Name & Address:
BRANDON BARLOG
248 JOTHAM AVE
AUBURN HILLS, MI 48326

$ 50.00 $ 50.00

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 08/09/2024

Name & Address
NEISHA CHUDLER
2410 AVONDALE ST W
SYLVAN LAKE, MI 48320

$ 15.00 $ 555.00

5. If over $100.00 cumulative, please provide:

Occupation PARALEGAL Employer OAKLAND COUNTY PROSECUTOR'S OFFICE

Business Address 1200 N TELEGRAPH, PONTIAC, MI 48341

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

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Page Subtotal 5,365.00

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 08/09/2024

Name & Address:
DESTINY DELLY
5475 MIDDLEBELT RD
WEST BLOOMFIELD TOWNSHIP, MI 48323

$150.00 $150.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer DELAY LAW

Business Address 29444 NORTHWESTERN HWY, #107, 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 08/09/2024

Name & Address
ANDREW DUFF
38838 ORANGELAWN ST
LIVONIA, MI 48150

$50.00 $50.00

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 _____

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 08/09/2024

Name & Address
MARY ANN FONTANA
26080 SALEM RD
HUNTINGTON WOODS, MI 48070

$100.00 $625.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address 26080 SALEM RD, HUNTINGTON WOODS, MI 48070

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

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Page Subtotal 300.00

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 08/09/2024

Name & Address:
MARY LARKIN
1797 POPLAR CT
TROY, MI 48098

$ 250.00 $ 300.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address 1797 POPLAR CT, TROY, MI 48098

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

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/09/2024

Name & Address
SHELBY LUBIENSKI
28088 GETTYSBURG ST
FARMINGTON HILLS, MI 48331

$ 50.00 $ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/09/2024

Name & Address:
BRIAN MARTIN
2577 HAVENWOOD DR
WHITE LAKE TWP, MI 48383

$ 200.00 $ 200.00

5. If over $100.00 cumulative, please provide:

Occupation INVESTIGATOR Employer OAKLAND COUNTY

Business Address 1200 N TELEGRAPH, PONTIAC, MI 48341

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

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/09/2024

Name & Address
BONNIE MCCLURE
1501 NOTTINGHAM TRAIL
WILLIAMSTON, MI 48895

$ 500.00 $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address 1501 NOTTINGHAM TRAIL, WILLIAMSTON, MI 48895

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

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Page Subtotal 1,000.00

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 08/09/2024

Name & Address:
KEVIN SAYBOLT
28088 GETTYSBURG ST
FARMINGTON HILLS, MI 48331

$50.00 | $50.00

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 08/09/2024

Name & Address
SYLVIA SIMMONS
25147 STONYCROFT DR
SOUTHFIELD, MI 48033

$55.00 | $85.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address 25147 STONYCROFT DR, SOUTHFIELD, MI 48033

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

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3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/09/2024

Name & Address:
PAUL STABLEIN
17174 BUCKINGHAM AVE
BEVERLY HILLS, MI 48025

$100.00 | $600.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer SELF

Business Address 380 N MAPLE AVE, BIRMINGHAM, MI 48009

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

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/09/2024

Name & Address
SHERI WEST
255 W HILLS RD
NEW CANAAN, CT 06840

$500.00 | $500.00

5. If over $100.00 cumulative, please provide:

Occupation FOUNDER Employer LIVEGIRL

Business Address 255 W HILLS RD, NEW CANAAN, CT 06840

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

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Page Subtotal 705.00

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 08/13/2024

Name & Address:
MARY ALHERMIZI
556 W FRANK ST
BIRMINGHAM, MI 48009

$ 3,325.00 $ 8,325.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address 556 W FRANK ST, BIRMINGHAM, MI 48009

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

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/13/2024

Name & Address
SABAH AMMOURI
265 LOWELL CT
BLOOMFIELD HILLS, MI 48304

$ 500.00 $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation PRESIDENT Employer ATM OF AMERICA

Business Address 24911 JOHN R RD, HAZEL PARK, MI 48030

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

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3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/13/2024

Name & Address:
GEORGE ATCHU
5278 PUTNAM DR
WEST BLOOMFIELD TOWNSHIP, MI 48323

$ 250.00 $ 250.00

5. If over $100.00 cumulative, please provide:

Occupation OWNER Employer SUBURBAN LIQUOR

Business Address 29085 EVERGREEN RD, SOUTHFIELD, MI 48076

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

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/13/2024

Name & Address
DANTE BACALL
595 CHASE LN
BLOOMFIELD HILLS, MI 48304

$ 2,000.00 $ 2,000.00

5. If over $100.00 cumulative, please provide:

Occupation FOUNDER Employer BACALL GROUP

Business Address 7091 ORCHARD LAKE RD, WEST BLOOMFIELD TOWNSHIP, MI 48322

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

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Page Subtotal 6,075.00

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 08/13/2024

Name & Address:
MARILYN DAY
48198 RED RUN DR
CANTON, MI 48187

$ 100.00 $ 150.00

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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/13/2024

Name & Address
JEFFREY DENHA
5971 BURNHAM RD
BLOOMFIELD TWP, MI 48302

$ 1,000.00 $ 3,000.00

5. If over $100.00 cumulative, please provide:

Occupation ENGINEER Employer BAFE

Business Address 965 WANDA ST, FERNDALE, MI 48220

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/13/2024

Name & Address:
NITIN DESAI
3047 SPRING ST
WEST BLOOMFIELD TOWNSHIP, MI 48322

$ 250.00 $ 250.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer RETIRED

Business Address 3047 SPRING ST, WEST BLOOMFIELD, MI 48322

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/13/2024

Name & Address
JUSTIN ELIAS
4330 S LAKE LN
SHELBY TWP, MI 48316

$ 1,000.00 $ 1,000.00

5. If over $100.00 cumulative, please provide:

Occupation PRESIDENT Employer PUFF CANABIS

Business Address 2 AJAX DR, MADISON HEIGHTS, MI 48071

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

Page Subtotal 2,350.00

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 08/13/2024

Name & Address:
JAYNE ESSHAKI
3840 CARRIAGE LN
BLOOMFIELD HILLS, MI 48301

$ 1,000.00 $ 8,000.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address 3840 CARRIAGE LN, BLOOMFIELD HILLS, MI 48301

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

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/13/2024

Name & Address
SHAMIL GAPPY
5329 HAUSER WAY
WEST BLOOMFIELD TOWNSHIP, MI 48323

$ 250.00 $ 250.00

5. If over $100.00 cumulative, please provide:

Occupation OWNER Employer THE STING

Business Address 6609 MICHIGAN AVE, DETROIT, MI 48210

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

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3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/13/2024

Name & Address:
BRIAN GARMO
130 WADDINGTON RD
BLOOMFIELD HILLS, MI 48301

$ 250.00 $ 250.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer GARMO & KISTE

Business Address 50 W BIG BEAVER RD, STE. 50, TROY, MI 48084

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

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3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/13/2024

Name & Address
MARSHAL GARMO
41471 THOREAU RIDGE
NOVI, MI 48377

$ 750.00 $ 1,300.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer MARSHAL PLLC

Business Address 24725 W 12 MILE RD, #300, SOUTHFIELD, MI 48034

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

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Page Subtotal 2,250.00

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 08/13/2024

Name & Address:
THOMAS RYAN
5853 SEVILLE CIR
WEST BLOOMFIELD TOWNSHIP, MI 48324

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer SELF

Business Address 5853 SEVILLE CIR, WEST BLOOMFIELD TOWNSHIP, MI 48324

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

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/13/2024

Name & Address
THAMER SANDIHA
3250 W LONG LAKE RD
WEST BLOOMFIELD TOWNSHIP, MI 48323

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address 3250 W LONG LAKE RD, WEST BLOOMFIELD, MI 48323

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

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3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/13/2024

Name & Address:
NIRAV SHAH
20910 TURNBERRY BLVD
NORTHVILLE, MI 48167

$1,000.00 | $1,000.00

5. If over $100.00 cumulative, please provide:

Occupation PRINCIPAL Employer KMI FAMILY VENTURES

Business Address 20910 TURNBERRY BLVD, NORTHVILLE, MI 48167

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

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3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/13/2024

Name & Address
MICKEY SHAPIRO
31550 NORTHWESTERN HWY
FARMINGTON HILLS, MI 48334

$2,500.00 | $2,500.00

5. If over $100.00 cumulative, please provide:

Occupation REAL ESTATE Employer SELF

Business Address 31550 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334

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

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Page Subtotal 4,000.00

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 08/14/2024

Name & Address:
SUMEET AGGARWAL
3726 MACOMB
ROCHESTER, MI 48307

$ 50.00 $ 50.00

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 08/14/2024

Name & Address
LORI COLINA-LEE
205 W GALENA BLVD
BELLVUE, CO 80512

$ 500.00 $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address 205 W GALENA BLVD, BELLVUE, CO 80512

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/14/2024

Name & Address:
MARILYN DAY
48198 RED RUN DR
CANTON, MI 48187

$ 250.00 $ 400.00

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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/14/2024

Name & Address
LAURIE FRANKEL
910 CHARRINGTON RD
BLOOMFIELD HILLS, MI 48301

$ 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 900.00

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 08/20/2024

Name & Address:
NORMA CHAN
22210 HYTHE DR
MACOMB, MI 48044

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation PARALEGAL Employer OAKLAND COUNTY

Business Address 1200 N TELEGRAPH, PONTIAC, MI 48341

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

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/20/2024

Name & Address
ROBERT JOHNCOX
21401 CONCORD ST
SOUTHFIELD, MI 48076

$ 40.00 $ 240.00

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 08/20/2024

Name & Address:
EMILY MCINTYRE HANCOCK
5274 RIDGE TRAIL N
CLARKSTON VLG, MI 48348

$ 50.00 $ 50.00

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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/20/2024

Name & Address
ALLISON NALETTE
4681 MCMILLAN CT
ROCHESTER HILLS, MI 48306

$ 50.00 $ 50.00

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 240.00

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 08/23/2024

Name & Address:
FARAH AYOUB
PO BOX 1501
DEARBORN, MI 48121

$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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/23/2024

Name & Address
DEBORAH LOBRING
410 OAK RUN CT
ROYAL OAK, MI 48073

$25.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

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

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

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3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/23/2024

Name & Address:
JOHN O'BRIEN
2422 GLENVIEW AVE
ROYAL OAK, MI 48073

$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

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3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/23/2024

Name & Address
JASLEEN SINGH
2083 S TELEGRAPH RD
BLOOMFIELD TWP, MI 48302

$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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Page Subtotal 475.00

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 08/26/2024

Name & Address:
ENDRIT TOPALLI
17055 COMPANIA DR
MACOMB, MI 48044

$ 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 08/01/2024

Name & Address
QAMAR STAMOS
5139 NORTHWOOD RD
GRAND BLANC, MI 48439

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation ASSISTANT PROSECUTOR 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 08/06/2024

Name & Address:
SHELBY LUBIENSKI
28088 GETTYSBURG ST
FARMINGTON HILLS, MI 48331

$ 50.00 $ 50.00

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 _____

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	250.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)	67,280.00

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 OAKLAND COUNTY Address 1200 N TELEGRAPH PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: MILEAGE REIMBURSEMENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/22/2024 Date	$ 383.52
Expenditure #2 Name MAILCHIMP Address 675 PONCE DE LEON AVE NE STE. 5000 ATLANTA, GA 30308 ☐ Fund Raiser	Purpose: EMAIL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/29/2024 Date	$ 138.00
Expenditure #3 Name TOPGOLF AUBURN HILLS Address 500 GREAT LAKES CROSSING DR AUBURN HILLS, MI 48326 ☑ Fund Raiser	Purpose: EVENT RENTAL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/29/2024 Date	$ 1,392.67
Expenditure #4 Name FLYWHEEL Address 1111 N 13TH ST STE. 208 OMAHA, NE 68102 ☐ Fund Raiser	Purpose: WEB HOSTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/31/2024 Date	$ 30.00
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	Date	$

Subtotal this page 1,944.19

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

Enter this total on line 8a of Summary Page