



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.

1. Committee I.D. Number 97719	3. This Statement covers From: <u>11/22/20</u> To <u>12/31/20</u>
2. Committee Name Connect Franklin	4. Committee's Mailing Address 26170 Hersheyvale Dr. Franklin, MI 48025 Area Code and Phone: <u>(812) 929-7919</u> <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>

5. Treasurer's Name and Residential Address
Josondra Notter
26170 Hersheyvale Dr.
Franklin, MI 48025

Area Code and Phone (812) 929-7919

6. Treasurer's Business Address 26170 Hersheyvale Dr. Franklin, MI 48025 Area Code and Phone <u>(812) 929-7919</u>	7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) Rick Notter 26170 Hersheyvale Dr. Franklin, MI 48025 Area Code and Phone <u>(812) 320-4673</u>
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<p>8. TYPE OF STATEMENT:</p> <p>8a. <input checked="" type="checkbox"/> PRE- ELECTION OR <input type="checkbox"/> POST- ELECTION</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> SCHOOL <input checked="" type="checkbox"/> SPECIAL <input type="checkbox"/> OTHER: _____</p> <p>Date of Election: <u>05/04/21</u></p>	<p>8b.</p> <p><input type="checkbox"/> FEBRUARY STATEMENT <input type="checkbox"/> APRIL STATEMENT <input type="checkbox"/> JULY STATEMENT <input type="checkbox"/> OCTOBER STATEMENT</p> <p>8c. <input checked="" type="checkbox"/> ANNUAL STATEMENT (<u>2020</u> Coverage Year)</p>	<p>8d:</p> <p><input type="checkbox"/> Post Petition Sample Filing under MCL 168.483a</p> <p>(Required of Statewide Ballot Question Committees only after the submission of a sample petition prior to circulating the petition)</p> <p>8e. <input type="checkbox"/> AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended)</p>	<p>8f. <input type="checkbox"/> DISSOLUTION OF COMMITTEE REQUEST</p> <p>Effective Date of Dissolution _____</p> <p>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.</p>
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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 Josondra Notter Type or Print Name	<i>Josondra Notter</i> Signature
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RECEIVED FOR FILING
 OAKLAND COUNTY CLERK
 2021 FEB -1 AM 11:24
 BY: AN
 DEPUTY COUNTY CLERK



**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 97719

2. Committee Name Connect Franklin

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>500.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>500.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>500.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>335.19</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>335.19</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>0.00</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>500.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>500.00</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>500.00</u>	



BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 97719

2. Committee Name Connect Franklin

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: Ettinger, Constance 25600 River Dr. Franklin, MI 48025 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>11/22/20</u> \$ <u>500</u> \$ _____ Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt _____ \$ _____ \$ _____ Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt _____ \$ _____ \$ _____ Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt _____ \$ _____ \$ _____ Click Here for Memo Itemization	

Page Subtotal

\$500.00

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

\$500.00

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 4-IK
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 97719
2. Committee Name Connect Franklin

3. Name and Address from whom received If contribution is from an individual, please enter last name first.	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)
<p>Contribution #1 Name & Address: <u>Driven by Lisa MacDonald</u> <u>32652 Franklin Rd., Franklin, MI</u> <u>48025</u></p> <p>If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>Fitness studio owner</u></p> <p>Employer Name & Address: <u>Driven by Lisa MacDonald</u> <u>32652 Franklin Rd., Franklin MI</u> <u>48025</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>4. <input type="checkbox"/> Loan endorsement or guarantee <input checked="" type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN</p> <p>Description <u>Snacks + water for 5k run</u></p> <p>5. DATE OF RECEIPT: <u>12/18/20</u> <small>Click Here for Memo Itemization</small></p> <p>6. VENDOR NAME & ADDRESS:</p>	<p>\$ <u>250</u></p>	
<p>Contribution #2 Name & Address: <u>Sulaka, Angelina</u> <u>26172 Meadow Dr.</u> <u>Franklin, MI 48025</u></p> <p>If over \$100.00 cumulative, please provide:</p> <p>Occupation</p> <p>Employer Name & Address:</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>4. <input type="checkbox"/> Loan endorsement or guarantee <input checked="" type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN</p> <p>Description <u>Decor for 5k run</u></p> <p>5. DATE OF RECEIPT: <u>12/18/20</u> <small>Click Here for Memo Itemization</small></p> <p>6. VENDOR NAME & ADDRESS: <u>Party City: 30750 Orchard Lake Rd, Farmington Hills, MI 48334</u> <u>Aldi: 30740 Orchard Lake Rd, Farmington Hills, MI 48334</u> <u>Dollar Tree: 30887 Orchard Lake Rd, Farmington Hills, MI 48334</u></p>	<p>\$ <u>16.20</u></p>	
<p>Contribution #3 Name & Address: <u>Hankle, Angie</u> <u>32920 W. High Lake</u> <u>Franklin, MI 48025</u></p> <p>If over \$100.00 cumulative, please provide:</p> <p>Occupation</p> <p>Employer Name & Address:</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>4. <input type="checkbox"/> Loan endorsement or guarantee <input checked="" type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN</p> <p>Description <u>Logo Design</u></p> <p>5. DATE OF RECEIPT: <u>12/9/20</u> <small>Click Here for Memo Itemization</small></p> <p>6. VENDOR NAME & ADDRESS: <u>Fiverr (website)</u></p>	<p>\$ <u>44</u></p>	

Page Subtotal

310.20

Grand Total of all Schedules 4-IK
(Complete on last page of Schedule)

Enter this total on
line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 4-IK
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number 97719
2. Committee Name Connect Franklin

3. Name and Address from whom received If contribution is from an individual, please enter last name first.	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 Name & Address: <u>Hanke, Angie</u> <u>32920 Wing Lake</u> <u>Franklin MI 48025</u> If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input checked="" type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Payment for event registration page online</u> 5. DATE OF RECEIPT: <u>12/6/20</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: <u>SignUpGenius</u> <u>(Website)</u>	\$ <u>24.99</u>	
Contribution #2 Name & Address: If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____ 5. DATE OF RECEIPT: _____ Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:	\$ _____	
Contribution #3 Name & Address: If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____ 5. DATE OF RECEIPT: _____ Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:	\$ _____	

Page Subtotal 24.99
Grand Total of all Schedules 4-IK (Complete on last page of Schedule) 335.19

Enter this total on line 6a of Summary Page