



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 139939		3. This Statement covers From: 10/19/20 to 11/23/20	
2. Committee Name Julie Matuzak 4 Commissioner		4. Candidate Last Name Matuzak First Name Julie M.I. A 4a. Office Sought Including District # or Community Served (If applicable) County Commissioner ☒ 4b. County of Residence MACOMB ☒	
5. Committee's Mailing Address 38250 Fairway Ct #71B Clinton Township, MI 48038 Area Code and Phone _____ If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		6. Treasurer's Name & Residential Address Mary Fran Sobczynski 76 Lodewyck Street Mt. Clemens, MI 48043 Area Code & Phone (586) 465-3413	
7. Treasurer's Business Address 26300 Northwestern Hwy Southfield, MI 48076 Area Code and Phone (586) 530-9327		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. ☐ Pre-Election OR 9b. ☒ Post-Election Pre-Election or Post-Election Statement relates to: ☐ Primary ☒ General ☐ Convention ☐ Special ☐ School ☐ Caucus Date of Election, Convention or Caucus 11/03/20		Required ONLY if candidate is not on the ballot for the current year: ☐ July Quarterly ☐ October Quarterly 9c. ☐ Annual Statement (_____) Coverage Year 9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) 9e. Dissolution of Candidate Committee ☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution _____ Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record keeper Mary Fran Sobczynski Type or Print Name		<i>Mary Fran Sobczynski</i> Signature Date 11/28/2020	
Candidate Julie A Matuzak Type or Print Name		<i>Julie A Matuzak</i> Signature Date 11/30/2020	



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 This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>1,330.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$1,330.00</u>	(18.) \$ <u>\$40,985.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u></u>	(19.) \$ <u></u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$1,330.00</u>	(20.) \$ <u>\$40,985.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$0.00</u>	(21.) \$ <u>\$9,617.44</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u></u>	(22.) \$ <u></u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$219.09</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>\$219.09</u>	(23.) \$ <u>\$37,313.80</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
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 (Add Line 10a + Line 10b)	(11.) \$	<u></u>	(24.) \$ <u></u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$8,789.69</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u></u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$2,560.29</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$1,330.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$3,890.29</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$219.09</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$3,671.20</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? ☐ YES 4. Date of Receipt <u>10/19/20</u> Name & Address: <u>Fecteau, Michelle</u> <u>15885 Rosemont</u> <u>Detroit, MI 48223</u>		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Executive Director</u> Employer <u>AAUP-AFT, Local 6075</u> Business Address <u>5057 Woodward Avenue Detroit, MI 48202</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/20/20</u> Name & Address: <u>Schihl, Mary Joan</u> <u>35651 Union Lake</u> <u>Clinton Township, MI 48035</u>		\$ <u>25.00</u>	\$ <u>55.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/20/20</u> Name & Address: <u>Ellis, Jack</u> <u>21700 Statler Street</u> <u>St. Clair Shores, MI 48081</u>		\$ <u>50.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/21/20</u> Name & Address: <u>Gallop, Ruth Ann</u> <u>32418 Greenlawn St</u> <u>St. Clair Shores, MI 48082</u>		\$ <u>250.00</u>	\$ <u>550.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$375.00**

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? ☐ YES	4. Date of Receipt <u>10/28/20</u>	
Name & Address: Gallop, Ruth Ann 32418 Greenlawn St St. Clair Shores, MI 48082		\$ <u>250.00</u>	\$ <u>800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____		Click Here for Memo Itemization ▼	
Business Address _____			
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/28/20</u>	
Name & Address: Bruck, Dennis J 19637 Lloyd St Clinton Township, MI 48038		\$ <u>50.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____		Click Here for Memo Itemization ▼	
Business Address _____			
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>10/28/20</u>	
Name & Address: Operating Engineers Local 324 State of Michigan PAC 500 Hulet Drive Bloomfield Township, MI 48302		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization ▼	
Business Address _____			
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/28/20</u>	
Name & Address: Reid, Caroline S 38652 Sycamore Meadow Dr Clinton Township, MI 48036		\$ <u>30.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____		Click Here for Memo Itemization ▼	
Business Address _____			
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **\$580.00**

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? ☐ YES	4. Date of Receipt <u>10/28/20</u>	
Name & Address: <u>Pidutti, Linda M</u> <u>37649 Charter Oaks Blvd</u> <u>Clinton Township, MI 48036</u>		\$ <u>30.00</u>	\$ <u>305.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/28/20</u>	
Name & Address: <u>Flynn, Rick</u> <u>43225 Chardonnay Dr</u> <u>Sterling Heights, MI 48314</u>		\$ <u>100.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>labor consultant</u> Employer <u>MEA</u> Business Address <u>38550 Garfield Rd Clinton Township, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/30/20</u>	
Name & Address: <u>Moffitt, Anne H</u> <u>PO Box 182506</u> <u>Utica, MI 48318</u>		\$ <u>100.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Accountant</u> Employer <u>Jacobson Management</u> Business Address <u>32400 Telegraph Rd, Suite 200 Bingham Farms, MI 48025</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/03/20</u>	
Name & Address: <u>Kliebert, Martha</u> <u>12217 Parkside Cir</u> <u>Washington Township, MI 48094</u>		\$ <u>120.00</u>	\$ <u>320.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>consultant</u> Employer <u>Macomb ISD</u> Business Address <u>44001 Garfield Rd #1100 Clinton Township, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$350.00

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

Enter this total on
line 3a of Summary
Page.



**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? ☐ YES	4. Date of Receipt <u>11/16/20</u>	
Name & Address: Bannister, Carole 18877 Highlite Dr. S. Clinton Township, MI 48035		\$ <u>25.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **\$25.00**

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

\$1,330.00

Enter this total on
line 3a 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 Name American Graphics Printing Co Address 34895 Groesbeck Clinton Twp, MI 48035 ☐ Fund Raiser	Purpose: <u>printing flyer</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/28/20</u> Date	\$ <u>50.88</u>
Expenditure #2 Name Office Max Address 33840 Gratiot Avenue Clinton Township, MI 48035 ☐ Fund Raiser	Purpose: <u>envelopes</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/28/20</u> Date	\$ <u>51.25</u>
Expenditure #3 Name US Postmaster Address 7007 Metropolitan Pkwy Sterling Heights, MI 48311 ☐ Fund Raiser	Purpose: <u>postage</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/20</u> Date	\$ <u>14.00</u>
Expenditure #4 Name US Postmaster Address 7007 Metropolitan Pkwy Sterling Heights, MI 48311 ☐ Fund Raiser	Purpose: <u>postage</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/02/20</u> Date	\$ <u>17.60</u>
Expenditure #5 Name Meijer Address 36600 Van Dyke Avenue Sterling Heights, MI 48312 ☐ Fund Raiser	Purpose: <u>candy for event</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/20</u> Date	\$ <u>29.98</u>
Subtotal this page			\$ 163.71
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 Name ActBlue Address PO Box 44146 Somerville, MA 02144-0031 ☐ Fund Raiser	Purpose: <u>credit card processing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/04/20</u> Date	\$ <u>8.66</u>
Expenditure #2 Name Vantiv Address 8500 Governors Hill Dr Cincinnati, OH 45249 ☐ Fund Raiser	Purpose: <u>credit card processing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/10/20</u> Date	\$ <u>17.91</u>
Expenditure #3 Name Consumer Cellular Address 12447 SW 69th Avenue Portland, OR 97223-8517 ☐ Fund Raiser	Purpose: <u>Cell phone service</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/11/20</u> Date	\$ <u>28.81</u>
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page	\$55.38
Grand Total of all Schedules 1B (Complete on last page of Schedule)	\$219.09

Enter this total
on line 8a of
Summary Page



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. 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) 5. Indicate date debt was incurred 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? ☐ Yes Owed to or by: Matuzak, Julie 38250 Fairway Court 71B Clinton Township, MI 48038	4. Type: <u>printing</u> 5. <u>Date Debt Was Incurred:</u> <u>06/13/20</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,345.14</u>	\$ \$ \$ \$ \$	\$	\$ <u>1,345.14</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? ☐ Yes Owed to or by: Matuzak, Julie 38250 Fairway Court 71B Clinton Township, MI 48038	4. Type: <u>printing</u> 5. <u>Date Debt Was Incurred:</u> <u>6/13/20</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,727.80</u>	\$ \$ \$ \$ \$	\$	\$ <u>1,727.80</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? ☐ Yes Owed to or by: Matuzak, Julie 38250 Fairway Court 71B Clinton Township, MI 48038	4. Type: <u>postage</u> 5. <u>Date Debt Was Incurred:</u> <u>6/22/20</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,400.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>1,400.00</u> ☐ 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.)

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Debt #1 Corp? ☐ Yes Owed to or by: Matuzak, Julie 38250 Fairway Court 71B Clinton Township, MI 48038	4. Type: <u>printing</u> 5. <u>Date Debt Was Incurred:</u> <u>06/24/20</u> 6. <u>Original Amount of Debt:</u> <u>\$ 535.30</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$ 535.30</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? ☐ Yes Owed to or by: Matuzak, Julie 38250 Fairway Court 71B Clinton Township, MI 48038	4. Type: <u>printing</u> 5. <u>Date Debt Was Incurred:</u> <u>6/24/20</u> 6. <u>Original Amount of Debt:</u> <u>\$ 31.80</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$ 31.80</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? ☐ Yes Owed to or by: Matuzak, Julie 38250 Fairway Court 71B Clinton Township, MI 48038	4. Type: <u>printing</u> 5. <u>Date Debt Was Incurred:</u> <u>6/24/20</u> 6. <u>Original Amount of Debt:</u> <u>\$ 31.80</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$ 31.80</u> ☐ 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. 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) 5. Indicate date debt was incurred 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) ☐ FORGIVEN
Debt #1 Corp? ☐ Yes Owed to or by: Matuzak, Julie 38250 Fairway Court 71B Clinton Township, MI 48038	4. Type: <u>printing</u> 5. <u>Date Debt Was Incurred:</u> <u>06/29/20</u> 6. <u>Original Amount of Debt:</u> \$ <u>1,764.90</u>	\$ \$ \$ \$ \$	\$	\$ <u>1,764.90</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: Matuzak, Julie 38250 Fairway Court 71B Clinton Township, MI 48038	4. Type: <u>printing</u> 5. <u>Date Debt Was Incurred:</u> <u>6/29/20</u> 6. <u>Original Amount of Debt:</u> \$ <u>686.88</u>	\$ \$ \$ \$ \$	\$	\$ <u>686.88</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: Matuzak, Julie 38250 Fairway Court 71B Clinton Township, MI 48038	4. Type: <u>facebook ads</u> 5. <u>Date Debt Was Incurred:</u> <u>8/11/20</u> 6. <u>Original Amount of Debt:</u> \$ <u>948.07</u>	\$ \$ \$ \$ \$	\$	\$ <u>948.07</u> ☐ 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)

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.



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. 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) 5. Indicate date debt was incurred 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) ☐ FORGIVEN
Debt #1 Corp? ☐ Yes Owed to or by: Matuzak, Julie 38250 Fairway Court 71B Clinton Township, MI 48038	4. Type: <u>postage</u> 5. <u>Date Debt Was Incurred:</u> <u>09/04/20</u> 6. <u>Original Amount of Debt:</u> <u>\$ 198.00</u>	\$ \$ \$ \$ \$	\$	\$ 198.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: Matuzak, Julie 38250 Fairway Court 71B Clinton Township, MI 48038	4. Type: <u>printing</u> 5. <u>Date Debt Was Incurred:</u> <u>9/22/20</u> 6. <u>Original Amount of Debt:</u> <u>\$ 100.00</u>	\$ \$ \$ \$ \$	\$	\$ 100.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: Matuzak, Julie 38250 Fairway Court 71B Clinton Township, MI 48038	4. Type: <u>design</u> 5. <u>Date Debt Was Incurred:</u> <u>9/22/20</u> 6. <u>Original Amount of Debt:</u> <u>\$ 20.00</u>	\$ \$ \$ \$ \$	\$	\$ 20.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$318.00

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

\$8,789.69

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

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