



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**CANDIDATE 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) and candidate.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. Committee I.D. Number<br><b>139939</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 3. This Statement covers From: <u>07/20/20</u> to <u>08/24/20</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| 2. Committee Name<br><b>Julie Matuzak 4 Commissioner</b>                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 4. Candidate Last Name <b>Matuzak</b> First Name <b>Julie</b> M.I. <b>A</b><br>4a. Office Sought Including District # or Community Served (If applicable)<br><b>County Commissioner</b> <span style="float:right;"><input type="checkbox"/></span><br>4b. County of Residence <b>MACOMB</b> <span style="float:right;"><input type="checkbox"/></span>                                                                                                                                                                                                                                                                            |  |
| 5. Committee's Mailing Address<br><b>38250 Fairway Ct #71B</b><br><b>Clinton Township, MI 48038</b><br><br>Area Code and Phone _____<br><small>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.</small>                                                                                                                                                                   |  | 6. Treasurer's Name & Residential Address<br><b>Mary Fran Sobczynski</b><br><b>76 Lodewyck</b><br><b>Mt. Clemens, MI 48043</b><br><br>Area Code & Phone <b>(586) 465-3413</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| 7. Treasurer's Business Address<br><b>26300 Northwestern Hwy</b><br><b>Southfield, MI 48076</b><br><br>Area Code and Phone <b>(586) 530-9327</b>                                                                                                                                                                                                                                                                                                                                               |  | 8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)<br><br><br>Area Code and Phone _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| 9. TYPE OF STATEMENT<br>9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election<br><br>Pre-Election or Post-Election Statement relates to:<br><br><input checked="" type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Convention<br><input type="checkbox"/> Special<br><input type="checkbox"/> School<br><input type="checkbox"/> Caucus<br><br>Date of Election, Convention or Caucus<br><u>08/04/20</u> |  | Required ONLY if candidate is not on the ballot for the current year:<br><br><input type="checkbox"/> July Quarterly<br><input type="checkbox"/> October Quarterly<br><br>9c. <input type="checkbox"/> Annual Statement ( _____ ) Coverage Year<br><br>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 9e. Dissolution of Candidate Committee<br><br><input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.<br><br>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.<br><br>Effective date of dissolution _____<br><br>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 <b>Mary Fran Sobczynski</b><br>Type or Print Name                                                                                                                                                                                                                                                                                                                                                                                                |  | <br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| Candidate <b>Julie A Matuzak</b><br>Type or Print Name                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Date <u>9/1/2020</u><br><br>Date <u>9/3/2020</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 139939

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Julie Matuzak 4 Commissioner

| RECEIPTS                                                                                        | Column I<br>This Period        | Column II<br>Cumulative this election cycle |
|-------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------|
| 3. Contributions                                                                                |                                |                                             |
| a. Itemized (Schedule 1A - Column 6)                                                            | (3a.) \$ <u>6,170.00</u>       |                                             |
| b. Unitemized (less than \$20.01 each - no Schedule)                                            | (3b.) \$ <u>NOT APPLICABLE</u> |                                             |
| c. Subtotal of "Contributions"                                                                  | (3c.) \$ <u>\$6,170.00</u>     | (18.) \$ <u>\$31,475.00</u>                 |
| 4. Other Receipts (Schedule 1A -1, Column 6)                                                    | (4.) \$ <u></u>                | (19.) \$ <u></u>                            |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS<br>(Add Line 3c + Line 4)                             | (5.) \$ <u>\$6,170.00</u>      | (20.) \$ <u>\$31,475.00</u>                 |
| <b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>                                                 |                                |                                             |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7)                                              | (6.) \$ <u>\$948.07</u>        | (21.) \$ <u>\$9,270.65</u>                  |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6)                                              | (7.) \$ <u></u>                | (22.) \$ <u></u>                            |
| <b>EXPENDITURES</b>                                                                             |                                |                                             |
| 8. Expenditures                                                                                 |                                |                                             |
| a. Itemized (Schedule 1B, Column 6)                                                             | (8a.) \$ <u>\$6,423.21</u>     |                                             |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G)                                                    | (8b.) \$ <u></u>               |                                             |
| c. Unitemized (less than \$50.01 each - no Schedule)                                            | (8c.) \$ <u></u>               |                                             |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)                                         | (9.) \$ <u>\$6,423.21</u>      | (23.) \$ <u>\$30,323.88</u>                 |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS<br/>(Officeholders Only)</b>                                |                                |                                             |
| 10. Disbursements                                                                               |                                |                                             |
| a. Itemized (Schedule 1C, Column 6)                                                             | (10a.) \$ <u></u>              |                                             |
| b. Unitemized (less than \$50.01 each - no Schedule)                                            | (10b.) \$ <u></u>              |                                             |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS<br>(Add Line 10a + Line 10b)                         | (11.) \$ <u></u>               | (24.) \$ <u></u>                            |
| <b>DEBTS AND OBLIGATIONS</b>                                                                    |                                |                                             |
| 12. Debts and Obligations                                                                       |                                |                                             |
| a. Owed by the Committee (Schedule 1E)                                                          | (12a.) \$ <u>\$8,471.69</u>    |                                             |
| b. Owed to the Committee (Schedule 1E)                                                          | (12b.) \$ <u></u>              |                                             |
| <b>BALANCE STATEMENT</b>                                                                        |                                |                                             |
| 13. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.) | (13.) \$ <u>\$1,404.33</u>     |                                             |
| 14. Amount received during reporting period<br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ <u>\$6,170.00</u>   |                                             |
| 15. SUBTOTAL Add lines 13 and 14                                                                | (15.) = \$ <u>\$7,574.33</u>   |                                             |
| 16. Amount expended during reporting period<br>(Add lines 9 and 11)                             | (16.) - \$ <u>\$6,423.21</u>   |                                             |
| 17. ENDING BALANCE<br>(Subtract line 16 from line 15)                                           | (17.) \$ <u>\$1,151.12</u>     | *                                           |



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139939  
2. Committee Name Julie Matuzak 4 Commissioner

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |  | 6. Amount                                       | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/21/20</u><br>Name & Address:<br><b>Barrows, Victoria C.</b><br><b>26560 Burg Apt 113B</b><br><b>Warren, MI 48089</b>                                                                 |  | \$ <u>25.00</u>                                 | \$ <u>25.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  | <a href="#">Click Here for Memo Itemization</a> |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/21/20</u><br>Name & Address:<br><b>Smith, Angele B.</b><br><b>35960 Kelly Road</b><br><b>Clinton Township, MI 48035</b>                                                               |  | \$ <u>50.00</u>                                 | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  | <a href="#">Click Here for Memo Itemization</a> |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input checked="" type="checkbox"/> YES      4. Date of Receipt <u>07/21/20</u><br>Name & Address:<br><b>UAW Michigan V-PAC</b><br><b>8000 East Jefferson Avenue</b><br><b>Detroit, MI 48214</b>                                                |  | \$ <u>1000.00</u>                               | \$ <u>1000.00</u>                                                               |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  | <a href="#">Click Here for Memo Itemization</a> |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/21/20</u><br>Name & Address:<br><b>Bonior, David E.</b><br><b>1000 New Jersey Ave SE Apt 1107</b><br><b>Washington DC 20003</b>                                                      |  | \$ <u>250.00</u>                                | \$ <u>1000.00</u>                                                               |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>retired</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser            |  | <a href="#">Click Here for Memo Itemization</a> |                                                                                 |

Page Subtotal **\$1,325.00**

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

Enter this total on  
line 3a of Summary  
Page



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139939  
2. Committee Name Julie Matuzak 4 Commissioner

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |                                           | 6. Amount                                                        | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/21/20</u>                               |                                                                                 |
| Name & Address:<br>Bonior, Judith N.<br>1000 New Jersey Ave SE Apt 1107<br>Washington, DC 20003                                                                                                                                                                                       |                                           | \$ <u>1000.00</u>                                                | \$ <u>1000.00</u>                                                               |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>retired</u> Employer _____                                                                                                                                                                                           |                                           | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |
| Business Address _____                                                                                                                                                                                                                                                                |                                           |                                                                  |                                                                                 |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                                                     |                                           |                                                                  |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/22/20</u>                               |                                                                                 |
| Name & Address:<br>Duemling, Nancy M<br>20776 Moxon Road<br>Clinton Township, MI 48036                                                                                                                                                                                                |                                           | \$ <u>25.00</u>                                                  | \$ <u>60.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____                                                                                                                                                                                                    |                                           | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |
| Business Address _____                                                                                                                                                                                                                                                                |                                           |                                                                  |                                                                                 |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                                                     |                                           |                                                                  |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/22/20</u>                               |                                                                                 |
| Name & Address:<br>Callender, Robert<br>29120 West Nottingham Cir<br>Warren, MI 48092                                                                                                                                                                                                 |                                           | \$ <u>25.00</u>                                                  | \$ <u>25.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____                                                                                                                                                                                                    |                                           | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |
| Business Address _____                                                                                                                                                                                                                                                                |                                           |                                                                  |                                                                                 |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                                                     |                                           |                                                                  |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/22/20</u>                               |                                                                                 |
| Name & Address:<br>Rauchman, John<br>1067 Pearson Street<br>Ferndale, MI 48220                                                                                                                                                                                                        |                                           | \$ <u>30.00</u>                                                  | \$ <u>30.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____                                                                                                                                                                                                    |                                           | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |
| Business Address _____                                                                                                                                                                                                                                                                |                                           |                                                                  |                                                                                 |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                                                     |                                           |                                                                  |                                                                                 |

Page Subtotal \$1,080.00

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

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 139939  
2. Committee Name Julie Matuzak 4 Commissioner

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |                                           | 6. Amount                                                        | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/22/20</u>                               |                                                                                 |
| Name & Address:<br>Moffitt, Barbara A.<br>5093 Helene<br>Shelby Township, MI 48316                                                                                                                                                                                                    |                                           | \$ <u>50.00</u>                                                  | \$ <u>300.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>retired</u> Employer _____                                                                                                                                                                                           |                                           | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |
| Business Address _____                                                                                                                                                                                                                                                                |                                           |                                                                  |                                                                                 |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                                                     |                                           |                                                                  |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/22/20</u>                               |                                                                                 |
| Name & Address:<br>Cardamone, Laura<br>1718 Canvasback<br>Clinton Township, MI 48038                                                                                                                                                                                                  |                                           | \$ <u>50.00</u>                                                  | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____                                                                                                                                                                                                    |                                           | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |
| Business Address _____                                                                                                                                                                                                                                                                |                                           |                                                                  |                                                                                 |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                                                     |                                           |                                                                  |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/22/20</u>                               |                                                                                 |
| Name & Address:<br>Deneweth, Richard J.<br>121 Edmund<br>Royal Oak, MI 480073                                                                                                                                                                                                         |                                           | \$ <u>50.00</u>                                                  | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____                                                                                                                                                                                                    |                                           | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |
| Business Address _____                                                                                                                                                                                                                                                                |                                           |                                                                  |                                                                                 |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                                                     |                                           |                                                                  |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/22/20</u>                               |                                                                                 |
| Name & Address:<br>Miller, Jennifer K.N.<br>162 Riverside Drive<br>Mt. Clemens, MI 48043                                                                                                                                                                                              |                                           | \$ <u>100.00</u>                                                 | \$ <u>350.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>Plan Administrator</u> Employer <u>MEA-SRP</u>                                                                                                                                                                       |                                           | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |
| Business Address <u>1216 Kendale East Lansing, MI 48823</u>                                                                                                                                                                                                                           |                                           |                                                                  |                                                                                 |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                                                     |                                           |                                                                  |                                                                                 |

Page Subtotal \$250.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139939  
2. Committee Name Julie Matuzak 4 Commissioner

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                                                   |  | 6. Amount                                                        | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/22/20</u><br>Name & Address:<br>Moceri, Toni<br>2948 Seaton Circuit N<br>Warren, MI 48091                                                                                                                                                              |  | \$ <u>50.00</u>                                                  | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                       |  | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input checked="" type="checkbox"/> YES      4. Date of Receipt <u>07/24/20</u><br>Name & Address:<br>EDUPAC1<br>38550 Garfield Road Suite B<br>Clinton Township, MI 48038                                                                                                                                         |  | \$ <u>500.00</u>                                                 | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                       |  | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/23/20</u><br>Name & Address:<br>Einheuser, Michael<br>3730 Chippewa<br>Detroit, MI 48203                                                                                                                                                               |  | \$ <u>250.00</u>                                                 | \$ <u>350.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>lawyer</u> Employer <u>Stonegridge Financial Partners</u><br>Business Address <u>31000 Telegraph Road Bingham Farms, MI 48025</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |  | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/24/20</u><br>Name & Address:<br>Jacobs, James<br>1017 Balfour Street<br>Grosse Pointe Park, MI 48230                                                                                                                                                   |  | \$ <u>30.00</u>                                                  | \$ <u>30.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                       |  | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |

Page Subtotal **\$830.00**

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

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 139939  
2. Committee Name Julie Matuzak 4 Commissioner

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |  | 6. Amount                                                        | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/25/20</u><br>Name & Address:<br>Stevenson, Ruthie<br>69 Beyne Street<br>Mt. Clemens, MI 48043                                                                                        |  | \$ <u>50.00</u>                                                  | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/25/20</u><br>Name & Address:<br>Slabbinck TSTEE, Brenda<br>7012 Amberwick Way<br>Citrus Heights, CA 95621                                                                             |  | \$ <u>25.00</u>                                                  | \$ <u>125.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>retired</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser            |  | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/25/20</u><br>Name & Address:<br>Myers, Linda R.<br>18446 Bent Pine Dr<br>Hudson, FL 34667                                                                                            |  | \$ <u>100.00</u>                                                 | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>retired</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser            |  | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/25/20</u><br>Name & Address:<br>Pidutti, Linda M.<br>37649 Charter Oaks Blvd<br>Clinton Township, MI 48036                                                                           |  | \$ <u>100.00</u>                                                 | \$ <u>150.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>retired</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser            |  | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |

Page Subtotal \$275.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139939  
2. Committee Name Julie Matuzak 4 Commissioner

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                             |  | 6. Amount                                                        | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/25/20</u><br>Name & Address:<br><u>Gire, Sharon</u><br><u>37567 Radde Street</u><br><u>Clinton Township, MI 48036</u>                                                                                                            |  | \$ <u>100.00</u>                                                 | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>retired</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                        |  | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/27/20</u><br>Name & Address:<br><u>Koch, Allan</u><br><u>16667 Tallpine</u><br><u>Allendale, MI 49401</u>                                                                                                                         |  | \$ <u>50.00</u>                                                  | \$ <u>150.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>retired</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                        |  | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/30/20</u><br>Name & Address:<br><u>Farkas, Stepan</u><br><u>34235 Rhode Island St</u><br><u>Clinton Township, MI 48035</u>                                                                                                       |  | \$ <u>50.00</u>                                                  | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>Truck Driver</u> Employer <u>Prodrivers</u><br>Business Address <u>27650 Van Dyke Ave, Warren, MI 48093</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |  | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/30/20</u><br>Name & Address:<br><u>Michalakakis, Christos</u><br><u>2829 Connecticut Ave NW #114</u><br><u>Washington, DC 20008</u>                                                                                              |  | \$ <u>50.00</u>                                                  | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____      Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                            |  | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |

Page Subtotal **\$250.00**

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

Enter this total on  
line 3a of Summary  
Page



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 139939  
2. Committee Name Julie Matuzak 4 Commissioner

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |                                           | 6. Amount                                                        | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/01/20</u>                               |                                                                                 |
| Name & Address:<br>Linden, Bob<br>4205 Woodcrest Road<br>Las Vegas, NV 89121                                                                                                                                                                                                          |                                           | \$ <u>100.00</u>                                                 | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>Retired</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser            |                                           | Click Here for Memo Itemization <input type="button" value="▼"/> |                                                                                 |
| 3. Contribution # 2                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/03/20</u>                               |                                                                                 |
| Name & Address:<br>Squeo, Frank D.<br>20210 15 Mile Road<br>Clinton Township, MI 48035                                                                                                                                                                                                |                                           | \$ <u>25.00</u>                                                  | \$ <u>25.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |                                           | Click Here for Memo Itemization <input type="button" value="▼"/> |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/03/20</u>                               |                                                                                 |
| Name & Address:<br>Hoekstra, Ellen L.<br>1944 Birch Bluff Dr.<br>Okemos, MI 48864                                                                                                                                                                                                     |                                           | \$ <u>15.00</u>                                                  | \$ <u>15.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |                                           | Click Here for Memo Itemization <input type="button" value="▼"/> |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/03/20</u>                               |                                                                                 |
| Name & Address:<br>Fielbrandt, Jonathon R.<br>32830 Saratoga Avenue<br>Warren, MI 48093                                                                                                                                                                                               |                                           | \$ <u>50.00</u>                                                  | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |                                           | Click Here for Memo Itemization <input type="button" value="▼"/> |                                                                                 |

Page Subtotal \$190.00

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

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 139939  
2. Committee Name Julie Matuzak 4 Commissioner

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |                                           | 6. Amount                                                        | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/03/20</u>                               |                                                                                 |
| Name & Address:<br>Hoard, Susan J<br>62721 Franklin Park Drive<br>Washington, MI 48094                                                                                                                                                                                                |                                           | \$ <u>50.00</u>                                                  | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |                                           | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/03/20</u>                               |                                                                                 |
| Name & Address:<br>Stovall, Sarah M.<br>23628 Marlborough Drive<br>Clinton Township, MI 48036                                                                                                                                                                                         |                                           | \$ <u>25.00</u>                                                  | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |                                           | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/03/20</u>                               |                                                                                 |
| Name & Address:<br>Hughes, Timothy<br>3846 Kiskadee Drive<br>East Lansing, MI 48823                                                                                                                                                                                                   |                                           | \$ <u>25.00</u>                                                  | \$ <u>25.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |                                           | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/03/20</u>                               |                                                                                 |
| Name & Address:<br>Jacobs, Linda<br>39 Briarwood Place<br>Grosse Pointe, MI 48236                                                                                                                                                                                                     |                                           | \$ <u>300.00</u>                                                 | \$ <u>400.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>retired</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser            |                                           | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |

Page Subtotal \$400.00

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

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 139939  
2. Committee Name Julie Matuzak 4 Commissioner

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |                                           | 6. Amount                                                        | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/03/20</u>                               |                                                                                 |
| Name & Address:<br>Gallop, Ruth Ann<br>32418 Greenlawn Street<br>St. Clair Shores, MI 48082                                                                                                                                                                                           |                                           | \$ <u>100.00</u>                                                 | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>retired</u> Employer _____                                                                                                                                                                                           |                                           | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |
| Business Address _____                                                                                                                                                                                                                                                                |                                           |                                                                  |                                                                                 |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                                                     |                                           |                                                                  |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/03/20</u>                               |                                                                                 |
| Name & Address:<br>Hayes, Karen<br>36583 Acton Street<br>Clinton Township, MI 48035                                                                                                                                                                                                   |                                           | \$ <u>50.00</u>                                                  | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>retired</u> Employer _____                                                                                                                                                                                           |                                           | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |
| Business Address _____                                                                                                                                                                                                                                                                |                                           |                                                                  |                                                                                 |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                                                     |                                           |                                                                  |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/03/20</u>                               |                                                                                 |
| Name & Address:<br>Reid, Caroline S.<br>38652 Sycamore Meadow Drive<br>Clinton Township, MI 48036                                                                                                                                                                                     |                                           | \$ <u>30.00</u>                                                  | \$ <u>60.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____                                                                                                                                                                                                    |                                           | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |
| Business Address _____                                                                                                                                                                                                                                                                |                                           |                                                                  |                                                                                 |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                                                     |                                           |                                                                  |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/03/20</u>                               |                                                                                 |
| Name & Address:<br>Kliebert, Martha L<br>12217 Parkside Cir<br>Washington Township MI 48094                                                                                                                                                                                           |                                           | \$ <u>100.00</u>                                                 | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>Consultant</u> Employer <u>Macomb ISD</u>                                                                                                                                                                            |                                           | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |
| Business Address <u>44001 Garfield Rd #1100 Clinton Township, MI 48038</u>                                                                                                                                                                                                            |                                           |                                                                  |                                                                                 |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                                                     |                                           |                                                                  |                                                                                 |

Page Subtotal \$280.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139939  
2. Committee Name Julie Matuzak 4 Commissioner

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |                                           | 6. Amount                                                        | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/03/20</u>                               |                                                                                 |
| Name & Address:<br>Melitz, Michael H.<br>14019 Castle Avenue<br>Warren, MI 48088                                                                                                                                                                                                      |                                           | \$ <u>50.00</u>                                                  | \$ <u>150.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>retired</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser            |                                           | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/04/20</u>                               |                                                                                 |
| Name & Address:<br>Martin, Lynn<br>153 Lodewyck<br>Mt. Clemens, MI 48043                                                                                                                                                                                                              |                                           | \$ <u>30.00</u>                                                  | \$ <u>30.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |                                           | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/04/20</u>                               |                                                                                 |
| Name & Address:<br>Diebolt, Alysa M<br>23225 Oakwood<br>Eastpointe, MI 48021                                                                                                                                                                                                          |                                           | \$ <u>10.00</u>                                                  | \$ <u>10.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |                                           | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/04/20</u>                               |                                                                                 |
| Name & Address:<br>Baarck, Linda H.<br>144 Lodewyck Street<br>Mt. Clemens, MI 48043                                                                                                                                                                                                   |                                           | \$ <u>30.00</u>                                                  | \$ <u>30.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |                                           | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |

Page Subtotal \$120.00

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

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 139939  
2. Committee Name Julie Matuzak 4 Commissioner

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |                                           | 6. Amount                                                        | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/04/20</u>                               |                                                                                 |
| Name & Address:<br>Paull, Dolora<br>38831 Townhall<br>Harrison Township, MI 48045                                                                                                                                                                                                     |                                           | \$ <u>20.00</u>                                                  | \$ <u>40.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |                                           | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/04/20</u>                               |                                                                                 |
| Name & Address:<br>Hader, Margaret<br>46109 Shoal Drive<br>Macomb, MI 48044                                                                                                                                                                                                           |                                           | \$ <u>100.00</u>                                                 | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>retired</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser            |                                           | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/04/20</u>                               |                                                                                 |
| Name & Address:<br>Ventimiglia, Nancy J<br>20141 Woodward Street<br>Clinton Township, MI 48035                                                                                                                                                                                        |                                           | \$ <u>30.00</u>                                                  | \$ <u>55.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |                                           | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/04/20</u>                               |                                                                                 |
| Name & Address:<br>Dorosh, Debra<br>44188 Rina Lane<br>Clinton Township, MI 48038                                                                                                                                                                                                     |                                           | \$ <u>10.00</u>                                                  | \$ <u>90.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |                                           | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |

Page Subtotal \$160.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139939  
2. Committee Name Julie Matuzak 4 Commissioner

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |                                           | 6. Amount                                                        | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/04/20</u>                               |                                                                                 |
| Name & Address:<br>Diliberti, Susan<br>41202 Worthington<br>Clinton Township, MI 48038                                                                                                                                                                                                |                                           | \$ <u>25.00</u>                                                  | \$ <u>25.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |                                           | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/13/20</u>                               |                                                                                 |
| Name & Address:<br>Bannister, Carole<br>18877 Highlite Dr S.<br>Clinton Township, MI 48035                                                                                                                                                                                            |                                           | \$ <u>25.00</u>                                                  | \$ <u>75.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |                                           | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/16/20</u>                               |                                                                                 |
| Name & Address:<br>LaPlante, Ronald<br>49621 Golden Gate Drive<br>Macomb, MI 48044                                                                                                                                                                                                    |                                           | \$ <u>50.00</u>                                                  | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |                                           | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/16/20</u>                               |                                                                                 |
| Name & Address:<br>DeBeaussiaert, Michelle<br>39856 Brylor Court<br>Clinton Township, MI 48038                                                                                                                                                                                        |                                           | \$ <u>50.00</u>                                                  | \$ <u>300.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>retired</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser            |                                           | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |

Page Subtotal \$150.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139939  
2. Committee Name Julie Matuzak 4 Commissioner

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                                            |  | 6. Amount                                                        | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/16/20</u><br>Name & Address:<br><u>Mijac, Maria</u><br><u>43710 Via Antinio</u><br><u>Sterling Heights, MI 48314</u>                                                                                                                            |  | \$ <u>50.00</u>                                                  | \$ <u>150.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>business owner</u> Employer <u>Mass Mailing LLC</u><br>Business Address <u>35468 Mound Road Sterling Heights, MI 48310</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |  | Click Here for Memo Itemization <input type="button" value="▼"/> |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/16/20</u><br>Name & Address:<br><u>Hayman, Florence</u><br><u>53540 Grace Drive</u><br><u>New Baltimore, MI 48047</u>                                                                                                                            |  | \$ <u>20.00</u>                                                  | \$ <u>45.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____      Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                           |  | Click Here for Memo Itemization <input type="button" value="▼"/> |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/16/20</u><br>Name & Address:<br><u>Duemling, Nancy M.</u><br><u>20776 Moxon Drive</u><br><u>Clinton Township, MI 48036</u>                                                                                                                      |  | \$ <u>30.00</u>                                                  | \$ <u>90.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____      Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                           |  | Click Here for Memo Itemization <input type="button" value="▼"/> |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/16/20</u><br>Name & Address:<br><u>Bruck, Dennis J.</u><br><u>19637 Lloyd Street</u><br><u>Clinton Township, MI 48038</u>                                                                                                                       |  | \$ <u>30.00</u>                                                  | \$ <u>180.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>retired</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                       |  | Click Here for Memo Itemization <input type="button" value="▼"/> |                                                                                 |

Page Subtotal **\$130.00**

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

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 139939  
2. Committee Name Julie Matuzak 4 Commissioner

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                          |  | 6. Amount                                                        | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/20/20</u><br>Name & Address:<br>Moore, Marguerite E<br>41037 Redwood Ct<br>Clinton Township, MI 48038                                                                                                                         |  | \$ <u>30.00</u>                                                  | \$ <u>55.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                              |  | Click Here for Memo Itemization <input type="button" value="▼"/> |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/20/20</u><br>Name & Address:<br>Pidutti, Linda M.<br>37649 Charter Oaks Blvd<br>Clinton Township, MI 48036                                                                                                                     |  | \$ <u>50.00</u>                                                  | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>retired</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                     |  | Click Here for Memo Itemization <input type="button" value="▼"/> |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/20/20</u><br>Name & Address:<br>Hecker, David B<br>25502 Parkwood Drive<br>Huntington Woods, MI 48070                                                                                                                         |  | \$ <u>500.00</u>                                                 | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>President</u> Employer <u>AFT-Michigan</u><br>Business Address <u>2661 E Jefferson Detroit, MI 48207</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |  | Click Here for Memo Itemization <input type="button" value="▼"/> |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/20/20</u><br>Name & Address:<br>Ellis, Jack E.<br>21700 Statler<br>St. Clair Shores, MI 48081                                                                                                                                 |  | \$ <u>50.00</u>                                                  | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>retired</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                     |  | Click Here for Memo Itemization <input type="button" value="▼"/> |                                                                                 |

Page Subtotal **\$630.00**

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139939  
2. Committee Name Julie Matuzak 4 Commissioner

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                                                                                               |  | 6. Amount                                                        | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/20/20</u><br>Name & Address:<br><u>Skrzyniarz, Joan</u><br><u>802 Shady Hollow Circle</u><br><u>Bloomfield Hills, MI 48304</u>                                                                                                                                                                     |  | \$ <u>100.00</u>                                                 | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>Vice Dean of Finance &amp; Administration</u> Employer <u>Wayne State University School of Medicine</u><br>Business Address <u>540 East Canfield Street Detroit, MI 48201</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |  | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____<br>Name & Address _____                                                                                                                                                                                                                                                                             |  | \$ _____                                                         | \$ _____                                                                        |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____      Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                                                         |  | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____<br>Name & Address _____                                                                                                                                                                                                                                                                            |  | \$ _____                                                         | \$ _____                                                                        |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____      Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                                                         |  | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____<br>Name & Address _____                                                                                                                                                                                                                                                                            |  | \$ _____                                                         | \$ _____                                                                        |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____      Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                                                         |  | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |

Page Subtotal \$100.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule) \$6,170.00

Enter this total on  
line 3a of Summary  
Page.



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 139939

2. Committee Name Julie Matuzak 4 Commissioner

### CANDIDATE COMMITTEE

| 3. Name and Address from whom received<br>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).<br>Report <u>all</u> in-kind contributions.                                                                                                                    | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>6. Name & Address of Vendor from whom goods or services were purchased                                                                                                                                                                                                                                                                                                                                                                                           | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------|
| Contribution # 1<br>Name & Address:<br><b>Matuzak, Julie</b><br><b>38250 Fairway Court 71B</b><br><b>Clinton Township, MI 48038</b><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>office clerk</b><br>Employer Name & Business Address:<br><b>FH Bourke</b><br><b>6329 Progress Drive</b><br><b>Sterling Heights, MI 48312</b><br><input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>facebook ads</b><br>5. Date Of Receipt: <b>08/11/20</b><br>6. Vendor Name & Address:<br><b>Poppy Designs, LLC</b><br><b>23225 Oakwood</b><br><b>Eastpointe, MI 48021</b> | \$ <b>948.07</b>               | \$ <b>948.07</b>                                          |
| Contribution # 2<br>Name & Address:<br><br><br>If over \$100.00 cumulative, please provide:<br>Occupation:<br>Employer Name & Address:<br><br><input type="checkbox"/> Fund Raiser Contribution                                                                                                                                                                                                         | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description<br>5. Date Of Receipt:<br>6. Vendor Name & Address:                                                                                                                                    | \$                             | \$                                                        |
| Contribution #3<br>Name & Address:<br><br><br>If over \$100.00 cumulative, please provide:<br>Occupation:<br>Employer Name & Address:<br><br><input type="checkbox"/> Fund Raiser Contribution                                                                                                                                                                                                          | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description<br>5. Date Of Receipt:<br>6. Vendor Name & Address:                                                                                                                                    | \$                             | \$                                                        |

Page Subtotal **\$948.07**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule) **\$948.07**

Enter this total  
on line 6 of Summary  
Page



**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number 139939  
2. Committee Name Julie Matuzak 4 Commissioner

| 3. Name and address of person or vendor to whom paid                                                                                                                                         | 4. Purpose (Required Information)                                                                                                                             | 5. Date                 | 6. Amount                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------|
| <b>Expenditure #1</b><br>Name <b>Mass Mailing, LLC</b><br><br>Address<br><b>35468 Mound Road</b><br><b>Sterling Heights, MI 48310</b><br><br><input type="checkbox"/> Fund Raiser            | Purpose: <u>postage</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement         | <u>07/27/20</u><br>Date | <u>\$ 334.90</u><br><br><a href="#">Click Here for Memo Itemization Type</a>  |
| <b>Expenditure #2</b><br>Name <b>American Graphics Printing Co</b><br><br>Address<br><b>34895 Groesbeck</b><br><b>Clinton Township, MI 48035</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>printing</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement        | <u>07/28/20</u><br>Date | <u>\$ 2160.28</u><br><br><a href="#">Click Here for Memo Itemization Type</a> |
| <b>Expenditure #3</b><br>Name <b>Poppy Designs, LLC</b><br><br>Address<br><b>23225 Oakwood</b><br><b>East Pointe, MI 48021</b><br><br><input type="checkbox"/> Fund Raiser                   | Purpose: <u>graphic design</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement  | <u>07/29/20</u><br>Date | <u>\$ 375.00</u><br><br><a href="#">Click Here for Memo Itemization Type</a>  |
| <b>Expenditure #4</b><br>Name <b>US Postmaster</b><br><br>Address<br><b>711 N Glenwood</b><br><b>Pontiac, MI 48340</b><br><br><input type="checkbox"/> Fund Raiser                           | Purpose: <u>postage</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement         | <u>08/04/20</u><br>Date | <u>\$ 3041.90</u><br><br><a href="#">Click Here for Memo Itemization Type</a> |
| <b>Expenditure #5</b><br>Name <b>Mass Mailing, LLC</b><br><br>Address<br><b>35468 Mound Road</b><br><b>Sterling Heights, MI 48310</b><br><br><input type="checkbox"/> Fund Raiser            | Purpose: <u>mailing service</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>08/04/20</u><br>Date | <u>\$ 494.16</u><br><br><a href="#">Click Here for Memo Itemization Type</a>  |

Subtotal this page **\$6,406.24**  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139939  
2. Committee Name Julie Matuzak 4 Commissioner

| 3. Name and address of person or vendor to whom paid                                                                                                  | 4. Purpose (Required Information)                                                                                                                                    | 5. Date                 | 6. Amount                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------------------------------------------|
| Expenditure #1<br>Name <b>ACTBLUE</b><br><br>Address<br><b>PO Box 44146<br/>Somerville, MA 02144-0031</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>credit card processing</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>08/01/20</u><br>Date | \$ <u>16.97</u><br><br>Click Here for Memo Itemization Type <input type="button" value="v"/> |
| Expenditure #2<br>Name<br><br>Address<br><br><input type="checkbox"/> Fund Raiser                                                                     | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                         | _____<br>Date           | \$ _____<br><br>Click Here for Memo Itemization Type <input type="button" value="v"/>        |
| Expenditure #3<br>Name<br><br>Address<br><br><input type="checkbox"/> Fund Raiser                                                                     | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                         | _____<br>Date           | \$ _____<br><br>Click Here for Memo Itemization Type <input type="button" value="v"/>        |
| Expenditure #4<br>Name<br><br>Address<br><br><input type="checkbox"/> Fund Raiser                                                                     | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                         | _____<br>Date           | \$ _____<br><br>Click Here for Memo Itemization Type <input type="button" value="v"/>        |
| Expenditure #5<br>Name<br><br>Address<br><br><input type="checkbox"/> Fund Raiser                                                                     | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                         | _____<br>Date           | \$ _____<br><br>Click Here for Memo Itemization Type <input type="button" value="v"/>        |

|                                                                        |                   |
|------------------------------------------------------------------------|-------------------|
| Subtotal this page                                                     | <b>\$16.97</b>    |
| Grand Total of all Schedules 1B<br>(Complete on last page of Schedule) | <b>\$6,423.21</b> |

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 139939  
2. Committee Name Julie Matuzak 4 Commissioner

This Schedule itemizes:

a. ☐ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

| 3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.<br><br>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any. | 4. Type of Obligation (Description)<br>5. Indicate date debt was incurred<br>6. Indicate original amount of debt                             | 7. Date and amount of each payment | 8. Cumulative payment to date on debt | 9. Outstanding Balance at close of this period (Item 6 minus Item 8) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------|----------------------------------------------------------------------|
| Debt #1 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>Matuzak, Julie</b><br><b>38250 Fairway Court 71B</b><br><b>Clinton Township, MI 48038</b>                                                                                                                  | 4. Type: <u>printing</u><br>5. <u>Date Debt Was Incurred:</u><br><u>06/13/20</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 1,345.14</u> | \$<br>\$<br>\$<br>\$<br>\$         | \$                                    | \$ <u>1,345.14</u><br><input type="checkbox"/> FORGIVEN              |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                  |                                                                                                                                              |                                    |                                       |                                                                      |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>Matuzak, Julie</b><br><b>38250 Fairway Court 71B</b><br><b>Clinton Township, MI 48038</b>                                                                                                                  | 4. Type: <u>printing</u><br>5. <u>Date Debt Was Incurred:</u><br><u>6/13/20</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 1,727.80</u>  | \$<br>\$<br>\$<br>\$<br>\$         | \$                                    | \$ <u>1,727.80</u><br><input type="checkbox"/> FORGIVEN              |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                  |                                                                                                                                              |                                    |                                       |                                                                      |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>Matuzak, Julie</b><br><b>38250 Fairway Court 71B</b><br><b>Clinton Township, MI 48038</b>                                                                                                                  | 4. Type: <u>postage</u><br>5. <u>Date Debt Was Incurred:</u><br><u>6/22/20</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 1,400.00</u>   | \$<br>\$<br>\$<br>\$<br>\$         | \$                                    | \$ <u>1,400.00</u><br><input type="checkbox"/> FORGIVEN              |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                  |                                                                                                                                              |                                    |                                       |                                                                      |

Page Subtotal (Outstanding debt)

**\$4,472.94**

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 139939  
2. Committee Name Julie Matuzak 4 Commissioner

This Schedule itemizes:

a ☒ Debts and obligations owed by or forgiven the committee OR b ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

| 3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.<br><br>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any. | 4. Type of Obligation (Description)<br>5. Indicate date debt was incurred<br>6. Indicate original amount of debt                           | 7. Date and amount of each payment                            | 8. Cumulative payment to date on debt | 9. Outstanding Balance at close of this period (Item 6 minus Item 8) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------|
| Debt #1 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>Matuzak, Julie</b><br><b>38250 Fairway Court 71B</b><br><b>Clinton Township, MI 48038</b>                                                                                                                 | 4. Type: <u>printing</u><br>5. <u>Date Debt Was Incurred:</u><br><u>06/24/20</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 535.30</u> | <u>\$</u><br><u>\$</u><br><u>\$</u><br><u>\$</u><br><u>\$</u> | <u>\$</u>                             | <u>\$ 535.30</u><br><input type="checkbox"/> FORGIVEN                |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                            |                                                               |                                       |                                                                      |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>Matuzak, Julie</b><br><b>38250 Fairway Court 71B</b><br><b>Clinton Township, MI 48038</b>                                                                                                                 | 4. Type: <u>printing</u><br>5. <u>Date Debt Was Incurred:</u><br><u>6/24/20</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 31.80</u>   | <u>\$</u><br><u>\$</u><br><u>\$</u><br><u>\$</u><br><u>\$</u> | <u>\$</u>                             | <u>\$ 31.80</u><br><input type="checkbox"/> FORGIVEN                 |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                            |                                                               |                                       |                                                                      |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>Matuzak, Julie</b><br><b>38250 Fairway Court 71B</b><br><b>Clinton Township, MI 48038</b>                                                                                                                 | 4. Type: <u>printing</u><br>5. <u>Date Debt Was Incurred:</u><br><u>6/24/20</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 31.80</u>   | <u>\$</u><br><u>\$</u><br><u>\$</u><br><u>\$</u><br><u>\$</u> | <u>\$</u>                             | <u>\$ 31.80</u><br><input type="checkbox"/> FORGIVEN                 |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                            |                                                               |                                       |                                                                      |

Page Subtotal (Outstanding debt)

**\$598.90**

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total  
on line 12a "owed  
by" or line 12b  
"owed to" of the  
Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 139939  
2. Committee Name Julie Matuzak 4 Commissioner

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

| 3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.<br><br>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any. | 4. Type of Obligation (Description)<br>5. Indicate date debt was incurred<br>6. Indicate original amount of debt                                | 7. Date and amount of each payment | 8. Cumulative payment to date on debt | 9. Outstanding Balance at close of this period (Item 6 minus Item 8) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------|----------------------------------------------------------------------|
| Debt #1 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>Matuzak, Julie</b><br><b>38250 Fairway Court 71B</b><br><b>Clinton Township, MI 48038</b>                                                                                                                 | 4. Type: <u>printing</u><br>5. <u>Date Debt Was Incurred:</u><br><u>06/29/20</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 1,764.90</u>    | \$<br>\$<br>\$<br>\$<br>\$         | \$                                    | \$ <u>1,764.90</u><br><input type="checkbox"/> FORGIVEN              |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                 |                                    |                                       |                                                                      |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>Matuzak, Julie</b><br><b>38250 Fairway Court 71B</b><br><b>Clinton Township, MI 48038</b>                                                                                                                 | 4. Type: <u>printing</u><br>5. <u>Date Debt Was Incurred:</u><br><u>6/29/20</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 686.88</u>       | \$<br>\$<br>\$<br>\$<br>\$         | \$                                    | \$ <u>686.88</u><br><input type="checkbox"/> FORGIVEN                |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                 |                                    |                                       |                                                                      |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>Matuzak, Julie</b><br><b>38250 Fairway Court 71B</b><br><b>Clinton Township, MI 48038</b>                                                                                                                 | 4. Type: <u>facebook ads</u><br>5. <u>Date Debt Was Incurred:</u><br><u>8/11/2020</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 948.07</u> | \$<br>\$<br>\$<br>\$<br>\$         | \$                                    | \$ <u>948.07</u><br><input type="checkbox"/> FORGIVEN                |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                 |                                    |                                       |                                                                      |

Page Subtotal (Outstanding debt)

**\$3,399.85**

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

**\$8,471.69**

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.