

U.S. DEPARTMENT OF JUSTICE
FEDERAL ELECTION COMMISSION
OFFICE OF GENERAL COUNSEL

Nadira Plater

2008 DEC 22 A 11: 01

MUR # 6152

Office of General Counsel
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

**RE: FORMAL COMPLAINT AGAINST THE CHALDEAN CHAMBER OF
COMMERCE PAC, AKA "CHALDEANS FOR CONGRESSMAN JOE
KNOLLENBERG," FOR VIOLATIONS OF FEDERAL ELECTION LAW**

Dear Federal Election Commission Official:

On October 29, 2008, six days before the general election, I received a letter, post-marked October 28, 2008, purportedly from an organization called "Chaldeans for Congressman Joe Knollenberg." A copy of this letter, along with the mailing envelope, is attached.

This letter clearly advocates for the election of a candidate for federal office. Republican Congressman Joe Knollenberg, who is exhorted in this letter, is currently running for reelection in Michigan's Ninth Congressional district. The letter requests readers to "[p]lease join us in casting your ballot for Congressman Joe Knollenberg on Tuesday, November 4th." At the bottom of the letter, the names of eighteen individuals are listed.

This letter appears to be in violation of at least two provisions of federal election law. First, the letter does not contain any disclaimer notice on either the letter or envelope. Federal election law requires that any public communication by any individual or committee that is not authorized by a federal candidate – including mass mailings, *see* 2 U.S.C. § 431(22) – must "clearly state the name and permanent street address of the person who paid for the communication and state that the communication is not authorized by any candidate or candidate's committee." 2 U.S.C. § 441d(a)(3). However, neither the letter, nor the envelope containing the letter, provides any such statement, so it is impossible to conclude whether the letter was paid for and authorized by Congressman Joe Knollenberg, committees whom he is affiliated with, or by independent committees.

Although a permanent street address is provided on both the letter and the envelope, this particular address raises further questions about the letter and its compliance with federal election law. The address provided – 30095 Northwestern Hwy., Suite 102, Farmington Hills, MI 48334 – is the permanent address for the Chaldean Chamber of Commerce Political Action Committee. Martin Manna, one of the eighteen individuals listed on the

29044251396

letter, is the treasurer of this PAC, and three other individuals listed have contributed over \$8,600 to the PAC in the past fiscal year. See 2008 Michigan Department of State Bureau of Election Reports (attached). Political committees are required to register with the Federal Election Commission. 2 U.S.C. § 433(a). Neither the Chaldean Chamber of Commerce Political Action Committee, nor "Chaldeans for Knollenberg" are currently registered with the FEC.). Moreover, according to the PAC's website, the Chaldean Chamber of Commerce Political Action Committee is a "non-federal PAC." See http://www.chaldeanchamber.com/joomla/index.php?option=com_content&task=view&id=22&Itemid=44 (last visited October 30, 2008).

Oakland County, where Michigan's Ninth Congressional district is found, contains the largest number of Chaldean Americans anywhere in the United States. According to Martin Manna, there are at least 12,000 Chaldeans in Oakland County. See http://blog.mlive.com/oak_business_review/2007/12/executive_profile_martin_manna.html. If even a fraction of the Chaldean Americans in Oakland County received this letter, it is likely that "Chaldeans for Congressman Joe Knollenberg" spent more than \$1,000 on this mailing. But any group or organization that spends or receives more than \$1,000 for federal candidates is considered a political committee under federal election law. 2 U.S.C. § 431(4)(a).

As a Chaldean American and independent voter, I appreciate my fellow Chaldeans' attempt to inform our community about important elections. However, I also believe that these attempts should be fair, balanced, and in compliance with federal election law. I request that the Federal Election Commission investigate these alleged violations, levy any fines or other penalties appropriate under federal law if these alleged violations are substantiated, and inform me of the results of the investigation.

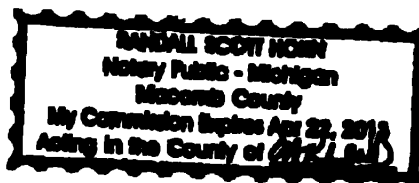
Thank you,

Nadira Daiza Plater

Nadira (Daiza) Plater

NADIRA (DAIZA) PLATER SUBSCRIBED AND SWORN
TO BEFORE ME ON THIS 12TH DAY OF DECEMBER, 2008.

Randall Scott Horn
RANDALL SCOTT HORN
NOTARY



Chaldeans for Congressman Joe Knollenberg

Dear Chaldean Community Member,

Since 1992, Congressman Joe Knollenberg has been an advocate for the Chaldean community.

Congressman Joe Knollenberg has consistently been the most reliable member of Congress on issues domestic and international of import to the Chaldean Community. On the plight of refugees, he has spent countless hours working to end the diaspora of Iraqi Christians, to ease their suffering in foreign lands, and to help smooth the pathway for legal entrance into the United States.

Joe is foremost among all of Congress in his successful efforts to bring federal funds to the first of its kind in the nation Chaldean Cultural Center – a total of \$400,000 over two years. Because of Joe's help, the center will memorialize the history of the Chaldean Community in Iraq and the United States and continue to tell our story for generations to come.

Recently, Joe introduced language in the Foreign Operation Bill requesting the protection of Ethno-Religious Minorities and specifically Chaldeans in Iraq. Joe followed up the language by helping to secure \$10 million in funding for the people of Northern Iraq. This \$10 million dollars will be spent directly on our people in the form of humanitarian assistance, economic development and infrastructure support.

Additionally, Joe serves on the newly formed Middle-East Minorities Caucus – established to help protect the vulnerable minorities throughout the Middle East and specifically in Iraq. At a recent congressional hearing with General Petreus and U.S. Ambassador Crocker, Congressman Knollenberg repeatedly asked them about the plight of Iraq's Christians. His persistent questioning put his colleagues and the Bush Administration on notice—in some cases for the first time—as to the severity of the situation. While the hearing was nominally about the progress of the war, Joe took the opportunity to move the issue of Iraqi Chaldeans to the forefront.

On issues of the economy and taxes, Joe consistently supports measures designed to help small businesses, create jobs and reduce taxes. He has also been a strong advocate for Detroit's auto and manufacturing industry—an area of work critical to Michigan's turnaround.

While Congressman Knollenberg and his staff have been responsive and loyal friends to the Chaldean Community at home and abroad, he more importantly has served this district, his entire constituency and the people of the United States with honesty, integrity, patriotism and dedication.

Congressman Knollenberg is a fellow Catholic. Please join us in casting your ballot for Congressman Joe Knollenberg on Tuesday, November 4th.

Thank you for supporting Congressman Joe Knollenberg.

Ron & Rita Acho
Frank & Judy Jonna
Martin & Tamara Manna

Basil & Majida Bacall
Robert & Vinos Kassab
Dave & Kholoud Nona

Michael & Najat George
John & Carol Loussaia
Michael & Mariann Sarafa

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CHALDEANS FOR KNOWLEDGE
30095 Northwestern Hwy, Suite 102
Farmington Hills, MI 48334

METROFLEX MI 480

28 OCT 2020 713 01



Daiza, Nadira

Chaldeans for Congressman Joe Knollenberg

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**Ron & Rita Acho
Frank & Judy Jonna
Martin & Tamara Manna**

**Basil & Majida Bacall
Robert & Vinos Kassab
Dave & Kholoud Nona**

**Michael & Najat George
John & Carol Loussla
Michael & Mariann Sarafa**



INDEPENDENT/POLITICAL
COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

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

3. This Statement covers From: 04/20/2008 To 07/20/2008
Mo Day Year Mo Day Year

1. Committee I.D. Number

511930-0

4. Committee's Mailing Address
30095 Northwestern Hwy.

Farmington Hills MI 48334
Area Code and Phone _____

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.

2. Committee Name

Chaldean Chamber PAC

5. Treasurer's Name and Residential Address

Martin Manna
6859 White Pine Dr.

Bloomfield Hills MI 48301
Area Code and Phone (248) 932-9160

Driver License # (Optional)

6. Treasurer's Business Address
30095 Northeastern Hwy.

Suite 102
Farmington Hills MI 48334

Area Code and Phone (248) 932-9160

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

Paul Alraihani
2406 Wiltshire Court

Apt. 102
Rochester Hills MI 48309
Area Code and Phone _____

Driver License # (Optional)

8. TYPE OF STATEMENT:

APPLICABLE TO INDEPENDENT AND POLITICAL
COMMITTEES REGISTERED ON STATE LEVEL

8a. TRIENNIAL STATEMENTS

Even Year

☐ April 25

☒ July 25

☐ October 25

Odd Year

☐ January 31

☐ July 25

☐ October 25

8b. QUARTERLY STATEMENTS
CAUCUS COMMITTEES (ONLY)

☐ January 31

☐ July 25

☐ April 25

☐ October 25

8c. ☐ SPECIAL ELECTION INDEPENDENT
EXPENDITURE REPORT

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES
REGISTERED ON COUNTY LEVEL

8d. ☐ ANNUAL STATEMENT
(_____ Coverage Year)

8e. ☐ PRE-ELECTION OR

8f. ☐ POST-ELECTION

Pre-Election or Post-Election
Statement relates to:

☐ PRIMARY ☐ GENERAL

☐ CONVENTION ☐ SCHOOL

☐ SPECIAL ☐ CAUCUS

Date of Election, Convention or Caucus:

Month Day Year

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES
REGISTERED ON
STATE AND COUNTY LEVEL

8g. ☐ AMENDMENT TO CAMPAIGN
STATEMENT

(Complete Item 8a, 8b, 8c, 8d, 8e, 8f or 8h to
indicate which Statement is being amended)

8h. ☐ DISSOLUTION OF COMMITTEE
Effective Date of Dissolution

Month Day Year

By checking Item 8h, I certify that the
committee has no assets or outstanding
debts, including late filing fees. Note:
The disposition of residual funds must
be reported on Schedule 2B and the
Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable
Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold.
If any of the information listed in Items 2, 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an
amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on
or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

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

Electronically Filed:

Current Treasurer or
Designated Record Keeper Paul Alraihani

Type of Print Name

Signature

Date 07/21/2008

Mo Day Year

29044251401



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

300709

SUMMARY PAGE
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 511930-0

2. Committee Name Chaldean Chamber PAC

RECEIPTS

	Column I This Period	Column II Cumulative for Calendar Year
3. Contributions		
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)	(3a.) \$ <u>2900.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>0.00</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>2900.00</u>	(18.) \$ <u>11400.00</u>
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$ <u>2.18</u>	(19.) \$ <u>3.62</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c. + Line 4)	(5.) \$ <u>2902.18</u>	(20.) \$ <u>11403.62</u>

IN-KIND CONTRIBUTIONS

6. In-Kind Contributions		
a. Itemized (Schedule 2-K, Column 7)	(6a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>0.00</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>

EXPENDITURES

8. Expenditures		
a. Itemized Direct (Schedule 2B, Column 7)	(8a.) \$ <u>5700.00</u>	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(8b.) \$ <u>0.00</u>	
c. In-Kind Expenditure-Purchase of Goods or Services (Schedule 2B-2, Column 7)	(8c.) \$ <u>0.00</u>	
d. Unitemized (less than \$50.01 each - no Schedule)	(8d.) \$ <u>0.00</u>	
e. Subtotal of Expenditures	(8e.) \$ <u>5700.00</u>	(22.) \$ <u>11200.00</u>
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$ <u>0.00</u>	(23.) \$ <u>0.00</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>5700.00</u>	(24.) \$ <u>11200.00</u>

IN-KIND EXPENDITURES

11. In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)	(11.) \$ <u>0.00</u>	(25.) \$ <u>0.00</u>
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DEBTS AND OBLIGATIONS

12. Debts and Obligations	
a. Owed by the Committee (Schedule 2E)	(12a.) \$ <u>0.00</u>
b. Owed to the Committee (Schedule 2E)	(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>3743.69</u>
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) + <u>2902.18</u>
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>6645.87</u>
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) - <u>5700.00</u>
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>945.87</u>

NOTE: Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.

All required schedule pages must be included with this statement. *If your ending balance is negative, please recheck your math.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number 511930-0

2. Committee Name Chaldean Chamber PAC

Please 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 (both are commonly called PACs).	6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/2008</u></p> <p>Name: <u>Sandra Hanna</u></p> <p>Address: <u>7410 Finnegan</u> <u>West Bloomfield MI 48322</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	100.00	100.00
<p>3. Contribution # 2 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/2008</u></p> <p>Name: <u>Sharon Hannawa</u></p> <p>Address: <u>29835 Rambling Road</u> <u>Southfield MI 48076</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	100.00	100.00
<p>3. Contribution # 3 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/2008</u></p> <p>Name: <u>Thafir (Dave) Nona</u></p> <p>Address: <u>5678 Paulos Lane</u> <u>West Bloomfield MI 48322</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Developer</u> Employer <u>Triangle Development</u> <u>30403 13 Mile Rd.</u></p> <p>Business Address <u>Farmington Hills MI 48334</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	1000.00	1000.00
<p>3. Contribution # 4 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/2008</u></p> <p>Name: <u>Amar Toma</u></p> <p>Address: <u>53188 Pondview Drive</u> <u>Shelby Township MI 48315</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Self-Employed</u> Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	400.00	400.00
<p>Page Subtotal Grand Total of All Schedules 2A (Complete on last page of Schedule)</p>		1800.00

Enter this total
on line 3a of
Summary
Page



ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 511930-0

2. Committee Name Chaldean Chamber PAC

Please 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 (both are commonly called PACs).	6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
<p>3. Contribution # <u>5</u> Is this contribution from a PAC? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 4. Date of Receipt <u>06/03/2008</u></p> <p>Name: <u>Fani Manna</u></p> <p>Address: <u>2031 Christopher Ct</u> <u>West Bloomfield MI 48324</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	100.00	100.00
<p>3. Contribution # <u>6</u> Is this contribution from a PAC? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 4. Date of Receipt <u>07/08/2008</u></p> <p>Name: <u>Frank Jonna</u></p> <p>Address: <u>35267 Stratton Hill Ct.</u> <u>Farmington Hills MI 48331</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Jonna Companies</u> <u>26100 American Dr.</u></p> <p>Business Address <u>Southfield MI 48034</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	1200.00	2200.00

Page Subtotal
Grand Total of All Schedules 2A
(Complete on last page of Schedule)

1300.00
2900.00

Enter this total
on line 3a of
Summary
Page

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ITEMIZED OTHER RECEIPTS
SCHEDULE 2A-1
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 511930-0

2. Committee Name Chaldean Chamber PAC

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt # 1 Name: Bank of Michigan 30095 Northwestern Hwy. Address: Farmington Hills MI 48334	Date of Receipt <u>04/30/2008</u> <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \ Rebate <input type="checkbox"/> Other (Specify) Interest	1.27
Receipt # 2 Name: Bank of Michigan 30095 Northwestern Hwy. Address: Farmington Hills MI 48334	Date of Receipt <u>05/31/2008</u> <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \ Rebate <input type="checkbox"/> Other (Specify) Interest	0.65
Receipt # 3 Name: Bank of Michigan 30095 Northwestern Hwy. Address: Farmington Hills MI 48334	Date of Receipt <u>08/30/2008</u> <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \ Rebate <input type="checkbox"/> Other (Specify) Interest	0.26

Page Subtotal
Grand Total of All Schedules 2A-1
(Complete on last page of Schedule)

2.18

2.18

Enter this total on
line 4 of Summary
Page

29044251405



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

300709

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 511930-0

2. Committee Name Chaldean Chamber PAC

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure # 1 Name Cmte to Elect Stuart Brickner Address 7065 Deerwood Trail West Bloomfield MI 48323 4. Purpose: <u>Direct Contribution</u> Expenditure Code: <u>DI</u> Fund Raiser <input type="checkbox"/>	5. <u>Stuart Brickner</u> Name of Candidate Township Treasurer West Bloomfield Office Sought & District # or Jurisdiction <u>Oakland</u> County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	05/13/2008	1000.00	1000.00
Expenditure # 2 Name Citizens for Law Address 8827 Cooley Lake Road #308 Commerce Township MI 48382 4. Purpose: <u>Direct Contribution</u> Expenditure Code: <u>DI</u> Fund Raiser <input type="checkbox"/>	5. <u>David Law</u> Name of Candidate County Prosecuting Attorney Office Sought & District # or Jurisdiction <u>Oakland</u> County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	05/19/2008	1500.00	1500.00
Expenditure # 3 Name Cmte to Elect Cathy Shaughness Address 5563 Linlor Street West Bloomfield MI 48322 4. Purpose: <u>Direct Contribution</u> Expenditure Code: <u>DI</u> Fund Raiser <input type="checkbox"/>	5. <u>Cathy Shaughnessy</u> Name of Candidate Township Clerk West Bloomfield Office Sought & District # or Jurisdiction <u>Oakland</u> County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	06/05/2008	300.00	300.00
Expenditure # 4 Name Cmte to Elect Teri Weinberg Address 3057 Winchester West Bloomfield MI 48322 4. Purpose: <u>Direct Contribution</u> Expenditure Code: <u>DI</u> Fund Raiser <input type="checkbox"/>	5. <u>Teri Adelberg-Weinberg</u> Name of Candidate Township Treasurer West Bloomfield Office Sought & District # or Jurisdiction <u>Oakland</u> County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	06/05/2008	300.00	300.00

Subtotal this page
Grand Total of all Schedules 2B
(Complete on last page of Schedule)

3100.00

Enter this total
On Line 8a of the
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

29044251406



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

300709

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 511930-0

2. Committee Name Chaldean Chamber PAC

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure # 5 Name Friends of Rashida Tlaib Address PO Box 9930 Detroit MI 48209 4. Purpose: <u>Direct Contribution</u> Expenditure Code: <u>DI</u> Fund Raiser <input type="checkbox"/>	5. <u>Rashida Tlaib</u> Name of Candidate State Representative 12th District Office Sought & District # or Jurisdiction <u>Wayne</u> County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	06/05/2008	500.00	500.00
Expenditure # 6 Name Cmte to Elect Steven Bleda Address Po Box 1311 Warren MI 48090 4. Purpose: <u>Direct Contribution</u> Expenditure Code: <u>DI</u> Fund Raiser <input type="checkbox"/>	5. <u>Steven Bleda</u> Name of Candidate State Representative 25th District Office Sought & District # or Jurisdiction <u>Macomb</u> County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	06/11/2008	200.00	200.00
Expenditure # 7 Name Haridman for State Senate Address Grand Rapids Grand Rapids MI 49501 4. Purpose: <u>Direct Contribution</u> Expenditure Code: <u>DI</u> Fund Raiser <input type="checkbox"/>	5. <u>Steven Bleda</u> Name of Candidate State Representative 25th District Office Sought & District # or Jurisdiction <u>Macomb</u> County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	06/11/2008	200.00	400.00
Expenditure # 8 Name Robert A. Ficano Committee Address P.O. Box 321123 Detroit MI 48232 4. Purpose: <u>Direct Contribution</u> Expenditure Code: <u>DI</u> Fund Raiser <input type="checkbox"/>	5. <u>Robert Ficano</u> Name of Candidate County Executive Wayne Co. Office Sought & District # or Jurisdiction <u>Wayne</u> County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	06/12/2008	500.00	1000.00

Subtotal this page
Grand Total of all Schedules 2B
(Complete on last page of Schedule)

1400.00

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

Enter this total
On Line 8a of the
Summary Page

29044251407



ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 511930-0

2. Committee Name Chaldean Chamber PAC

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure # <u>9</u> Name <u>Comte to Elect Brenda Lawrence</u> Address <u>29207 Southfield Road</u> <u>Southfield</u> <u>MI</u> <u>48076</u> 4. Purpose: <u>Direct Contribution</u> Expenditure Code: <u>DI</u> Fund Raiser <input type="checkbox"/>	5. <u>Brenda Lawrence</u> Name of Candidate <u>County Executive Oakland County</u> Office Sought & District # or Jurisdiction <u>Oakland</u> County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>07/08/2008</u>	<u>1200.00</u>	<u>1200.00</u>

Subtotal this page
Grand Total of all Schedules 2B
(Complete on last page of Schedule)

1200.00
5700.00

Enter this total
On Line 8a of the
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



INDEPENDENT/POLITICAL
COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

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

3. This Statement covers From: 10/21/2007 To 04/20/2008
Mo Day Year Mo Day Year

1. Committee I.D. Number

511930-0

2. Committee Name

Chaldean Chamber PAC

4. Committee's Mailing Address
30095 Northwestern Hwy.

Farmington Hills MI 48334
Area Code and Phone _____

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.

5. Treasurer's Name and Residential Address

Martin Manna
6859 White Pine Dr.

Bloomfield Hills MI 48301
Area Code and Phone (248) 932-9160

Driver License # (Optional)

6. Treasurer's Business Address
30095 Northeastern Hwy.

Suite 102
Farmington Hills MI 48334

Area Code and Phone (248) 932-9160

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

Paul Alraihani
2406 Wiltshire Court

Apt. 102
Rochester Hills MI 48309
Area Code and Phone _____

Driver License # (Optional)

8. TYPE OF STATEMENT:

APPLICABLE TO INDEPENDENT AND POLITICAL
COMMITTEES REGISTERED ON STATE LEVEL

8a. TRIENNIAL STATEMENTS

Even Year

☒ April 25

☐ July 25

☐ October 25

Odd Year

☐ January 31

☐ July 25

☐ October 25

8b. QUARTERLY STATEMENTS
CAUCUS COMMITTEES (ONLY)

☐ January 31

☐ July 25

☐ April 25

☐ October 25

8c. ☐ SPECIAL ELECTION INDEPENDENT
EXPENDITURE REPORT

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES
REGISTERED ON COUNTY LEVEL

8d. ☐ ANNUAL STATEMENT
(_____ Coverage Year)

8e. ☐ PRE-ELECTION OR

8f. ☐ POST-ELECTION

Pre-Election or Post-Election
Statement relates to:

☐ PRIMARY ☐ GENERAL

☐ CONVENTION ☐ SCHOOL

☐ SPECIAL ☐ CAUCUS

Date of Election, Convention or Caucus:

Month Day Year

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES
REGISTERED ON
STATE AND COUNTY LEVEL

8g. ☒ AMENDMENT TO CAMPAIGN
STATEMENT

(Complete Item 8a, 8b, 8c, 8d, 8e, 8f or 8h to
indicate which Statement is being amended)

8h. ☐ DISSOLUTION OF COMMITTEE
Effective Date of Dissolution

Month Day Year

By checking Item 8h, I certify that the
committee has no assets or outstanding
debts, including late filing fees. Note:
The disposition of residual funds must
be reported on Schedule 2B and the
Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable
Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold.
If any of the information listed in Items 2, 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an
amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on
or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

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

Electronically Filed:

Current Treasurer or
Designated Record Keeper Paul Alraihani

Type of Print Name

Signature

Date 04/30/2008

Mo Day Year

29044251409



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

296367

SUMMARY PAGE
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 511930-0

2. Committee Name Chaldean Chamber PAC

RECEIPTS

	Column I This Period	Column II Cumulative for Calendar Year
3. Contributors		
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)	(3a.) \$ <u>12125.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>0.00</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>12125.00</u>	(18.) \$ <u>9900.00</u>
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$ <u>4.32</u>	(19.) \$ <u>6.10</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)	(5.) \$ <u>12129.32</u>	(20.) \$ <u>9906.10</u>

IN-KIND CONTRIBUTIONS

6. In-Kind Contributions		
a. Itemized (Schedule 2-K, Column 7)	(6a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>0.00</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>

EXPENDITURES

8. Expenditures		
a. Itemized Direct (Schedule 2B, Column 7)	(8a.) \$ <u>8750.00</u>	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(8b.) \$ <u>0.00</u>	
c. In-Kind Expenditure-Purchase of Goods or Services (Schedule 2B-2, Column 7)	(8c.) \$ <u>0.00</u>	
d. Unitemized (less than \$50.01 each - no Schedule)	(8d.) \$ <u>0.00</u>	
e. Subtotal of Expenditures	(8e.) \$ <u>8750.00</u>	(22.) \$ <u>9172.38</u>
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$ <u>0.00</u>	(23.) \$ <u>0.00</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>8750.00</u>	(24.) \$ <u>9172.38</u>

IN-KIND EXPENDITURES

11. In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)	(11.) \$ <u>0.00</u>	(25.) \$ <u>0.00</u>
---	----------------------	----------------------

DEBTS AND OBLIGATIONS

12. Debts and Obligations	
a. Owed by the Committee (Schedule 2E)	(12a.) \$ <u>0.00</u>
b. Owed to the Committee (Schedule 2E)	(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>364.37</u>
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) + <u>12129.32</u>
15. SUBTOTAL: Add lines 13 and 14	(15.) = <u>12493.69</u>
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) - <u>8750.00</u>
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>3743.69</u>

NOTE: Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.

All required schedule pages must be included with this statement. *If your ending balance is negative, please recheck your math.



ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 511930-0

2. Committee Name Chaldean Chamber PAC

Please 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 (Both are commonly called PACs).	8. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>10/23/2007</u></p> <p>Name: <u>Paul Alraihani</u> Address: <u>2406 Wilshire Court</u> <u>Apt. 102</u> <u>Rochester Hills MI 48309</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Controller</u> Employer <u>Interlink Media</u></p> <p><u>30065 Northeastern Hwy.</u> <u>Suite 102</u> Business Address <u>Farmington Hills MI 48334</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	125.00	175.00
<p>3. Contribution # 2 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>11/01/2007</u></p> <p>Name: <u>Paul Asker</u> Address: <u>2970 Middlebelt</u> <u>West Bloomfield MI 48322</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Asker Clos & Perlmutter</u></p> <p><u>35551 Ford Rd.</u> <u>Suite 100</u> Business Address <u>Westland MI 48185</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	1000.00	1000.00
<p>3. Contribution # 3 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>11/29/2007</u></p> <p>Name: <u>Wijdi Kouza</u> Address: <u>31492 Glendale</u> <u>Livonia MI 48150</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Self Employed</u> Employer <u>Wijdi Kouza</u></p> <p><u>31492 Glendale</u> Business Address <u>Livonia MI 48150</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	500.00	500.00
<p>3. Contribution # 4 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>11/29/2007</u></p> <p>Name: <u>Eddie Koza</u> Address: <u>31492 Glendale</u> <u>Livonia MI 48150</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Self Employed</u> Employer <u>Eddie Koza</u></p> <p><u>31492 Glendale</u> Business Address <u>Livonia MI 48150</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	500.00	500.00

Page Subtotal
Grand Total of All Schedules 2A
(Complete on last page of Schedule)

2125.00

Enter this total
on line 3a of
Summary
Page

29844251411



ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 511930-0

2. Committee Name Chaldean Chamber PAC

Please 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 (Both are commonly called PACs).	6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
<p>3. Contribution # 5 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>11/29/2007</u></p> <p>Name: <u>Lyon Koza</u> 31492 Glendale Livonia MI 48150</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Grocer</u> Employer <u>Lyon Koza</u> 31492 Glendale</p> <p>Business Address <u>Livonia MI 48150</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	500.00	500.00
<p>3. Contribution # 6 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>11/29/2007</u></p> <p>Name: <u>Majd Koza</u> 6859 White Pine Dr. Bloomfield Hills MI 48301</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Management</u> Employer <u>Interlink Media</u> 30095 Northeastern Hwy. Suite 102 Farmington Hills MI 48334</p> <p>Business Address <u>Farmington Hills MI 48334</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	500.00	500.00
<p>3. Contribution # 7 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>11/29/2007</u></p> <p>Name: <u>Zouhair Koza</u> 31492 Glendale Livonia MI 48150</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Self Employed</u> Employer <u>Zouhair Koza</u> 31492 Glendale</p> <p>Business Address <u>Livonia MI 48150</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	500.00	500.00
<p>3. Contribution # 8 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>02/01/2008</u></p> <p>Name: <u>Paul Asker</u> 2970 Middlebelt West Bloomfield MI 48322</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Asker Clos & Perimeter</u> 35551 Ford Rd. Suite 100 Westland MI 48185</p> <p>Business Address <u>Westland MI 48185</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	500.00	500.00

Page Subtotal
Grand Total of All Schedules 2A
(Complete on last page of Schedule)

2000.00

Enter this total
on line 3a of
Summary
Page



ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 511930-0

2. Committee Name Chaldean Chamber PAC

Please 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 (Both are commonly called PACs).	6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
<p>3. Contribution # 9 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>02/05/2008</u></p> <p>Name: <u>Saad Hajjar</u> 6298 Branford Dr. Address: <u>West Bloomfield MI 48322</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Adv. Technology Systems</u> <u>6775 Daly Rd.</u> <u>Suite 101</u> Business Address <u>West Bloomfield MI 48322</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	1000.00	1000.00
<p>3. Contribution # 10 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>02/05/2008</u></p> <p>Name: <u>Rocky Husaynu</u> 30101 Northwestern Hwy. Address: <u>Suite 330</u> <u>Farmington Hills MI 48334</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Prof. Insurance Planners</u> <u>30101 Northwestern Hwy.</u> <u>Suite 330</u> Business Address <u>Farmington Hills MI 48334</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	200.00	200.00
<p>3. Contribution # 11 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>02/05/2008</u></p> <p>Name: <u>Frank Jonna</u> 35267 Stratton Hill Ct. Address: <u>Farmington Hills MI 48331</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Jonna Companies</u> <u>26100 American Dr.</u> Business Address <u>Southfield MI 48034</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	1000.00	1000.00
<p>3. Contribution # 12 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>02/05/2008</u></p> <p>Name: <u>Bassam Salman</u> 3194 E. Bradford Dr Address: <u>West Bloomfield MI 48301</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	100.00	100.00

Page Subtotal
Grand Total of All Schedules 2A
(Complete on last page of Schedule)

2300.00

Enter this total
on line 3a of
Summary
Page



ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 511930-0

2. Committee Name Chaldean Chamber PAC

Please 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 (Both are commonly called PACs).	6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
<p>3. Contribution # <u>13</u> Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>02/11/2008</u></p> <p>Name: <u>Paul Asker</u> Address: <u>2970 Middlebelt</u> <u>West Bloomfield MI 48322</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Asker Clos & Perimeter</u> <u>35551 Ford Rd.</u> Business Address <u>Suite 100</u> <u>Westland MI 48186</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	500.00	1000.00
<p>3. Contribution # <u>14</u> Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>02/27/2008</u></p> <p>Name: <u>Kevin Jappaya</u> Address: <u>16699 Pine Forest Drive</u> <u>Commerce Township MI 48390</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Broker</u> Employer <u>Thomas A. Duke Company</u> <u>37000 Grand River</u> Business Address <u>Suite 380</u> <u>Farmington Hills MI 48335</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	200.00	200.00
<p>3. Contribution # <u>15</u> Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>03/24/2008</u></p> <p>Name: <u>Michael George</u> Address: <u>4737 Wendrick Dr.</u> <u>West Bloomfield MI 48323</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Melody Farms</u> <u>30777 Northeastern Hwy.</u> Business Address <u>Suite 300</u> <u>Farmington Hills MI 48334</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	5000.00	5000.00

Page Subtotal
Grand Total of All Schedules 2A
(Complete on last page of Schedule)

5700.00
12125.00

Enter this total
on line 3a of
Summary
Page

29044251414



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

298397

ITEMIZED OTHER RECEIPTS
SCHEDULE 2A-1
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 511930-0

2. Committee Name Chaldean Chamber PAC

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt # 1 Name: Bank of Michigan 30035 Northwestern Hwy. Address: Farmington Hills MI 48334	Date of Receipt <u>10/31/2007</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \ Rebate <input type="checkbox"/> Other (Specify) Interest Income <input type="checkbox"/> Fund Raiser	0.35
Receipt # 2 Name: Bank of Michigan 30035 Northwestern Hwy. Address: Farmington Hills MI 48334	Date of Receipt <u>11/30/2007</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \ Rebate <input type="checkbox"/> Other (Specify) Interest Income <input type="checkbox"/> Fund Raiser	0.61
Receipt # 3 Name: Bank of Michigan 30035 Northwestern Hwy. Address: Farmington Hills MI 48334	Date of Receipt <u>12/31/2007</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \ Rebate <input type="checkbox"/> Other (Specify) Interest Income <input type="checkbox"/> Fund Raiser	1.92
Receipt # 4 Name: Bank of Michigan 30035 Northwestern Hwy. Address: Farmington Hills MI 48334	Date of Receipt <u>01/31/2008</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \ Rebate <input type="checkbox"/> Other (Specify) Interest Income <input type="checkbox"/> Fund Raiser	0.44
Receipt # 5 Name: Bank of Michigan 30035 Northwestern Hwy. Address: Farmington Hills MI 48334	Date of Receipt <u>02/29/2008</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \ Rebate <input type="checkbox"/> Other (Specify) Interest Income <input type="checkbox"/> Fund Raiser	0.41
Receipt # 6 Name: Bank of Michigan 30035 Northwestern Hwy. Address: Farmington Hills MI 48334	Date of Receipt <u>03/31/2008</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \ Rebate <input type="checkbox"/> Other (Specify) Interest Income <input type="checkbox"/> Fund Raiser	0.59

Page Subtotal
Grand Total of All Schedules 2A-1
(Complete on last page of Schedule)

4.32
4.32

Enter this total on
line 4 of Summary
Page

29044251415



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

298387

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 511830-0

2. Committee Name Chaldean Chamber PAC

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure # 1 Name <u>Johnny Oram Elections Committee</u> Address <u>P.O. Box 3451</u> <u>Farmington Hills</u> MI <u>48333</u> 4. Purpose: <u>City Council</u> Expenditure Code: <u>DI</u> Fund Raiser <input type="checkbox"/>	5. <u>Johnny Oram</u> Name of Candidate <u>City Council Farmington Hills</u> Office Sought & District # or Jurisdiction <u>OAKLAND</u> County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	11/02/2007	250.00	250.00
Expenditure # 2 Name <u>John Kurialuz for State Repres</u> Address <u>PO Box 251591</u> <u>West Bloomfield</u> MI <u>48325</u> 4. Purpose: <u>State Representative</u> Expenditure Code: <u>DI</u> Fund Raiser <input type="checkbox"/>	5. <u>John Kurialuz</u> Name of Candidate <u>State Representative West Bloomfield</u> Office Sought & District # or Jurisdiction <u>Oakland</u> County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	11/08/2007	500.00	500.00
Expenditure # 3 Name <u>Marty Knollenber for State-Rep</u> Address <u>198 E. Big Beaver Road</u> <u>Troy</u> MI <u>48063</u> 4. Purpose: <u>Fundraiser</u> Expenditure Code: <u>DI</u> Fund Raiser <input type="checkbox"/>	5. <u>Marty Knollenber</u> Name of Candidate <u>State Representative 41st District</u> Office Sought & District # or Jurisdiction <u>Oakland</u> County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	11/29/2007	500.00	500.00
Expenditure # 4 Name <u>Condino for Majority</u> Address <u>21170 WINCHESTER</u> <u>Southfield</u> MI <u>48076</u> 4. Purpose: <u>State Representative</u> Expenditure Code: <u>DI</u> Fund Raiser <input type="checkbox"/>	5. <u>Paul Condino</u> Name of Candidate <u>State Representative 35th District</u> Office Sought & District # or Jurisdiction <u>Oakland</u> County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	12/17/2007	1000.00	1000.00

Subtotal this page
Grand Total of all Schedules 2B
(Complete on last page of Schedule)

2250.00

Enter this total
On Line 8a of the
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

29044251416



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

296397

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 511930-0

2. Committee Name Chaldean Chamber PAC

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure # 5 Name <u>Friends of Roger Kahn</u> Address P.O. Box 30036 Lansing MI 48909 4. Purpose: <u>32nd Senate District</u> Expenditure Code: <u>DI</u> Fund Raiser <input type="checkbox"/>	5. <u>Roger Kahn</u> Name of Candidate State Representative 32nd District Office Sought & District # or Jurisdiction <u>Ingham</u> County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	12/18/2007	1000.00	1000.00
Expenditure # 6 Name <u>Michelle Economou For Township</u> Address 2984 Saddlewood Road West Bloomfield MI 48324 4. Purpose: <u>Fundraiser</u> Expenditure Code: <u>DI</u> Fund Raiser <input type="checkbox"/>	6. <u>Michelle Economou</u> Name of Candidate Township Supervisor West Bloomfield Office Sought & District # or Jurisdiction <u>Oakland</u> County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	02/05/2008	1000.00	1000.00
Expenditure # 7 Name <u>Steven Kaplan For Township Trustee</u> Address 2984 Saddlewood Road West Bloomfield MI 48324 4. Purpose: <u>Township Trustee</u> Expenditure Code: <u>DI</u> Fund Raiser <input type="checkbox"/>	7. <u>Steve Kaplan</u> Name of Candidate Township Trustee West Bloomfield Office Sought & District # or Jurisdiction <u>Oakland</u> County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	02/05/2008	500.00	500.00
Expenditure # 8 Name <u>Robert A. Ficano Committee</u> Address P.O. Box 321123 Detroit MI 48232 4. Purpose: <u>Wayne County Executive</u> Expenditure Code: <u>DI</u> Fund Raiser <input type="checkbox"/>	8. <u>Robert Ficano</u> Name of Candidate County Executive Wayne Co. Office Sought & District # or Jurisdiction <u>Wayne</u> County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	02/21/2008	500.00	500.00

Subtotal this page
Grand Total of all Schedules 2B
(Complete on last page of Schedule)

3000.00

Enter this total
On Line 8a of the
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

29044251417



298397

**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number 511930-0

2. Committee Name Chaldean Chamber PAC

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure # 9 Name BEACON PAC Address PO BOX 3080 Southfield MI 48037 4. Purpose: <u>Brenda Lawrence</u> Expenditure Code: <u>DI</u> Fund Raiser <input type="checkbox"/>	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	04/08/2008	2500.00	
Expenditure # 10 Name Consensus PAC Address 38 Eaton Highland Park MI 48203 4. Purpose: <u>State Rep</u> Expenditure Code: <u>DI</u> Fund Raiser <input type="checkbox"/>	6. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	04/17/2008	1000.00	

Subtotal this page
Grand Total of all Schedules 2B
(Complete on last page of Schedule)

3500.00
8750.00

**Enter this total
On Line 8a of the
Summary Page**

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



**INDEPENDENT/POLITICAL
COMMITTEE COVER PAGE**

FOR OFFICIAL USE ONLY

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

3. This Statement covers From: 07/21/2008 To 10/20/2008
Mo Day Year Mo Day Year

1. Committee I.D. Number

511930-0

4. Committee's Mailing Address
30095 Northwestern Hwy.

Farmington Hills MI 48334
Area Code and Phone _____

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.

2. Committee Name

Chaldean Chamber PAC

5. Treasurer's Name and Residential Address

Martin Manna
6859 White Pine Dr.

Bloomfield Hills MI 48301
Area Code and Phone (248) 932-8160

Driver License # (Optional)

6. Treasurer's Business Address
30095 Northeastern Hwy.

Suite 102
Farmington Hills MI 48334

Area Code and Phone (248) 932-8160

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

Paul Alraihani
2406 Withshire Court

Apt. 102
Rochester Hills MI 48309
Area Code and Phone _____

Driver License # (Optional)

8. TYPE OF STATEMENT:

APPLICABLE TO INDEPENDENT AND POLITICAL
COMMITTEES REGISTERED ON STATE LEVEL

8a. TRIENNIAL STATEMENTS

Even Year

☐ April 25

☐ July 25

☒ October 25

Odd Year

☐ January 31

☐ July 25

☐ October 25

8b. QUARTERLY STATEMENTS
CAUCUS COMMITTEES (ONLY)

☐ January 31

☐ July 25

☐ April 25

☐ October 25

8c. ☐ SPECIAL ELECTION INDEPENDENT
EXPENDITURE REPORT

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES
REGISTERED ON COUNTY LEVEL

8d. ☐ ANNUAL STATEMENT
(_____ Coverage Year)

8e. ☐ PRE-ELECTION OR

8f. ☐ POST-ELECTION

Pre-Election or Post-Election
Statement relates to:

☐ PRIMARY ☐ GENERAL

☐ CONVENTION ☐ SCHOOL

☐ SPECIAL ☐ CAUCUS

Date of Election, Convention or Caucus:

Month Day Year

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES
REGISTERED ON
STATE AND COUNTY LEVEL

8g. ☐ AMENDMENT TO CAMPAIGN
STATEMENT

(Complete Item 8a, 8b, 8c, 8d, 8e, 8f or 8h to
indicate which Statement is being amended)

8h. ☐ DISSOLUTION OF COMMITTEE
Effective Date of Dissolution

Month Day Year

By checking Item 8h, I certify that the
committee has no assets or outstanding
debts, including late filing fees. Note:
The disposition of residual funds must
be reported on Schedule 2B and the
Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable
Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold.
If any of the information listed in Items 2, 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an
amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on
or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

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

Electronically Filed:

Current Treasurer or
Designated Record Keeper Paul Alraihani

Type of Print Name

Signature

Date 10/24/2008

Mo Day Year



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

308586

**SUMMARY PAGE
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number 511930-0

2. Committee Name Chaldean Chamber PAC

RECEIPTS

	Column I This Period	Column II Cumulative for Calendar Year
3. Contributions		
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)	(3a.) \$ <u>13750.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>0.00</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>13750.00</u>	(18.) \$ <u>25150.00</u>
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$ <u>0.82</u>	(19.) \$ <u>4.44</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)	(5.) \$ <u>13750.82</u>	(20.) \$ <u>25154.44</u>

IN-KIND CONTRIBUTIONS

6. In-Kind Contributions		
a. Itemized (Schedule 2-1K, Column 7)	(6a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>0.00</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>

EXPENDITURES

8. Expenditures		
a. Itemized Direct (Schedule 2B, Column 7)	(8a.) \$ <u>12942.40</u>	
b. Itemized Get-Out-the-Vote (Schedule B-3, Column 6)	(8b.) \$ <u>0.00</u>	
c. In-Kind Expenditure-Purchase of Goods or Services (Schedule 2B-2, Column 7)	(8c.) \$ <u>0.00</u>	
d. Unitemized (less than \$50.01 each - no Schedule)	(8d.) \$ <u>49.95</u>	
e. Subtotal of Expenditures	(8e.) \$ <u>12992.35</u>	(22.) \$ <u>24192.35</u>
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$ <u>0.00</u>	(23.) \$ <u>0.00</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>12992.35</u>	(24.) \$ <u>24192.35</u>

IN-KIND EXPENDITURES

11. In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)	(11.) \$ <u>0.00</u>	(25.) \$ <u>0.00</u>
---	----------------------	----------------------

DEBTS AND OBLIGATIONS

12. Debts and Obligations	
a. Owed by the Committee (Schedule 2E)	(12a.) \$ <u>0.00</u>
b. Owed to the Committee (Schedule 2E)	(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>945.87</u>
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) + <u>13750.82</u>
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>14696.69</u>
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) - <u>12992.35</u>
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1704.34</u>

NOTE: Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.

All required schedule pages must be included with this statement. If your ending balance is negative, please recheck your math.



ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 511930-0

2. Committee Name Chaldean Chamber PAC

Please 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 (Both are commonly called PACs).	6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>07/22/2008</u></p> <p>Name: <u>Saad Hajjar</u> 6296 Branford Dr.</p> <p>Address: <u>West Bloomfield MI 48322</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Adv. Technology Systems</u></p> <p><u>6775 Daly Rd.</u> <u>Suite 101</u> Business Address <u>West Bloomfield MI 48322</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	1200.00	2200.00
<p>3. Contribution # 2 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>07/23/2008</u></p> <p>Name: <u>Saad Hajjar</u> 6296 Branford Dr.</p> <p>Address: <u>West Bloomfield MI 48322</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Adv. Technology Systems</u></p> <p><u>6775 Daly Rd.</u> <u>Suite 101</u> Business Address <u>West Bloomfield MI 48322</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	1000.00	3200.00
<p>3. Contribution # 3 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>07/24/2008</u></p> <p>Name: <u>Saad Hajjar</u> 6296 Branford Dr.</p> <p>Address: <u>West Bloomfield MI 48322</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Adv. Technology Systems</u></p> <p><u>6775 Daly Rd.</u> <u>Suite 101</u> Business Address <u>West Bloomfield MI 48322</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	800.00	4000.00
<p>3. Contribution # 4 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>07/29/2008</u></p> <p>Name: <u>Frank Jonna</u> 35267 Stratton Hill Ct.</p> <p>Address: <u>Farmington Hills MI 48331</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Jonna Companies</u></p> <p><u>26100 American Dr.</u> Business Address <u>Southfield MI 48034</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	400.00	2600.00

Page Subtotal
Grand Total of All Schedules 2A
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3400.00

Enter this total
on line 3a of
Summary
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29044251421



ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 511930-0

2. Committee Name Chaldean Chamber PAC

Please 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 (Both are commonly called PACs).	6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
<p>3. Contribution # <u>5</u> Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>07/31/2008</u></p> <p>Name: <u>Riyad & May Denha</u> 35267 Stratton Hill Ct Address: <u>Farmington Hills MI 48331</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Small Business Owner</u> Employer <u>Franklin Market</u> 380 Franklin Road Business Address <u>Pontiac MI 48341</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	2000.00	2000.00
<p>3. Contribution # <u>6</u> Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>08/12/2008</u></p> <p>Name: <u>Renee Najor</u> 7220 Essex Drive Address: <u>West Bloomfield MI 48322</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Account Manager</u> Employer <u>Super Fair Foods/Cellular</u> 930 E. Lewiston Ave. Business Address <u>Farmdale MI 48220</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	250.00	250.00
<p>3. Contribution # <u>7</u> Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>08/15/2008</u></p> <p>Name: <u>Arner Asmar</u> 7265 Tenhill Address: <u>West Bloomfield MI 48322</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Tinelle Properties</u> 18700 W. Ten Mile Road Business Address <u>Southfield MI 48075</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	2500.00	2500.00
<p>3. Contribution # <u>8</u> Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>09/26/2008</u></p> <p>Name: <u>Clint Kassab</u> 10425 W. McNichols Address: <u>Detroit MI 48221</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	100.00	100.00

Page Subtotal
Grand Total of All Schedules 2A
(Complete on last page of Schedule)

4850.00

Enter this total
on line 3a of
Summary
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ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 511830-0

2. Committee Name Chaldean Chamber PAC

Please 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 (Both are commonly called PACs).	6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution # 9 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>09/26/2008</u> Name: <u>Eddie Koza</u> Address <u>31492 Glendale</u> <u>Livonia MI 48150</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Self Employed</u> Employer <u>Eddie Koza</u> <u>31492 Glendale</u> Business Address <u>Livonia MI 48150</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	500.00	500.00
3. Contribution # 10 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>09/26/2008</u> Name: <u>Lyon Koza</u> Address <u>31492 Glendale</u> <u>Livonia MI 48150</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Grocer</u> Employer <u>Lyon Koza</u> <u>31492 Glendale</u> Business Address <u>Livonia MI 48150</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	500.00	500.00
3. Contribution # 11 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>09/26/2008</u> Name: <u>Majd Koza</u> Address <u>6659 White Pine Dr.</u> <u>Bloomfield Hills MI 48301</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Management</u> Employer <u>Interlink Media</u> <u>30095 Northeastern Hwy.</u> Business Address <u>Suite 102</u> <u>Farmington Hills MI 48334</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	500.00	500.00
3. Contribution # 12 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>09/26/2008</u> Name: <u>Zouhair Koza</u> Address <u>31492 Glendale</u> <u>Livonia MI 48150</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Self Employed</u> Employer <u>Zouhair Koza</u> <u>31492 Glendale</u> Business Address <u>Livonia MI 48150</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	500.00	500.00

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Grand Total of All Schedules 2A
(Complete on last page of Schedule)

2000.00

Enter this total
on line 3a of
Summary
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ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 511930-0

2. Committee Name Chaldean Chamber PAC

Please 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 (Both are commonly called PACs).	6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution # 13 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>09/26/2008</u> Name: <u>Jamal Qonja</u> Address: <u>19150 W. McNichols</u> <u>Detroit MI 48219</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	100.00	100.00
3. Contribution # 14 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>09/26/2008</u> Name: <u>Jerry Yono</u> Address: <u>4120 Pontiac Trail</u> <u>Orchard Lake MI 48323</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	100.00	100.00
3. Contribution # 15 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>10/01/2008</u> Name: <u>Kevin Denha</u> Address: <u>21 East Long Lake</u> <u>Bloomfield Hills MI 48304</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Denha Properties</u> <u>4120 Maple Blvd</u> Business Address <u>West Bloomfield MI 48323</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	150.00	150.00
3. Contribution # 16 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>10/01/2008</u> Name: <u>Aniss Kajj</u> Address: <u>20201 W. 7 Mile Road</u> <u>Detroit MI 48219</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	50.00	50.00

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400.00

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number 511830-0

2. Committee Name Chaldean Chamber PAC

Please 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 (Both are commonly called PACs).	6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
<p>3. Contribution # 17 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>10/07/2008</u></p> <p>Name: <u>Brenda Koza</u> Address: <u>3205 Interlaken</u> <u>West Bloomfield MI 48323</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Sales Representative</u> Employer <u>Chaldean News</u> <u>30095 Northwestern Hwy</u> Business Address <u>Suite 102</u> <u>Farmington Hills MI 48334</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	1500.00	1500.00
<p>3. Contribution # 18 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>10/07/2008</u></p> <p>Name: <u>Joseph Sesi</u> Address: <u>33574 Rosewood Dr.</u> <u>Sterling Heights MI 48310</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Graphic Designer</u> Employer <u>Interlink Media</u> <u>30095 Northwestern Hwy.</u> Business Address <u>Suite 102</u> <u>Farmington Hills MI 48334</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	1500.00	1500.00
<p>3. Contribution # 19 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>10/15/2008</u></p> <p>Name: <u>Ed Bahoura</u> Address: <u>4312 Lin</u> <u>Sterling Heights MI 48340</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	100.00	100.00

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Grand Total of All Schedules 2A
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3100.00
13750.00

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29044251425



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

308586

ITEMIZED OTHER RECEIPTS
SCHEDULE 2A-1
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 511830-0

2. Committee Name Chaldean Chamber PAC

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt # 1 Name: Bank of Michigan 30095 Northwestern Hwy. Address: Farmington Hills MI 48334	Date of Receipt <u>07/31/2008</u> <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \ Rebate <input type="checkbox"/> Other (Specify) Interest Income	0.26
Receipt # 2 Name: Bank of Michigan 30095 Northwestern Hwy. Address: Farmington Hills MI 48334	Date of Receipt <u>08/31/2008</u> <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \ Rebate <input type="checkbox"/> Other (Specify) Interest Income	0.40
Receipt # 3 Name: Bank of Michigan 30095 Northwestern Hwy. Address: Farmington Hills MI 48334	Date of Receipt <u>09/30/2008</u> <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \ Rebate <input type="checkbox"/> Other (Specify) Interest Income	0.16

Page Subtotal
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0.82

0.82

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29044251426



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

306586

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 511930-0

2. Committee Name Chaldean Chamber PAC

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure # 1 Name John Pappageorge for State-Sen Address 2133 Lakeside Drive Troy MI 48065 4. Purpose: <u>Contribution to Candidate</u> Expenditure Code: <u>DI</u> Fund Raiser <input type="checkbox"/>	5. <u>John Pappageorge</u> Name of Candidate State Representative 13th District Office Sought & District # or Jurisdiction <u>Oakland</u> County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	07/21/2008	1000.00	1000.00
Expenditure # 2 Name Cmte to Elect Roger Kahn Address 3424 Davenport Saginaw MI 48602 4. Purpose: <u>Contribution to Candidate</u> Expenditure Code: <u>DI</u> Fund Raiser <input type="checkbox"/>	5. <u>Roger Kahn</u> Name of Candidate State Representative 32nd District Office Sought & District # or Jurisdiction <u>Ingham</u> County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	07/22/2008	1000.00	2000.00
Expenditure # 3 Name Kahn Leadership Fund Address 3424 Davenport Saginaw MI 48602 4. Purpose: <u>Contribution to Candidate</u> Expenditure Code: <u>DI</u> Fund Raiser <input type="checkbox"/>	5. <u>Roger Kahn</u> Name of Candidate State Representative 32nd District Office Sought & District # or Jurisdiction <u>Ingham</u> County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	07/22/2008	1000.00	3000.00
Expenditure # 4 Name Cmte to Elect Larry Brown Address 5646 Powder Horn Dr. West Bloomfield MI 48325 4. Purpose: <u>Contribution to Candidate</u> Expenditure Code: <u>DI</u> Fund Raiser <input type="checkbox"/>	5. <u>Larry Brown</u> Name of Candidate Township Trustee Trustee Office Sought & District # or Jurisdiction <u>Oakland</u> County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	07/31/2008	200.00	200.00

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Grand Total of all Schedules 2B
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3200.00

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PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

308586

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 511930-0

2. Committee Name Chaldean Chamber PAC

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure # 5 Name John Kuriakuz for State Repres Address PO Box 251591 West Bloomfield MI 48325 4. Purpose <u>Contribution to Candidate</u> Expenditure Code: <u>DI</u> Fund Raiser <input type="checkbox"/>	5. <u>John Kuriakuz</u> Name of Candidate State Representative West Bloomfield Office Sought & District # or Jurisdiction <u>Oakland</u> County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	07/31/2008	1200.00	1700.00
Expenditure # 6 Name Michigan Jobs Now Address 34020 Seven Mile Road Suite 112 Livonia MI 48152 4. Purpose: <u>Contribution to Local Ballot or Proposal</u> Expenditure Code: <u>DI</u> Fund Raiser <input type="checkbox"/>	5. _____ Name of Candidate Office Sought & District # or Jurisdiction <u>WAYNE</u> County <u>Michigan Jobs Now</u> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	08/06/2008	400.00	400.00
Expenditure # 7 Name Andy Dillon for State Rep. Address PO Box 16101 Lansing MI 48901 4. Purpose: <u>Contribution to Candidate</u> Expenditure Code: <u>DI</u> Fund Raiser <input type="checkbox"/>	5. <u>Andy Dillon</u> Name of Candidate State Representative 17th District Office Sought & District # or Jurisdiction <u>INGHAM</u> County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	08/12/2008	2700.00	2700.00
Expenditure # 8 Name Merchant Services Address 890 Mountain New Providence NJ 07974 4. Purpose: <u>Credit Card Processing Fee</u> Expenditure Code: <u>CF</u> Fund Raiser <input type="checkbox"/>	5. _____ Name of Candidate Office Sought & District # or Jurisdiction County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	08/31/2008	49.95	

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4349.95

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

308588

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 511830-0

2. Committee Name Chaldean Chamber PAC

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure # 9 Name <u>Print Max</u> Address <u>1734 Crooks Road</u> Troy MI 48084 4. Purpose: <u>Printing of Letters</u> Expenditure Code: <u>OE</u> Fund Raiser <input type="checkbox"/>	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	09/22/2008	192.50	
Expenditure # 10 Name <u>Ken Cockrell Jr. for Mayor</u> Address <u>2 Woodward Avenue</u> <u>Suite 1126</u> Detroit MI 48226 4. Purpose: <u>Contribution to Candidate</u> Expenditure Code: <u>DI</u> Fund Raiser <input type="checkbox"/>	5. <u>Ken Cockrell, Jr.</u> Name of Candidate <u>City Mayor Mayor</u> Office Sought & District # or Jurisdiction <u>Wayne</u> County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	09/25/2008	1000.00	1000.00
Expenditure # 11 Name <u>Merchant Services</u> Address <u>890 Mountain</u> New Providence NJ 07974 4. Purpose: <u>Credit Card Processing Fee-</u> <u>5</u> Expenditure Code: <u>CF</u> Fund Raiser <input type="checkbox"/>	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	09/30/2008	49.95	
Expenditure # 12 Name <u>Comte to Elect Amy Peterman</u> Address <u>6771 Tonybrooke Circle</u> West Bloomfield MI 48323 4. Purpose: <u>Contribution to Candidate</u> Expenditure Code: <u>DI</u> Fund Raiser <input type="checkbox"/>	5. <u>Amy Peterman</u> Name of Candidate <u>State Representative 39th</u> Office Sought & District # or Jurisdiction <u>Oakland</u> County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	10/01/2008	500.00	500.00

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1742.45

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29044251429



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

308586

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 511930-0

2. Committee Name Chaldean Chamber PAC

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure # 13 Name Friends of Paul Welday Address PO Box 2750 Farmington Hills MI 48333 4. Purpose: <u>Contribution to Candidate</u> Expenditure Code: <u>DI</u> Fund Raiser <input type="checkbox"/>	5. <u>Paul Welday</u> Name of Candidate <u>State Representative 37th</u> Office Sought & District # or Jurisdiction <u>Oakland</u> County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	10/02/2008	500.00	500.00
Expenditure # 14 Name Cmte to Elect Michele Economou Address 2984 Saddlewood Rd West Bloomfield MI 48324 4. Purpose: <u>Contribution to Candidate</u> Expenditure Code: <u>DI</u> Fund Raiser <input type="checkbox"/>	5. <u>Michelle Economou</u> Name of Candidate <u>Township Supervisor West Bloomfield</u> Office Sought & District # or Jurisdiction <u>Oakland</u> County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	10/07/2008	2500.00	3500.00
Expenditure # 15 Name Friends of Lisa Brown Address Po Box 251532 West Bloomfield MI 48325 4. Purpose: <u>Contribution to Candidate</u> Expenditure Code: <u>DI</u> Fund Raiser <input type="checkbox"/>	5. <u>Lisa Brown</u> Name of Candidate <u>State Representative 39th</u> Office Sought & District # or Jurisdiction <u>Oakland</u> County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	10/07/2008	250.00	250.00
Expenditure # 16 Name Citizens for Law Address 8827 Cooley Lake Road #308 Commerce Township MI 48362 4. Purpose: <u>Contribution to Candidate</u> Expenditure Code: <u>DI</u> Fund Raiser <input type="checkbox"/>	5. <u>David Law</u> Name of Candidate <u>County Prosecuting Attorney</u> <u>Oakland</u> Office Sought & District # or Jurisdiction <u>Oakland</u> County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	10/10/2008	400.00	1900.00

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3650.00
12942.40

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