



SKUTTLEBUTT

NEWSLETTER FOR THE
MACOMB COUNTY DETACHMENT
MARINE CORPS LEAGUE AND AUXILIARY



Don Teeples, Detachment Commandant – (586) 292-8156
Maureen Ailor, Auxiliary President – (810) 310-6081 maureenailor54@gmail.com

FEBRUARY 2019

Elaine Arnold, Editor - (248) 303-5582 text or call
Detachment WEB Site: www.macombm Marines.com

Marines & Auxiliary Members:

FEBRUARY MEETING NOTICE

The next General Membership Meeting will be held on Thursday 7 February 2019 at 8:00 pm.(2000)

Join us at the American Legion, Post 351, 46146 Cass Avenue located in Utica. The telephone number to the Post is (586) 731-9833.

DETACHMENT BIRTHDAYS IN FEBRUARY

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ERIC ESAU
MICHAEL R. GIFFER
DONALD G. MOELLER
STEPHEN E. PATERCSAK
RICHARD L. SUCCARDE
GERALD A. SUSKO
GARY L. TITUS

Auxiliary News

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50/50 ATTENDANCE DRAWING

January 50/50 winner Angelo Lema
Attendance drawing would have been won by David Burin had he been present. Next drawing starts at \$81.10..

1st Quarter 2019 Awards

James M. Kusiak	25 years
Mark W. Spooner	25 years
Stephen E. Patercsak	20 years
Anthony Szeliga	5 years

Adjutant/Paymaster

Current membership stands at:
143 Members (7 delinquent)

If you are an annual member and would like to become a life member, please talk to me.

Is your information up to date? If you have moved, gotten a new phone number or email address, please send me the information so you can continue to receive the newsletter and the Semper Fi magazine.

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WASR-10 AK-47 Folding Stock 7.62x39mm



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Sergeant at Arms	Clement Buck	(586) 383-3940	Secretary	Irene Spooner	(586) 466-5708
Editor, Newsletter	Elaine Arnold	(248) 303-5582	Treasurer	Irene Spooner	(586) 466-5708
Honor Guard Commander	Position open				
Quartermaster	Brett Jocokes	(248) 761-6513			
Deputy Quartermaster	John Sternicki	(586) 468-1014			
Historian	Greg Pawlik	(586) 808-3217			
Web Sergeant	Don Lyon	(586) 925-5010			

Change of Address: Send to the Detachment Adjutant/Paymaster at:
 14656 Eastport Drive. Sterling Heights, MI 48313
 Macomb.marines@gmail.com

New Address (please print):

Name _____

Street _____

City/Zip _____

Phone _____

Email address _____