



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**BALLOT QUESTION COMMITTEE
COVER PAGE**

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

<p>1. Committee I.D. Number 97797</p> <hr/> <p>2. Committee Name OAKLAND CARES</p>		<p>3. This Statement covers From: <u>06/11/2021</u> To <u>10/20/2021</u></p> <hr/> <p>4. Committee's Mailing Address 37637 Five Mile Rd Suite 307 Livonia, MI 48154</p> <p>Area Code and Phone: ----- 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.</p>	
<p>5. Treasurer's Name and Residential Address Johnathen Tebbutt 23280 Seneca St Oak Park, MI 48237</p> <p>Area Code and Phone (810) 444-3978</p>			
<p>6. Treasurer's Business Address Same as residence</p> <p>Area Code and Phone</p>		<p>7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)</p> <p>N/A</p> <p>Area Code and Phone</p>	
<p>8. TYPE OF STATEMENT:</p> <p>8a. <input 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 type="checkbox"/> SPECIAL <input type="checkbox"/> OTHER: _____</p> <p>Date of Election: _____</p>	<p>8b.</p> <p><input type="checkbox"/> FEBRUARY STATEMENT <input type="checkbox"/> APRIL STATEMENT <input type="checkbox"/> JULY STATEMENT <input checked="" type="checkbox"/> OCTOBER STATEMENT</p> <p>8c. <input type="checkbox"/> ANNUAL STATEMENT (<u>2021</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>
<p>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.</p>			
<p>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.</p>			
<p>Current Treasurer or Designated Record Keeper <u>Johnathen Tebbutt</u></p> <p style="text-align: center;">Type or Print Name</p>		<p style="text-align: center;">AuthentiSIGN <i>Johnathen Tebbutt</i> 10/21/2021 2:14:16 AM EDT</p> <p style="text-align: center;">Signature</p>	



**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 97797

2. Committee Name OAKLAND CARES

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>0.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>0.00</u>	(18.) \$ <u>0.00</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>0.00</u>	(20.) \$ <u>0.00</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>4,467.14</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>4,467.14</u>	(21.) \$ <u>4,467.14</u>
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.) \$ <u>0.00</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ <u>0.00</u>	(23.) \$ <u>0.00</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
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.) \$ <u>0.00</u>
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>0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>0.00</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>0.00</u>	*

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



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

1. Committee I. D. Number 97797
2. Committee Name OAKLAND CARES

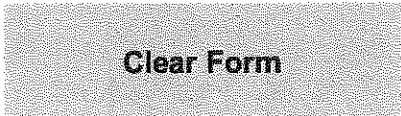
3. Name and Address from whom received If contribution is from an individual, please enter last name first.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 Name & Address: Coalition for Michigan Patients 2222 W GRAND RIVER AVE STE A OKEMOS, MI 48864 If over \$100.00 cumulative, please provide: Occupation NA Employer Name & Address: NA <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 checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Petition Printing</u> 5. DATE OF RECEIPT: <u>6/11/2021</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Lawson Printers 685 W COLUMBIA AVE BATTLE CREEK, MI 49015	\$ 605.00	\$ 605.00
Contribution #2 Name & Address: Coalition for Michigan Patients 2222 W GRAND RIVER AVE STE A OKEMOS, MI 48864 If over \$100.00 cumulative, please provide: Occupation NA Employer Name & Address: NA <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 checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Petition Printing</u> 5. DATE OF RECEIPT: <u>6/14/2021</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Lawson Printers 685 W COLUMBIA AVE BATTLE CREEK, MI 49015	\$ 162.50	\$ 767.50
Contribution #3 Name & Address: Coalition for Michigan Patients 2222 W GRAND RIVER AVE STE A OKEMOS, MI 48864 If over \$100.00 cumulative, please provide: Occupation NA Employer Name & Address: NA <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 checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Petition Printing</u> 5. DATE OF RECEIPT: <u>6/17/2021</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Lawson Printers 685 W COLUMBIA AVE BATTLE CREEK, MI 49015	\$ 575.09	\$ 1,342.59

Page Subtotal

\$1,342.59

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

Enter this total on
line 6a of
Summary Page



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

1. Committee I. D. Number 97797
2. Committee Name OAKLAND CARES

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: Coalition for Michigan Patients 2222 W GRAND RIVER AVE STE A OKEMOS, MI 48864 If over \$100.00 cumulative, please provide: Occupation NA Employer Name & Address: NA <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 checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Signatures</u> 5. DATE OF RECEIPT: <u>7/6/2021</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Shawn Wilmoth 15001 Kercheval Ave Suite 501 Grosse Pointe Park, MI 48230	\$ 154.81	\$ 1,497.40
Contribution #2 Name & Address: Coalition for Michigan Patients 2222 W GRAND RIVER AVE STE A OKEMOS, MI 48864 If over \$100.00 cumulative, please provide: Occupation NA Employer Name & Address: NA <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 checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Signatures</u> 5. DATE OF RECEIPT: <u>7/7/2021</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Noah Featherman	\$ 32.67	\$ 1,530.07
Contribution #3 Name & Address: Coalition for Michigan Patients 2222 W GRAND RIVER AVE STE A OKEMOS, MI 48864 If over \$100.00 cumulative, please provide: Occupation NA Employer Name & Address: NA <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 checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Notary</u> 5. DATE OF RECEIPT: <u>7/7/2021</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: The UPS Store 42807 Ford Rd Canton, MI 48187	\$ 35.29	\$ 1,565.36

Page Subtotal \$222.77

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

\$222.77

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line 6a of
Summary Page



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

1. Committee I. D. Number 97797
2. Committee Name OAKLAND CARES

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: Coalition for Michigan Patients 2222 W GRAND RIVER AVE STE A OKEMOS, MI 48864 If over \$100.00 cumulative, please provide: Occupation NA Employer Name & Address: NA <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 checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Signatures</u> 5. DATE OF RECEIPT: <u>7/7/2021</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Ty Buffington 1507 Washtenaw Ave Ann Arbor, MI 48104	\$ 363.16	\$ 1,928.52
Contribution #2 Name & Address: Coalition for Michigan Patients 2222 W GRAND RIVER AVE STE A OKEMOS, MI 48864 If over \$100.00 cumulative, please provide: Occupation NA Employer Name & Address: NA <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 checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Signature Expenses</u> 5. DATE OF RECEIPT: <u>7/14/2021</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Shawn Wilmoth 15001 Kercheval Ave Suite 501 Grosse Pointe Park, MI 48230	\$ 100.00	\$ 2,028.52
Contribution #3 Name & Address: Coalition for Michigan Patients 2222 W GRAND RIVER AVE STE A OKEMOS, MI 48864 If over \$100.00 cumulative, please provide: Occupation NA Employer Name & Address: NA <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 checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Signatures</u> 5. DATE OF RECEIPT: <u>7/16/2021</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Shawn Wilmoth 15001 Kercheval Ave Suite 501 Grosse Pointe Park, MI 48230	\$ 220.62	\$ 2,249.14

Page Subtotal

\$683.78

Grand Total of all Schedules 4-IK
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**ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 4-IK
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1. Committee I. D. Number 97797
2. Committee Name OAKLAND CARES

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: Coalition for Michigan Patients 2222 W GRAND RIVER AVE STE A OKEMOS, MI 48864 If over \$100.00 cumulative, please provide: Occupation NA Employer Name & Address: NA <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 checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Signature Expenses</u> 5. DATE OF RECEIPT: <u>7/18/2021</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Shawn Wilmoth 15001 Kercheval Ave Suite 501 Grosse Pointe Park, MI 48230	\$ 200.00	\$ 2,449.14
Contribution #2 Name & Address: Coalition for Michigan Patients 2222 W GRAND RIVER AVE STE A OKEMOS, MI 48864 If over \$100.00 cumulative, please provide: Occupation NA Employer Name & Address: NA <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 checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Signatures</u> 5. DATE OF RECEIPT: <u>7/19/2021</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Noah Featherman	\$ 30.15	\$ 2,479.29
Contribution #3 Name & Address: Coalition for Michigan Patients 2222 W GRAND RIVER AVE STE A OKEMOS, MI 48864 If over \$100.00 cumulative, please provide: Occupation NA Employer Name & Address: NA <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 checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Signatures</u> 5. DATE OF RECEIPT: <u>7/20/2021</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Shawn Wilmoth 15001 Kercheval Ave Suite 501 Grosse Pointe Park, MI 48230	\$ 1,142.57	\$ 3,621.86

Page Subtotal \$1,372.72

Grand Total of all Schedules 4-IK
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**ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 4-IK
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number 97797
2. Committee Name OAKLAND CARES

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: Coalition for Michigan Patients 2222 W GRAND RIVER AVE STE A OKEMOS, MI 48864 If over \$100.00 cumulative, please provide: Occupation NA Employer Name & Address: NA <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 checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Courier</u> 5. DATE OF RECEIPT: <u>7/22/2021</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Kevin Schapman	\$ 50.33	\$ 3,672.19
Contribution #2 Name & Address: Coalition for Michigan Patients 2222 W GRAND RIVER AVE STE A OKEMOS, MI 48864 If over \$100.00 cumulative, please provide: Occupation NA Employer Name & Address: NA <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 checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Signature Expenses</u> 5. DATE OF RECEIPT: <u>7/27/2021</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Shawn Wilmoth 15001 Kercheval Ave Suite 501 Grosse Pointe Park, MI 48230	\$ 48.80	\$ 3,720.99
Contribution #3 Name & Address: Coalition for Michigan Patients 2222 W GRAND RIVER AVE STE A OKEMOS, MI 48864 If over \$100.00 cumulative, please provide: Occupation NA Employer Name & Address: NA <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 checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Signature Expenses</u> 5. DATE OF RECEIPT: <u>7/27/2021</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Shawn Wilmoth 15001 Kercheval Ave Suite 501 Grosse Pointe Park, MI 48230	\$ 80.00	\$ 3,800.99

Page Subtotal \$179.13

Grand Total of all Schedules 4-IK
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\$179.13

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

1. Committee I. D. Number 97797
2. Committee Name OAKLAND CARES

3. Name and Address from whom received <small>If contribution is from an individual, please enter last name first.</small>	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)
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Contribution #2 Name & Address: Coalition for Michigan Patients 2222 W GRAND RIVER AVE STE A OKEMOS, MI 48864 If over \$100.00 cumulative, please provide: Occupation NA Employer Name & Address: NA <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 checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description Courier 5. DATE OF RECEIPT: <u>7/31/2021</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Kevin Schapman	\$ 64.46	\$ 3,938.53
Contribution #3 Name & Address: Coalition for Michigan Patients 2222 W GRAND RIVER AVE STE A OKEMOS, MI 48864 If over \$100.00 cumulative, please provide: Occupation NA Employer Name & Address: NA <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 checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description Signature Expenses 5. DATE OF RECEIPT: <u>7/31/2021</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Shawn Wilmoth 15001 Kercheval Ave Suite 501 Grosse Pointe Park, MI 48230	\$ 28.00	\$ 3,966.53

Page Subtotal \$165.54

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

\$165.54

Enter this total on
line 6a of
Summary Page



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

1. Committee I. D. Number 97797
2. Committee Name OAKLAND CARES

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: Coalition for Michigan Patients 2222 W GRAND RIVER AVE STE A OKEMOS, MI 48864 If over \$100.00 cumulative, please provide: Occupation NA Employer Name & Address: NA <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 checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Legal</u> 5. DATE OF RECEIPT: <u>8/9/2021</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Honigman LLP 222 N Washington Square Suite 400 Lansing, MI 48933	\$ <u>500.61</u>	\$ <u>4,467.14</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	\$500.61
Grand Total of all Schedules 4-IK (Complete on last page of Schedule)	\$4,467.14

Enter this total on
line 6a of
Summary Page