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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: 08/27/2024 to 10/20/2024

1. Committee I.D. Number

140182

2. Committee Name

JULIE MATUZAK 4 TRUSTEE

4. Candidate Last Name

First Name

M.I.

MATUZAK

JULIE

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

TRUSTEE, CLINTON TWP

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

5. Committee's Mailing Address

**38250 FAIRWAY COURT #71B
CLINTON TOWNSHIP, MI 48038**

Area Code and Phone (586) 746-6653
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

**MICHELLE DEBEAUSSAERT
39856 BRYLOR COURT
CLINTON TOWNSHIP, MI 48038**

Area Code & Phone (586) 228-3222

7. Treasurer's Business Address

**39856 BRYLOR COURT
CLINTON TOWNSHIP, MI 48038**

Area Code and Phone (586) 228-3222

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

**MICHELLE DEBEAUSSAERT
39856 BRYLOR COURT
CLINTON TOWNSHIP, MI 48038**

Area Code and Phone (586) 228-3222

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

10/19/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/19/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140182

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name JULIE MATUZAK 4 TRUSTEE

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>4,971.02</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>4,971.02</u>	(18.) \$ <u>23,043.52</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>4,971.02</u>	(20.) \$ <u>23,043.52</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>15.00</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>15,238.03</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>15,238.03</u>	(23.) \$ <u>19,253.46</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>15,939.88</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>4,971.02</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>20,910.90</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>15,238.03</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>5,672.87</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140182
2. Committee Name JULIE MATUZAK 4 TRUSTEE

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>08/30/2024</u> Name & Address: SUSAN DILIBERTI 41202 WORTHINGTON CLINTON TWP, MI 48038		\$ <u>13.01</u>	\$ <u>429.01</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UNEMPLOYED</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>09/04/2024</u> Name & Address: JUDY HARTWELL 25921 MARITIME CIR S HARRISON TWP, MI 48045		\$ <u>100.00</u>	\$ <u>1,181.00</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>09/06/2024</u> Name & Address: THOMAS MARTIN 3318 WILKINS DR FALLS CHURCH, VA 22041		\$ <u>250.00</u>	\$ <u>250.00</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/11/2024</u> Name & Address: DEANNA CLYNE 173 ROBERTSON ST MT CLEMENS, MI 48043		\$ <u>40.00</u>	\$ <u>40.00</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 403.01

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/11/2024</u>	
Name & Address: CYNTHIA DENARDIS 36664 RIDGECROFT DR STERLING HEIGHTS, MI 48312		\$ <u>40.00</u>	\$ <u>465.00</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/11/2024</u>	
Name & Address: CYNTHIA MELITZ 14019 CASTLE AVE WARREN, MI 48088		\$ <u>50.00</u>	\$ <u>85.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/13/2024</u>	
Name & Address: STEPAN FARKAS 34235 RHODE ISLAND ST CLINTON TWP, MI 48035		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TRUCK DRIVER</u> Employer <u>PRODRIVERS</u> Business Address <u>34235 RHODE ISLAND ST, CLINTON TWP, MI 48035</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/13/2024</u>	
Name & Address: DAVID HECKER 25502 PARKWOOD DR HUNTINGTON WOODS, MI 48070		\$ <u>100.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLITICAL ADVISOR/CONSULTANT</u> Employer <u>MICHIGAN DEMOCRATIC PARTY/SELF</u> Business Address <u>25502 PARKWOOD DR, HUNTINGTON WOODS, MI 48070</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 290.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/15/2024</u>	
Name & Address: CAROLE BANNISTER 18877 S HIGHLITE DR CLINTON TWP, MI 48035		\$ <u>100.00</u>	\$ <u>650.00</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>09/16/2024</u>	
Name & Address: DENNIS BRUCK 19637 LLOYD ST CLINTON TWP, MI 48038		\$ <u>35.00</u>	\$ <u>225.00</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>09/16/2024</u>	
Name & Address: JON PETTYES 23646 KIM DR CLINTON TWP, MI 48035		\$ <u>100.00</u>	\$ <u>650.00</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>09/16/2024</u>	
Name & Address: SARAH STOVALL 23628 MARLBOROUGH DR CLINTON TWP, MI 48036		\$ <u>35.00</u>	\$ <u>525.00</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			

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/16/2024</u>	
Name & Address: KARAN GAISOR 147 LODEWYCK ST MT CLEMENS, MI 48043		\$ <u>25.00</u>	\$ <u>25.00</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/16/2024</u>	
Name & Address: DOLORA PAULL 38831 TOWNHALL ST HARRISON TWP, MI 48045		\$ <u>35.00</u>	\$ <u>95.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY - SELF EMPLOYED</u> Employer _____ Business Address <u>220 CASS AVE, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/16/2024</u>	
Name & Address: CHRISTINE KOCH 10667 TALLPINE LN ALLENDAL TWP, MI 49401		\$ <u>100.00</u>	\$ <u>500.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/16/2024</u>	
Name & Address: JUDITH BONIOR 100 NEW JERSEY AVE SE WASHINGTON, DC 20003		\$ <u>500.00</u>	\$ <u>2,250.00</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			

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/16/2024</u>	
Name & Address: MICHAEL LOCKE 37829 MORAVIAN DR CLINTON TWP, MI 48036		\$ <u>30.00</u>	\$ <u>130.00</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>09/16/2024</u>	
Name & Address: THERESA LOWE 36659 EATON DR CLINTON TWP, MI 48035		\$ <u>50.00</u>	\$ <u>80.00</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>09/16/2024</u>	
Name & Address: ANITA SHAGENA 3919 OAK HILLS CIR PORT HURON, MI 48060		\$ <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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/16/2024</u>	
Name & Address: JAMES KOPAS 126 NEW ST Mount Clemens, MI 48043		\$ <u>50.00</u>	\$ <u>300.00</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			

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/16/2024</u>	
Name & Address: NANCY DUEMLING 20776 MOXON DR CLINTON TWP, MI 48036		\$ <u>100.00</u>	\$ <u>710.00</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>09/17/2024</u>	
Name & Address: FRED MILLER 51 GROSSE PINES DR ROCHESTER HILLS, MI 48309		\$ <u>35.00</u>	\$ <u>105.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY CLERK</u> Employer <u>OAKLAND COUNTY</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/18/2024</u>	
Name & Address: LINDA KOCH 30563 RIDGEFIELD AVE WARREN, MI 48088		\$ <u>35.00</u>	\$ <u>180.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/18/2024</u>	
Name & Address: KAREN A DEBGUPTA 44536 N BUNKER HILL DR CLINTON TWP, MI 48038		\$ <u>35.00</u>	\$ <u>70.00</u>
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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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/19/2024</u>	
Name & Address: GARY CYNOWA 45451 FIELDING ST MACOMB, MI 48042		\$ <u>70.00</u>	\$ <u>530.00</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>09/22/2024</u>	
Name & Address: SHEILA STRUNK 24106 MEADOWBRIDGE DR CLINTON TWP, MI 48035		\$ <u>50.00</u>	\$ <u>505.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/24/2024</u>	
Name & Address: JEAN-PHILLIPPE FALETTA WORTHINGTON CLINTON TWP, MI 48038		\$ <u>70.00</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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/24/2024</u>	
Name & Address: DARCIE DIBASIO 18198 MILLAR RD CLINTON TWP, MI 48036		\$ <u>100.00</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			

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/24/2024</u> Name & Address: JANET JOHN 37268 TALL OAK DR CLINTON TWP, MI 48036		\$ <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			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/24/2024</u> Name & Address: LINDA BAARCK MONTAGE 17693 MONTAGE CLINTON TWP, MI 48038		\$ <u>35.00</u>	\$ <u>85.00</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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/24/2024</u> Name & Address: ALICE ZECKZER 22600 GLENWOOD ST CLINTON TWP, MI 48035		\$ <u>70.00</u>	\$ <u>170.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UNEMPLOYED</u> Employer <u>UNEMPLOYED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/24/2024</u> Name & Address: CAROL SCHEFFELS 20110 BRIAN CT CLINTON TWP, MI 48035		\$ <u>35.00</u>	\$ <u>70.00</u>
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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2. Committee Name JULIE MATUZAK 4 TRUSTEE

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>09/24/2024</u>	
Name & Address: ANNSLEY METZ 3007 VINSETTA BLVD ROYAL OAK, MI 48073		\$ <u>100.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN ASSISTANT</u> Employer <u>HURLEY MEDICAL CENTER</u> Business Address <u>1 HURLEY PLAZA, FLINT, MI 48503</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/24/2024</u>	
Name & Address: LINDA FLYNN 43225 CHARDONNAY DR STERLING HEIGHTS, MI 48314		\$ <u>100.00</u>	\$ <u>300.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/24/2024</u>	
Name & Address: CHERYL KRYSIAK 65 KENDRICK ST MT CLEMENS, MI 48043		\$ <u>15.00</u>	\$ <u>135.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/24/2024</u>	
Name & Address: SANDRA MERK 36177 PAYNE ST CLINTON TWP, MI 48035		\$ <u>35.00</u>	\$ <u>35.00</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 250.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140182
2. Committee Name JULIE MATUZAK 4 TRUSTEE

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>09/24/2024</u>	
Name & Address: CRAIG REYNOLDS 37379 INGLESIDE ST CLINTON TWP, MI 48036		\$ <u>25.00</u>	\$ <u>109.00</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>09/24/2024</u>	
Name & Address: ROBIN QUINN 64 DORSET CT MARLTON, NJ 08053		\$ <u>20.00</u>	\$ <u>20.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/24/2024</u>	
Name & Address: ERIC JACKSON 22615 THOMSON ST CLINTON TWP, MI 48035		\$ <u>100.00</u>	\$ <u>410.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/24/2024</u>	
Name & Address: DENISE 1 MENTZER 1399 KINGSLEY ST MT CLEMENS, MI 48043		\$ <u>100.00</u>	\$ <u>135.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STATE REPRESENTATIVE</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>100 N CAPITOL AVE, LANSING, MI 48933</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 245.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140182
2. Committee Name JULIE MATUZAK 4 TRUSTEE

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>09/24/2024</u>	
Name & Address: DONNA OAKLEY 19802 WESTCHESTER DR CLINTON TWP, MI 48038		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PART OWNER</u> Employer <u>OAKLEY INDUSTRIES</u> Business Address <u>35224 AUTOMATION DR, CLINTON TWP, MI 48035</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/24/2024</u>	
Name & Address: LINDA PIDUTTI 37649 CHARTER OAKS BLVD CLINTON TWP, MI 48036		\$ <u>40.00</u>	\$ <u>450.00</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>09/24/2024</u>	
Name & Address: CAROLINE REID 38652 SYCAMORE MEADOW DR CLINTON TWP, MI 48036		\$ <u>70.00</u>	\$ <u>300.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/24/2024</u>	
Name & Address: LINDA JACOBS 39 BRIARWOOD PLACE GROSSE POINTE, MI 48236		\$ <u>100.00</u>	\$ <u>850.00</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			

Page Subtotal **310.00**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140182
2. Committee Name JULIE MATUZAK 4 TRUSTEE

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>09/26/2024</u>	
Name & Address: BARBARA GECK 39526 WALDORF DR CLINTON TWP, MI 48038		\$ <u>135.00</u>	\$ <u>885.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EDUCATOR</u> Employer <u>FRASER PUBLIC SCHOOLS</u> Business Address <u>33466 GARFIELD, Fraser, MI 48026</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/27/2024</u>	
Name & Address: DARLENE KALTZ 28801 JEFFERSON AVE APT. 210 ST CLAIR SHORES, MI 48081		\$ <u>100.00</u>	\$ <u>1,000.00</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>09/27/2024</u>	
Name & Address: LEO LALONDE 24801 ROSALIND AVE EASTPOINTE, MI 48021		\$ <u>105.00</u>	\$ <u>450.00</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>09/27/2024</u>	
Name & Address: CAROL DIEHL 17584 KOOGLER ST CLINTON TWP, MI 48038		\$ <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			

Page Subtotal 390.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140182
2. Committee Name JULIE MATUZAK 4 TRUSTEE

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>09/27/2024</u>	
Name & Address: MICHELLE DEBEAUSSAERT 39856 BRYLOR COURT CLINTON TOWNSHIP, MI 48038		\$ <u>100.00</u>	\$ <u>800.00</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>09/28/2024</u>	
Name & Address: KEN PEARL 38316 SANTA BARBARA ST CLINTON TWP, MI 48036		\$ <u>35.00</u>	\$ <u>140.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR OF OPERATIONS</u> Employer <u>SLATKIN CORPORATION</u> Business Address <u>29645 W 14 MILE RD, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/28/2024</u>	
Name & Address: MICHAEL O'MEARA 31415 GAY ST ROSEVILLE, MI 48066		\$ <u>35.00</u>	\$ <u>35.00</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>09/28/2024</u>	
Name & Address: ELIZABETH PUGH 22461 KATZMAN ST CLINTON TWP, MI 48035		\$ <u>35.00</u>	\$ <u>35.00</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			

Page Subtotal 205.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140182
2. Committee Name JULIE MATUZAK 4 TRUSTEE

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>09/28/2024</u>	
Name & Address: STEVE GALLOP 37858 SUNNYBROOK ST HARRISON TWP, MI 48045		\$ <u>35.00</u>	\$ <u>140.00</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>09/28/2024</u>	
Name & Address: GAYLA FOLSON PO BOX 489 MOUNT CLEMENS, MI 48046		\$ <u>40.00</u>	\$ <u>40.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/28/2024</u>	
Name & Address: MARY HELEN D'ANGELO 37360 STONEGATE CIR CLINTON TWP, MI 48036		\$ <u>35.00</u>	\$ <u>35.00</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>09/30/2024</u>	
Name & Address: SUSAN DILIBERTI 41202 WORTHINGTON CLINTON TWP, MI 48038		\$ <u>13.01</u>	\$ <u>442.02</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UNEMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 123.01

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140182
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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>10/01/2024</u>	
Name & Address: BRENDA SLABBINCK 7012 AMBEWICK WAY CITRUS HEIGHTS, CA 95621		\$ <u>35.00</u>	\$ <u>305.00</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/01/2024</u>	
Name & Address: DEBRA DOROSH 44188 RINA LN CLINTON TWP, MI 48038		\$ <u>35.00</u>	\$ <u>225.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/01/2024</u>	
Name & Address: MARCIA RELYEA 17789 MAISONS DR CLINTON TWP, MI 48038		\$ <u>100.00</u>	\$ <u>170.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/01/2024</u>	
Name & Address: MICHAEL LABUHN 57248 WHITE OAKS DR WASHINGTON, MI 48094		\$ <u>25.00</u>	\$ <u>60.00</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			

Page Subtotal 195.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140182
2. Committee Name JULIE MATUZAK 4 TRUSTEE

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>10/01/2024</u> Name & Address: WILLIAM SOWERBY 3380 WOODHILL CIR SUPERIOR TWP, MI 48198		\$ <u>100.00</u>	\$ <u>800.00</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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/01/2024</u> Name & Address: J. DAVID IVERS 35917 FIERIMONTE DR CLINTON TWP, MI 48035		\$ <u>50.00</u>	\$ <u>290.00</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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/01/2024</u> Name & Address: ED BRULEY 38157 RADDE ST CLINTON TWP, MI 48036		\$ <u>100.00</u>	\$ <u>800.00</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>10/03/2024</u> Name & Address: BONNIE GILDEA 29232 S SHORE DRIVE GOBLES, MI 49055		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MASSAGE THERAPIST</u> Employer <u>SELF EMPLOYED</u> Business Address <u>29232 S SHORE DRIVE, GOBLES, MI 49055</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 450.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140182
2. Committee Name JULIE MATUZAK 4 TRUSTEE

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>10/04/2024</u>	
Name & Address: EARLENE KING 22021 LAUREL ST CLINTON TWP, MI 48035		\$ <u>35.00</u>	\$ <u>35.00</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/04/2024</u>	
Name & Address: FREDERICK TYRE 38767 MORAVIAN DR CLINTON TWP, MI 48036		\$ <u>75.00</u>	\$ <u>200.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/04/2024</u>	
Name & Address: ROSEANN WOHLFEIL 22849 E SCHAFER ST CLINTON TWP, MI 48035		\$ <u>15.00</u>	\$ <u>105.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/08/2024</u>	
Name & Address: MARY SOBCZYNSKI 76 LODEWYCK ST MT CLEMENS, MI 48043		\$ <u>25.00</u>	\$ <u>60.00</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 150.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140182
2. Committee Name JULIE MATUZAK 4 TRUSTEE

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>10/08/2024</u>	
Name & Address: NANCY VENTIMIGLIA 20141 WOODWARD ST CLINTON TWP, MI 48035		\$ <u>25.00</u>	\$ <u>395.00</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>10/08/2024</u>	
Name & Address: LOIS HILL 15 S HIGHLAND ST MT CLEMENS, MI 48043		\$ <u>70.00</u>	\$ <u>105.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/11/2024</u>	
Name & Address: NANCY DUEMLING 20776 MOXON DR CLINTON TWP, MI 48036		\$ <u>10.00</u>	\$ <u>720.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/13/2024</u>	
Name & Address: JUDY HARTWELL 25921 MARITIME CIR S HARRISON TWP, MI 48045		\$ <u>10.00</u>	\$ <u>1,191.00</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			

Page Subtotal **115.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140182
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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>10/17/2024</u> Name & Address: JOHN MACMASTER 1591 S KING ROAD HARRISVILLE, MI 48740		\$ 50.00	\$ 50.00
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 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 # 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	



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140182**
2. Committee Name **JULIE MATUZAK 4 TRUSTEE**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MAIL CHIMP Address 405 N ANGIER AVE NE ATLANTA, GA 30308 ☐ Fund Raiser	Purpose: EMAIL SERVICE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/30/2024 Date	\$ 26.50
Expenditure #2 Name ACTBLUE Address PO BOX 44166 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/01/2024 Date	\$ 0.75
Expenditure #3 Name CLINTON TOWNSHIP GOODFELLOWS Address PO BOX 38064 CLINTON TOWNSHIP, MI 48038 ☐ Fund Raiser	Purpose: EVENT SPONSOR ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/16/2024 Date	\$ 200.00
Expenditure #4 Name JULIE MATUZAK Address 38250 FAIRWAY CT, #71B CLINTON TOWNSHIP, MI 48038 ☐ Fund Raiser	Purpose: REIMBURSEE FOR PHOTO EXPENSE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Memo Itemization Below	09/16/2024 Date	\$ 30.74
Expenditure #5 Name WALGREEN Address 16741 CANAL RD CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: PHOTOGRPHS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement (Memo Itemization)	09/16/2024 Date	\$ (30.74)

Subtotal this page

257.99

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 140182
2. Committee Name JULIE MATUZAK 4 TRUSTEE

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name JUDY HARTWELL Address 25921 MARITIME CIR S HARRISON TWP, MI 48045 ☐ Fund Raiser	Purpose: <u>POSTAGE</u> Memo Itemization Below ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/25/2024</u> Date	\$ <u>320.52</u>
Expenditure #2 Name USPS Address 155 S MAIN ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: <u>POSTAGE</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/23/2024</u> Date	\$ <u>(320.52)</u>
Expenditure #3 Name USPS Address 155 S MAIN ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: <u>MAILING POSTAGE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/25/2024</u> Date	\$ <u>10,410.00</u>
Expenditure #4 Name JUDY HARTWELL Address 25921 MARITIME CIR S HARRISON TWP, MI 48045 ☒ Fund Raiser	Purpose: <u>FUNDRAISER FOOD EXPENSE</u> Memo Itemization Below ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/30/2024</u> Date	\$ <u>649.07</u>
Expenditure #5 Name RJ'S CORNED BEEF DELI Address 33727 GRATIOT AVE CLINTON TWP, MI 48035 ☒ Fund Raiser	Purpose: <u>FUNDRAISER FOOD</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/28/2024</u> Date	\$ <u>(649.07)</u>

Subtotal this page **11,379.59**

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

Enter this total
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140182**
2. Committee Name **JULIE MATUZAK 4 TRUSTEE**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name C & G NEWSPAPERS Address 13650 E ELEVEN MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: NEWSPAPER AD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/30/2024 Date	\$ 2,582.00
Expenditure #2 Name MAIL CHIMP Address 405 N ANGIER AVE NE ATLANTA, GA 30308 ☐ Fund Raiser	Purpose: EMAIL SERVICE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/30/2024 Date	\$ 26.50
Expenditure #3 Name ACTBLUE Address PO BOX 44166 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/01/2024 Date	\$ 21.98
Expenditure #4 Name MASS MAILING LLC Address 35468 MOUND RD STERLING HEIGHTS, MI 48310 ☐ Fund Raiser	Purpose: MAILING SERVICE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/17/2024 Date	\$ 943.47
Expenditure #5 Name MAIL CHIMP Address 405 N ANGIER AVE NE ATLANTA, GA 30308 ☐ Fund Raiser	Purpose: EMAIL SERVICE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/19/2024 Date	\$ 26.50

Subtotal this page	3,600.45
Grand Total of all Schedules 1B (Complete on last page of Schedule)	15,238.03

Enter this total
on line 8a of
Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **140182**
2. Committee Name **JULIE MATUZAK 4 TRUSTEE**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 09/29/2024	4. Number of Individuals Attending or Participating (whichever is greater) 89	5. Type of Fund Raising Activity FALL LUNCH EVENT	6. Address and Name (If any) of the place where the activity was held. RJ'S CORNED BEEF DELI 33727 GRATIOT AVE CLINTON TWP, MI 48035 ☐ Private Residence
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7. Total Contributions **4,925.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **4,925.00**
10. Total Cost of Event **649.07**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.