



FILED

22 OCT 2024 AM 07:36

MACOMB COUNTY CLERK
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**CANDIDATE COMMITTEE
COVER PAGE**

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

3. This Statement covers From: 07/16/2024 to 10/20/2024

1. Committee I.D. Number

140518

4. Candidate Last Name First Name M.I.

GODWIN RENEE

2. Committee Name

FRIENDS OF RENEE GODWIN

4a. Office Sought Including District # or Community Served (If applicable)

TRUSTEE, UTICA SD

4b. County of Residence **MACOMB COUNTY**

5. Committee's Mailing Address

**5389 VINCENT TRAIL
SHELBY TOWNSHIP, MI 48316**

6. Treasurer's Name & Residential Address

**RENEE GODWIN
5389 VINCENT TRAIL
SHELBY TOWNSHIP, MI 48316**

Area Code and Phone (586) 741-3853
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.

Area Code & Phone (586) 741-3853

7. Treasurer's Business Address

**5389 VINCENT TRAIL
SHELBY TOWNSHIP, MI 48316**

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

**RENEE GODWIN
5389 VINCENT TRAIL
SHELBY TOWNSHIP, MI 48316**

Area Code and Phone (586) 741-3853

Area Code and Phone (586) 741-3853

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

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.)

Date of Election, Convention or Caucus

11/05/2024

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

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/22/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/22/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140518

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name FRIENDS OF RENEE GODWIN

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>3,952.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>3,952.00</u>	(18.) \$ <u>3,952.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>3,952.00</u>	(20.) \$ <u>3,952.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>160.00</u>	(21.) \$ <u>160.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1,086.52</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>1,086.52</u>	(23.) \$ <u>1,086.52</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(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>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>3,952.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>3,952.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1,086.52</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2,865.48</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140518
2. Committee Name FRIENDS OF RENEE GODWIN

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>07/20/2024</u> Name & Address: CAROLINE CHAPTINI 47050 RIVERCREST DR SHELBY TWP, MI 48315		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/25/2024</u> Name & Address: ETHAN WATKINS 167 CROCKER BLVD MT CLEMENS, MI 48043		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>US</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/25/2024</u> Name & Address: PATRICIA CHAPTINI 37863 W HORSESHOE DR CLINTON TWP, MI 48036		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/25/2024</u> Name & Address: STACY SMALE 45273 BROWNELL ST UTICA, MI 48317		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>US</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,075.00**

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 140518
2. Committee Name FRIENDS OF RENEE GODWIN

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>07/25/2024</u>	
Name & Address: CARRIE GODWIN 601 FOREST AVE CHATTANOOGA, TN 37405		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STUDENT</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/26/2024</u>	
Name & Address: COURTNEY MUNACO 15271 WHITSETT DR MACOMB, MI 48042		\$ <u>25.00</u>	\$ <u>25.00</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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/26/2024</u>	
Name & Address: JOSE EL AMM 11700 LORENTA CIR EDMOND, OK 73013		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MEDICAL DOCTOR</u> Employer <u>NZTI</u> Business Address <u>3300 NORTHWEST EXPY, OKLAHOMA CITY, OK 73112</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2024</u>	
Name & Address: VICTORIA WASILEVICH 53730 AURORA PARK SHELBY TWP, MI 48316		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

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 140518
2. Committee Name FRIENDS OF RENEE GODWIN

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>09/09/2024</u>	
Name & Address: BRIDGET LANTZY 52793 TUSCANY GROVE SHELBY TWP, MI 48315		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMIN SPECIALIST</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/06/2024</u>	
Name & Address: KIM MELTZER 18300 TARA DR CLINTON TWP, MI 48036		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CLERK</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/15/2024</u>	
Name & Address: JOSE EL AMM 11700 LORENTA CIR EDMOND, OK 73013		\$ <u>100.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MEDICAL DOCTOR</u> Employer <u>NZTI</u> Business Address <u>3300 NORTHWEST EXPY, OKLAHOMA CITY, OK 73112</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/15/2024</u>	
Name & Address: BRIDGET LANTZY 52793 TUSCANY GROVE SHELBY TWP, MI 48315		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMIN SPECIALIST</u> Employer <u>PLYMOUTH MENTAL HEALTH</u> Business Address <u>40600 ANN ARBOR RD, PLYMOUTH, MI 48170</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 300.00

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 140518
2. Committee Name FRIENDS OF RENEE GODWIN

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>10/15/2024</u>	
Name & Address: CAROLINE CHAPTINI 47050 RIVERCREST DR SHELBY TWP, MI 48315		\$ <u>250.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer _____ Business Address <u>47050 RIVERCREST DR, SHELBY TWP, MI 48315</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/15/2024</u>	
Name & Address: ANNEKE WARCHUCK 3617 BALFOUR DR TROY, MI 48084		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OFFICE MANAGER</u> Employer <u>HEALTH QUEST PHYSICAL THERAPY</u> Business Address <u>31645 SOUTHFIELD RD, BEVERLY HILLS, MI 48025</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/15/2024</u>	
Name & Address: 10TH CONGRESSIONAL DISTRICT 13326 YVONNE DR WARREN, MI 48088		\$ <u>250.00</u>	\$ <u>250.00</u>
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	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/15/2024</u>	
Name & Address: MACOMB COUNTY REPUBLICAN COMMITTEE CAMPAIGN PO BOX 380962 CLINTON TWP, MI 48038		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 2,050.00

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 140518
2. Committee Name FRIENDS OF RENEE GODWIN

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>10/16/2024</u> Name & Address: RON CAMPBELL 49605 TETON PASS SHELBY TWP, MI 48315 \$ <u>27.00</u> \$ <u>27.00</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		
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/17/2024</u> Name & Address: MEGHAN HABIB 37875 ASHLAND MEADOWS CT STERLING HEIGHTS, MI 48312 \$ <u>100.00</u> \$ <u>100.00</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer _____ 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 _____ 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 _____ Name & Address: _____ \$ _____ \$ _____ 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

Page Subtotal **127.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **3,952.00**

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **140518**

CANDIDATE COMMITTEE

2. Committee Name **FRIENDS OF RENEE GODWIN**

3. Name and Address from whom received 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). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 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 PAC Receipt? ☐ Yes Name & Address: RENEE GODWIN 5389 VINCENT TRAIL MACOMB, MI 48316 If over \$100.00 cumulative, please provide: Occupation: SELF EMPLOYED - FRANCHISE OWNER Employer Name & Business Address: SELF 56824 MOUND RD, SHELBY TWP, MI 48316 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description FILLING FEE 5. Date Of Receipt: 07/16/2024 6. Vendor Name & Address: MACOMB COUNTY CLERK 120 N MAIN ST, MT CLEMENS, MI 48043	\$ 100.00	\$ 100.00
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: RENEE GODWIN 5389 VINCENT TRAIL MACOMB, MI 48316 If over \$100.00 cumulative, please provide: Occupation: SELF EMPLOYED - FRANCHISE OWNER Employer Name & Address: SELF 56824 MOUND RD, SHELBY TWP, MI 48316 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description T-SHIRTS 5. Date Of Receipt: 07/25/2024 6. Vendor Name & Address: SAY IT WITH SWAY 16282 SASSAFRAS LN, MACOMB, MI 48044	\$ 60.00	\$ 160.00
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	\$ _____	\$ _____

[Click Here for Memo Itemization](#)

Page Subtotal

160.00

160.00

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

160.00

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140518**
2. Committee Name **FRIENDS OF RENEE GODWIN**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SQUARE SPACE Address 8 CLARKSON ST NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: WEBSITE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/28/2024 Date	\$ 12.00
Expenditure #2 Name YOUNIQUE CARD Address 42816 WILLSHARON ST STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: SIGNS AND BUSINESS CARD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/31/2024 Date	\$ 335.00
Expenditure #3 Name SAY IT WITH SWAG Address 16282 SASSAFRAS LN MACOMB, MI 48044 ☐ Fund Raiser	Purpose: SHIRTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/02/2024 Date	\$ 457.92
Expenditure #4 Name 5/3 BANK Address 55178 VAN DYKE AVE SHELBY TWP, MI 48316 ☐ Fund Raiser	Purpose: SERVICE CHARGE FOR MONEY ORDER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/12/2024 Date	\$ 2.00
Expenditure #5 Name 5/3 BANK Address 55178 VAN DYKE AVE SHELBY TWP, MI 48316 ☐ Fund Raiser	Purpose: SERVICE FEE FOR MONEY ORDER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/12/2024 Date	\$ 2.00

Subtotal this page

808.92

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 **140518**
2. Committee Name **FRIENDS OF RENEE GODWIN**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name YOUNIQUE CARD Address 42816 WILLSHARON ST STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: <u>CARDS AND DOOR HANGERS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/30/2024</u> Date	\$ <u>275.60</u>
Expenditure #2 Name 5/3 BANK Address 55178 VAN DYKE AVE SHELBY TWP, MI 48316 ☐ Fund Raiser	Purpose: <u>SERVICE FEE FOR MONEY ORDER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10/2024</u> Date	\$ <u>2.00</u>
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Click Here for Memo Itemization Type			
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Click Here for Memo Itemization Type			
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Click Here for Memo Itemization Type			

Subtotal this page	277.60
Grand Total of all Schedules 1B (Complete on last page of Schedule)	1,086.52

Enter this total
on line 8a of
Summary Page