



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**BALLOT QUESTION COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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

3. This Statement covers From: 04/21/21 To 07/20/21

1. Committee I.D. Number **69513-50**

4. Committee's Mailing Address **33764 Brownlea Drive
Sterling Heights MI 48312**

2. Committee Name
Citizens for Warren Consolidated Schools

Area Code and Phone: (586) 615-8664
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address
**Sharon Nemetz
33764 Brownlea Drive
Sterling Heights MI 48312**

Area Code and Phone (586) 615-8664

6. Treasurer's Business Address
Same

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

Area Code and Phone

Area Code and Phone

8. TYPE OF STATEMENT:

8a. ☐ PRE- ELECTION
OR
☐ POST- ELECTION

Pre-Election or Post-Election
Statement relates to:

☐ PRIMARY
☐ GENERAL
☐ SCHOOL
☐ SPECIAL
☐ OTHER: _____

Date of Election:

8b.

☐ FEBRUARY STATEMENT
☐ APRIL STATEMENT
☒ JULY STATEMENT
☐ OCTOBER STATEMENT

8c. ☐ ANNUAL STATEMENT

(_____ Coverage Year)

8d:

☐ Post Petition Sample Filing
under MCL 168.483a

(Required of Statewide Ballot
Question Committees only after
the submission of a sample petition
prior to circulating the petition)

8e. ☐ AMENDMENT TO
CAMPAIGN STATEMENT

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

8f. ☐ DISSOLUTION OF
COMMITTEE REQUEST

Effective Date of Dissolution

By checking this item, I certify that
the committee has no assets or
outstanding debts, including late
filing fees. Note: The disposition of
residual funds must be reported on
Schedule 4B and the Summary
Page.

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

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

Current Treasurer or
Designated Record Keeper

Sharon Nemetz

Type or Print Name

Sharon Nemetz

Signature



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 69513-50

2. Committee Name Citizens for Warren Consolidated Schools ☒

RECEIPTS		Column I This Period	Column II Cumulative for Election Cycle
3. Contributions			
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$	<u>2,450.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$	<u>2,450.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$	<u>0.01</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$	<u>2,450.01</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS			
6. In-Kind Contributions			
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$	<u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$	<u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$	<u>0.00</u>	(21.) \$ _____
EXPENDITURES			
8. Expenditures			
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$	<u>0.00</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$	<u>0.00</u>	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$	<u>0.00</u>	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$	<u>0.00</u>	
e. Subtotal of Expenditures	(8e.) \$	<u>0.00</u>	(22.) \$ _____
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$	<u>0.00</u>	(23.) \$ _____
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$	<u>0.00</u>	(24.) \$ _____
IN-KIND EXPENDITURES			
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$	<u>0.00</u>	(25.) \$ _____
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 4E)	(12a.) \$	<u>0.00</u>	
b. Owed to the Committee (Schedule 4E)	(12b.) \$	<u>0.00</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>12.32</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) +	<u>2,450.01</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) =	<u>2,462.33</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) -	<u>0.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>2,462.33</u>	*

*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 69513.50

2. Committee Name Citizens for Warren Consolidated Schools

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1

4. Date of Receipt 06/06/21

Name & Address:

Lawrence M Scott
30333 Hoover
Warren MI 48092

\$ 100.00 \$ 100.00

[Click Here for Memo Itemization](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 2

4. Date of Receipt 06/14/21

Name & Address:

Donald P Denault Jr and
Donald P Denault Sr JTEN
15731 Marcie
Fraser MI 48026

\$ 100.00 \$ 100.00

[Click Here for Memo Itemization](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 3

4. Date of Receipt 06/21/21

Name & Address:

Charles F Jerore
Marcy S Jefore
24415 Curt Dr
Brownstown MI 48183

\$ 100.00 \$ 100.00

[Click Here for Memo Itemization](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 4

4. Date of Receipt 06/21/21

Name & Address:

Mark Juliano II
Jamie Juliano
21513 Frazho
St Clair Shores MI 48081

\$ 100.00 \$ 100.00

[Click Here for Memo Itemization](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

Page Subtotal

\$400.00

Grand Total of All Schedules 4A
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Enter this total
on line 3a of
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 69513.50

2. Committee Name Citizens for Warren Consolidated Schools

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: John D Bartley Suzanne C Bartley 53713 Champlain St Macomb Twp MI 48042 4. Date of Receipt <u>06/15/21</u>		\$ <u>100.00</u>	\$ <u>100.00</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 v	
3. Contribution # 2 Name & Address: George S Trombley or Julie Trombley 44844 Hanford Rd Canton MI 48187-2688 4. Date of Receipt <u>06/20/21</u>		\$ <u>100.00</u>	\$ <u>100.00</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 v	
3. Contribution # 3 Name & Address: Sherry L Holewinski Andrew J Holewinski 3550 Pointe Shore Drive Brighton MI 48114 4. Date of Receipt <u>06/21/21</u>		\$ <u>100.00</u>	\$ <u>100.00</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 v	
3. Contribution # 4 Name & Address: Sherry L Holewinski Andrew J Holewinski 3550 Pointe Shore Drive Brighton MI 48114 4. Date of Receipt <u>06/21/21</u>		\$ <u>100.00</u>	\$ <u>200.00</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 v	

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ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 69513.50

2. Committee Name Citizens for Warren Consolidated Schools

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Jesse J Goins II 35971 Wick Rd Romulus MI 48174-4144 4. Date of Receipt <u>06/17/21</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization v	
3. Contribution # 2 Name & Address: Jeremy D Eschner 547 Marcy Lane Addison Twp MI 48367 4. Date of Receipt <u>06/18/21</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization v	
3. Contribution # 3 Name & Address: Nathaniel C Stalker 16870 Helen St Southgate MI 48195-2476 4. Date of Receipt <u>06/21/21</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization v	
3. Contribution # 4 Name & Address: Ronald A Syme Jr. Susan M Syme 38690 Long Harrison Twp MI 48045 4. Date of Receipt <u>06/18/21</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
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MICHIGAN DEPARTMENT OF STATE
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ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 69513.50

2. Committee Name Citizens for Warren Consolidated Schools

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: John Michael Shields Lauri Nicole Shields 43550 Bayfield Clinton Twp MI 48038 4. Date of Receipt <u>06/21/21</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization v	
3. Contribution # 2 Name & Address: Jeffrey T Szczepanski 5102 Kidder Rd Almont MI 48003 4. Date of Receipt <u>06/21/21</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization v	
3. Contribution # 3 Name & Address: Thomas J Sovel 2549 Foxgrove Dr Highland MI 48356 4. Date of Receipt <u>06/09/21</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization v	
3. Contribution # 4 Name & Address: April Nicole Bennett 505 Chandler St Apt 304 Howell MI 48855 4. Date of Receipt <u>06/16/21</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
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ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 69513.50

2. Committee Name Citizens for Warren Consolidated Schools

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1

4. Date of Receipt 06/16/21

Name & Address:

Meghan Leigh McCarthy
9040 Augusta St
Willis MI 48191-9627

\$ 100.00 \$ 100.00

Click Here for Memo Itemization ☐

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 2

4. Date of Receipt 06/16/21

Name & Address:

Kary S Amin
Melissa Lynn Amin
9115 Woodgrove Dr
Plymouth MI 48170

\$ 100.00 \$ 100.00

Click Here for Memo Itemization ☐

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 3

4. Date of Receipt 06/16/21

Name & Address:

Lisa Whitton
Jonathan Molnar
11581 Floyd McFall
Willis MI 48191

\$ 100.00 \$ 100.00

Click Here for Memo Itemization ☐

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 4

4. Date of Receipt 06/16/21

Name & Address:

Adam Amin
1088 Washington Cir
Northville MI 48167

\$ 100.00 \$ 1000.00

Click Here for Memo Itemization ☐

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 69513.50
2. Committee Name Citizens for Warren Consolidated Schools

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1

4. Date of Receipt 06/17/21

Name & Address:

Richard D Walkowiak
and Rose A Walkowiak
40480 Emerald Ln W
Clinton Twp MI 48038-4756

\$ 100.00 \$ 100.00

Click Here for Memo Itemization

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 2

4. Date of Receipt 06/07/21

Name & Address:

Todd and Lisa Moen
36137 Acton St
Clinton Twp MI 48035-1403

\$ 100.00 \$ 100.00

Click Here for Memo Itemization

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 3

4. Date of Receipt 06/08/21

Name & Address:

Todd Moen
36137 Acton St
Clinton Twp MI 48035

\$ 100.00 \$ 200.00

Click Here for Memo Itemization

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 4

4. Date of Receipt 06/16/21

Name & Address:

John A Nitz
Martha F Nitz
57477 Willow Way Ct
Washington MI 48094-4220

\$ 50.00 \$ 50.00

Click Here for Memo Itemization

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

Page Subtotal

\$350.00

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 69513.50
2. Committee Name Citizens for Warren Consolidated Schools

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Charles E Turnbull Or Jill L Turnbull 53957 Sutherland Ct Shelby Twp MI 48316		4. Date of Receipt <u>06/09/21</u>	\$ <u>50.00</u> \$ <u>50.00</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 v	
3. Contribution # 2 Name & Address: Clark A Andrews and Beth A Andrews 53985 Sutherland Ln Shelby Twp MI 48316-1217		4. Date of Receipt <u>06/14/21</u>	\$ <u>50.00</u> \$ <u>50.00</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 v	
3. Contribution # 3 Name & Address:		4. Date of Receipt _____	\$ _____ \$ _____
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 v	
3. Contribution # 4 Name & Address:		4. Date of Receipt _____	\$ _____ \$ _____
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 v	

Page Subtotal

\$100.00

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

\$2,450.00

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED OTHER RECEIPTS
SCHEDULE 4A-1
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 69513-50

Citizens for Warren Consolidated Schools

2. Committee Name _____

3. Name & Address From Whom Received Receipt	4. Date of	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: Extra Credit Union 6611 Chicago Rd Warren MI 48092	Date of Receipt <u>06/30/21</u>	☐ Loan from a Lending Institution ☒ Interest Click Here for Memo Itemization Type ☐ Refund\Rebate ☐ Other (Specify) _____ ☐ Fund Raiser	\$ <u>.01</u>
Receipt #2 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest Click Here for Memo Itemization Type ☐ Refund\Rebate ☐ Other (Specify) _____ ☐ Fund Raiser	\$ _____
Receipt #3 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest Click Here for Memo Itemization Type ☐ Refund\Rebate ☐ Other (Specify) _____ ☐ Fund Raiser	\$ _____
Receipt #4 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest Click Here for Memo Itemization Type ☐ Refund\Rebate ☐ Other (Specify) _____ ☐ Fund Raiser	\$ _____
Receipt #5 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest Click Here for Memo Itemization Type ☐ Refund\Rebate ☐ Other (Specify) _____ ☐ Fund Raiser	\$ _____
Receipt #6 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest Click Here for Memo Itemization Type ☐ Refund\Rebate ☐ Other (Specify) _____ ☐ Fund Raiser	\$ _____

Page Subtotal **\$0.01**

Grand Total of All Schedules 4A -1
(Complete on last page of Schedule) **\$0.01**

Enter this total on
line 4 of Summary
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