



**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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

1. Committee I.D. Number 97798		3. This Statement covers From: 10/18/2021 to 11/22/2021	
2. Committee Name Matt Strickfaden Election Committee		4. Candidate Last Name Strickfaden First Name Matthew M.I. G 4a. Office Sought Including District # or Community Served (If applicable) Farmington Hills City Council 4b. County of Residence OAKLAND	
5. Committee's Mailing Address 34665 Brittany Dr. Farmington Hills, Michigan 48335-1437 Area Code and Phone 248-752-5900 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 Miranda L. Lapan 34625 Brittany Dr. Farmington Hills, MI 48335-1437 Area Code & Phone 248-207-1460	
7. Treasurer's Business Address 34625 Brittany Dr. Farmington Hills, MI 48335-1437 Area Code and Phone 248-207-1460		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Peter J. Strickfaden 34625 Brittany Dr. Farmington Hills, MI 48335-1437 Area Code and Phone 248-752-4944	
9. TYPE OF STATEMENT 9a. ☐ Pre-Election OR 9b. ☒ Post-Election Pre-Election or Post-Election Statement relates to: ☐ Primary ☒ General ☐ Convention ☐ Special ☐ School ☐ Caucus Date of Election, Convention or Caucus November 2, 2021		Required ONLY if candidate is not on the ballot for the current year: ☐ July Quarterly ☐ October Quarterly 9c. ☐ Annual Statement () Coverage Year 9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	
		9e. Dissolution of Candidate Committee ☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution _____ Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record keeper Miranda L. Lapan Type or Print Name		 Signature	
Date 12/3/2021		Date 12/3/2021	
Candidate Matthew G. Strickfaden Type or Print Name		 Signature	
Date 12/3/2021		Date 12/3/2021	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

1. Committee I.D. Number 97798

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Matt Strickfaden Election Committee

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>3,000.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>3,000.00</u>	(18.) \$ <u>8,010.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>3,000.00</u>	(20.) \$ <u>8,010.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>3,000.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>3,000.00</u>	(23.) \$ <u>7,740.68</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ <u>8,000.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>3,000.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>269.32</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>3,000.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>3,269.32</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>3,000.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>269.32</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97798
2. Committee Name Matt Strickfaden Election Committee

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>10/20/2021</u> Name & Address: <u>Matthew G. Strickfaden</u> <u>34665 Brittany Dr.</u> <u>Farmington Hills, MI 48335-1437</u>		<u>3,000.00</u> \$	<u>\$8,000.00</u> \$
5. If over \$100.00 cumulative, please provide: Occupation <u>Custom Home Builder</u> Employer <u>Self</u> Business Address <u>34665 Brittany Dr., Farmington Hills MI 48335-1437</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt _____ 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	

Page Subtotal

\$3,000.00

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

\$3,000.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

97798

1. Committee I. D. Number _____

2. Committee Name Matt Strickfaden Election Committee

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Facebook</u> Address <u>1 Hacker Way</u> <u>Menlo Park, CA 94025</u> ☐ Fund Raiser	Purpose: <u>Social media ads</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/2/2021</u> Date	\$ <u>3,000.00</u>
Expenditure #2 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **3,000.00**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **3,000.00**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 97798
2. Committee Name Matt Strickfaden Election Committee

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: Matthew G. Strickfaden 34665 Brittany Dr. Farmington Hills MI 48335-1437	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>7/1/2021</u> 6. <u>Original Amount of Debt:</u> <u>\$ 5,000.00</u>	\$ \$ \$ \$ \$	\$	\$ 5,000.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: Matthew G. Strickfaden 34665 Brittany Dr. Farmington Hills MI 48335-1437	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>11/2/2021</u> 6. <u>Original Amount of Debt:</u> <u>\$ 3,000.00</u>	\$ \$ \$ \$ \$	\$	\$ 3,000.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$	\$ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

8,000.00

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

8,000.00

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

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.