



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.

3. This Statement covers From: 09/01/22 To 10/23/22

1. Committee I.D. Number **98159**

4. Committee's Mailing Address **PO Box 424  
Clarkston, MI 48347**

2. Committee Name  
**Clarkston Village Neighborhood Committee**

Area Code and Phone: (248) 760-9657  
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.

5. Treasurer's Name and Residential Address  
**Lisa Patercsak  
68 Buffalo  
Clarkston, MI 48346**

Area Code and Phone (248) 760-9657



6. Treasurer's Business Address

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

Area Code and Phone

Area Code and Phone

**8. TYPE OF STATEMENT:**

8a.  PRE- ELECTION  
OR  
 POST- ELECTION

Pre-Election or Post-Election Statement relates to:

- PRIMARY
- GENERAL
- SCHOOL
- SPECIAL
- OTHER: \_\_\_\_\_

Date of Election:  
11/08/22

- 8b.
- FEBRUARY STATEMENT
  - APRIL STATEMENT
  - JULY STATEMENT
  - OCTOBER STATEMENT

8c.  ANNUAL STATEMENT  
( \_\_\_\_\_ Coverage Year)

8d.  Post Petition Sample Filing under MCL 168.483a  
  
(Required of Statewide Ballot Question Committees only after the submission of a sample petition prior to circulating the petition)

8e.  AMENDMENT TO CAMPAIGN STATEMENT  
  
(Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended)

8f.  DISSOLUTION OF COMMITTEE REQUEST

Effective Date of Dissolution  
\_\_\_\_\_

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.

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

LISA PATERCSAK

*Lisa Patercsak*

Type or Print Name

Signature



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**SUMMARY PAGE  
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 98159  
2. Committee Name Clarkston Village Neighborhood Committee

	Column I This Period	Column II Cumulative for Election Cycle
<b>RECEIPTS</b>		
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>2,970.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>2,970.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3 c + Line 4)	(5.) \$ <u>2,970.00</u>	(20.) \$ _____
<b>IN-KIND CONTRIBUTIONS</b>		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>2,965.64</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
<b>7. TOTAL IN-KIND CONTRIBUTIONS</b> (Add Line 6a + Line 6b)	(7.) \$ <u>2,965.64</u>	(21.) \$ _____
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized Direct Expenditures ( Schedule 4B, Column 7)	(8a.) \$ <u>2,965.64</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$ _____	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$ _____	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ _____	
e. Subtotal of Expenditures	(8e.) \$ <u>2,965.64</u>	(22.) \$ _____
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ _____	(23.) \$ _____
<b>10. TOTAL EXPENDITURES</b> (Add Line 8e + Line 9)	(10.) \$ <u>2,965.64</u>	(24.) \$ _____
<b>IN-KIND EXPENDITURES</b>		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ _____	(25.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
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>2,970.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>2,970.00</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>2,965.64</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>4.36</u>	*

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



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 98159  
2. Committee Name Clarkston Village Neighborhood Committee

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: <b>Margaret Dacosta</b>  4. Date of Receipt <u>09/20/22</u>  5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50</u>	\$ <u>50</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 2 Name & Address: <b>Diane Wayne</b> <b>49 N Main</b> <b>Clarkston, MI 48346</b>  4. Date of Receipt <u>09/20/22</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>n/a</u> Business Address <u>n/a</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100</u>	\$ <u>100</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 3 Name & Address: <b>Linda Walker</b>  4. Date of Receipt <u>09/20/22</u>  5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50</u>	\$ <u>50</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 4 Name & Address: <b>Mark Lamphere</b>  4. Date of Receipt <u>09/20/22</u>  5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50</u>	\$ <u>50</u>  <a href="#">Click Here for Memo Itemization</a>

Page Subtotal

**\$250.00**

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

Enter this total  
on line 3a of  
Summary  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 98159  
2. Committee Name Clarkston Village Neighborhood Committee

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: <b>Jim Markwalder</b> 91 N. Main Clarkston, MI 48346  4. Date of Receipt <u>09/26/22</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>Sales</u> Employer <u>PROSTEP</u> Business Address <u>100W Big Beaver Rd Suite 200, Troy MI 48084</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>200</u>	\$ <u>200</u>  Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution # 2 Name & Address: <b>Jim Markwalder</b> 91 N. Main Clarkston, MI 48346  4. Date of Receipt <u>10/20/22</u>  5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>370</u>	\$ <u>570</u>  Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution # 3 Name & Address: <b>Jim Meloche</b> 163 Glenburnie Clarkston, MI 48346  4. Date of Receipt <u>09/26/22</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>The Marketing Collaborateve LLC</u> Business Address <u>163 Glenburnie Clarkston, MI 48346</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100</u>	\$ <u>100</u>  Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution # 4 Name & Address: <b>Peggy Maufi</b> 24 Robertson Ct Clarkston, MI 48346  4. Date of Receipt <u>09/26/22</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>n/a</u> Business Address <u>n/a</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100</u>	\$ <u>100</u>  Click Here for Memo Itemization <input type="button" value="v"/>

Page Subtotal

**\$770.00**

Grand Total of All Schedules 4A  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 98159

2. Committee Name Clarkston Village Neighborhood Committee

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: <b>Bonnie Valuet</b> 43 S. Holcomb Clarkston, MI 48346		\$ <u>100</u>	\$ <u>100</u>
4. Date of Receipt <u>10/04/22</u>		Click Here for Memo Itemization <input type="checkbox"/>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Real Estate Agent</u> Employer <u>Sotheby's International Realty</u> Business Address <u>415 S. Old Woodward Ave. Birmingham, MI 48009</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 2 Name & Address: <b>Lisa Patercsak</b> 68 Buffalo Clarkston, MI 48346		\$ <u>200</u>	\$ <u>200</u>
4. Date of Receipt <u>10/20/22</u>		Click Here for Memo Itemization <input type="checkbox"/>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Sales</u> Employer <u>Ficosa North Am</u> Business Address <u>30890 Stephenson Hwy, Madison Hts, MI 48071</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: <b>Peggy Mauti</b> 24 Robertson Ct Clarkston, MI 48346		\$ <u>200</u>	\$ <u>300</u>
4. Date of Receipt <u>10/04/22</u>		Click Here for Memo Itemization <input type="checkbox"/>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>n/a</u> Business Address <u>n/a</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: <b>Mary Hinburg</b>		\$ <u>50</u>	\$ <u>50</u>
4. Date of Receipt <u>10/19/22</u>		Click Here for Memo Itemization <input type="checkbox"/>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **\$550.00**

Grand Total of All Schedules 4A  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 98159

2. Committee Name Clarkston Village Neighborhood Committee

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: Frank Schoebel 22 N Holcomb Clarkston, MI 48346  4. Date of Receipt <u>10/19/22</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>n/a</u> Business Address <u>n/a</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>150</u>	\$ <u>150</u>  Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution # 2 Name & Address: David Fritzing 79 Robertson Ct Clarkston, MI 48346  4. Date of Receipt <u>10/19/22</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>n/a</u> Business Address <u>n/a</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>400</u>	\$ <u>400</u>  Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution # 3 Name & Address: Jennifer Radcliff 33 N Main Clarkston, MI 48346  4. Date of Receipt <u>10/19/22</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>n/a</u> Business Address <u>n/a</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100</u>	\$ <u>100</u>  Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution # 4 Name & Address: Steve Hargis 55 N. Main Clarkston, MI 48346  4. Date of Receipt <u>10/19/22</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>n/a</u> Business Address <u>n/a</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100</u>	\$ <u>100</u>  Click Here for Memo Itemization <input type="button" value="v"/>

Page Subtotal

**\$750.00**

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 98159

2. Committee Name Clarkston Village Neighborhood Committee

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: <b>Bonnie Valuet</b>  4. Date of Receipt <u>10/20/22</u>  5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100</u>	\$ <u>200</u>  Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution # 2 Name & Address: <b>Pat Fritzing</b> <b>79 Robertson Ct</b> <b>Clarkston, MI 48346</b>  4. Date of Receipt <u>10/20/22</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>n/a</u> Business Address <u>n/a</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>300</u>	\$ <u>300</u>  Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution # 3 Name & Address: <b>Kim Berry</b>  4. Date of Receipt <u>10/20/22</u>  5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50</u>	\$ <u>50</u>  Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution # 4 Name & Address: <b>Kevin Knapp</b> <b>62 N Main</b> <b>Clarkston, MI 48346</b>  4. Date of Receipt <u>10/20/22</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>Writer/Editor Freelance</u> Employer <u>Outpost Communications</u> Business Address <u>62 N Main, Clarkston, MI 48346</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>200</u>	\$ <u>200</u>  Click Here for Memo Itemization <input type="button" value="v"/>

Page Subtotal **\$650.00**

Grand Total of All Schedules 4A  
(Complete on last page of Schedule) **\$2,970.00**

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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

1. Committee I. D. Number 98159  
2. Committee Name Clarkston Village Neighborhood Committee

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: <b>Margaret Sans</b> 76 N. Main Clarkston, MI 48346  If over \$100.00 cumulative, please provide:  Occupation <b>Corporate Affairs</b>  Employer Name & Address: <b>Walmart</b> 702 SW 8th ST Bentonville, AR 72712  <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 checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Printing</u>  5. DATE OF RECEIPT: <u>09/22/22</u> Memo Itemization Below <input type="checkbox"/> 6. VENDOR NAME & ADDRESS: <b>The Print Shop</b> 5911 Dixie Hwy Clarkston, MI 48346	\$ <u>318</u>	\$ <u>318</u>
Contribution #2 Name & Address: <b>Margaret Sans</b>  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 checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Postage</u>  5. DATE OF RECEIPT: <u>09/21/22</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: <b>US Postal Service</b> 5799 S. Main St Clarkston, MI 48347	\$ <u>480</u>	\$ <u>798</u>
Contribution #3 Name & Address: <b>Margaret Sans</b>  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 checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>signs</u>  5. DATE OF RECEIPT: <u>10/14/22</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: <b>Good Guys Signs Inc.</b> 1032 E Hillsborough Ave Tampa, FL 33604	\$ <u>1285.41</u>	\$ <u>2083.41</u>

Page Subtotal **\$2,083.41**

Grand Total of all Schedules 4-IK  
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Summary Page





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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

1. Committee I. D. Number 98159  
2. Committee Name Clarkston Village Neighborhood Committee

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: <b>Margaret Sans</b> <b>76 N. Main</b> <b>Clarkston, MI 48346</b>  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 checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Printing</u>  5. DATE OF RECEIPT: <u>10/20/22</u> Memo Itemization Below <input type="checkbox"/>  6. VENDOR NAME & ADDRESS: <b>The Print Shop</b> <b>5911 Dixie Hwy</b> <b>Clarkston, MI 48346</b>	\$ <u>127.20</u>	\$ <u>2210.61</u>
Contribution #2 Name & Address: <b>Melissa Luginski</b> <b>71 N. Main</b> <b>Clarkston, MI 48346</b>  If over \$100.00 cumulative, please provide:  Occupation <b>unemployed</b>  Employer Name & Address: <b>n/a</b>  <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 checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Printing</u>  5. DATE OF RECEIPT: <u>09/16/22</u> Click Here for Memo Itemization  6. VENDOR NAME & ADDRESS: <b>The Print Shop</b> <b>5911 Dixie Hwy</b> <b>Clarkston, MI 48346</b>	\$ <u>127.20</u>	\$ <u>2337.81</u>
Contribution #3 Name & Address: <b>Melissa Luginski</b>  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 checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Printing</u>  5. DATE OF RECEIPT: <u>09/20/22</u> Click Here for Memo Itemization  6. VENDOR NAME & ADDRESS: <b>UPS Store</b> <b>7111 Dixie Hwy</b> <b>Clarkston, MI 48346</b>	\$ <u>171.99</u>	\$ <u>2509.80</u>

Page Subtotal **\$426.39**

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 98159  
2. Committee Name Clarkston Village Neighborhood Committee

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: <b>Nancy Haven</b> 62 Robertson Ct Clarkston, MI 48346  If over \$100.00 cumulative, please provide: Occupation <b>not employed</b> Employer Name & Address: n/a  <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 checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Printing</u> 5. DATE OF RECEIPT: <u>09/17/22</u> <a href="#">Click Here for Memo Itemization</a> <input type="button" value="v"/> 6. VENDOR NAME & ADDRESS: The Print Shop 5911 Dixie Hwy Clarkston, MI 48346	\$ <u>222.60</u>	\$ <u>2732.40</u>
Contribution #2 Name & Address: <b>Nancy Haven</b>  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 checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Office supplies</u> 5. DATE OF RECEIPT: <u>09/20/22</u> <a href="#">Click Here for Memo Itemization</a> <input type="button" value="v"/> 6. VENDOR NAME & ADDRESS: Office Depot 7151 Dixie Hwy Clarkston, MI 48346	\$ <u>38</u>	\$ <u>2770.40</u>
Contribution #3 Name & Address: <b>Nancy Haven</b>  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 checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>pizza for addressees</u> 5. DATE OF RECEIPT: <u>09/20/22</u> <a href="#">Click Here for Memo Itemization</a> <input type="button" value="v"/> 6. VENDOR NAME & ADDRESS: Papa Romanos 5797 S Main Clarkston, MI 48346	\$ <u>67</u>	\$ <u>2837.40</u>

Page Subtotal **\$327.60**

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 98159  
2. Committee Name Clarkston Village Neighborhood Committee

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: <b>Melissa Luginiski</b>  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 checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Office Supplies</u>  5. DATE OF RECEIPT: <u>09/20/22</u> <a href="#">Click Here for Memo Itemization</a> <input type="button" value="v"/> 6. VENDOR NAME & ADDRESS: <b>Office Depot</b> <b>7151 Dixie Hwy</b> <b>Clarkston, Mi 48346</b>	\$ <u>45.21</u>	\$ <u>2882.61</u>
Contribution #2 Name & Address: <b>Margaret Sans</b>  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 checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>PO BOX 424</u>  5. DATE OF RECEIPT: <u>09/21/22</u> <a href="#">Click Here for Memo Itemization</a> <input type="button" value="v"/> 6. VENDOR NAME & ADDRESS: <b>US Postal Service</b> <b>5799 S. Main</b> <b>Clarkston, MI 48347</b>	\$ <u>83</u>	\$ <u>2965.61</u>
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: _____ <a href="#">Click Here for Memo Itemization</a> <input type="button" value="v"/> 6. VENDOR NAME & ADDRESS:	\$ _____	\$ _____

Page Subtotal **\$128.21**  
Grand Total of all Schedules 4-IK (Complete on last page of Schedule) **\$2,965.61**

Enter this total on line 6a of Summary Page



**ITEMIZED DIRECT EXPENDITURES  
SCHEDULE 4B  
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number 98159  
2. Committee Name Clarkston Village Neighborhood Committee

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: <b>Margaret Sans</b> <b>76 N Main</b> <b>Clarkston, MI 48346</b>	4. Purpose: <u>Printing mailers</u> 5. Ballot Proposal: <u>Medical Marihuana Charter Amendment</u> County: <u>Oakland</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>09/22/22</u> Date of Expenditure	<u>\$ 318</u> \$ 318	<u>\$ 318</u> Memo Itemization Below <input type="button" value="v"/>
<input checked="" type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser Expenditure # 2 Name & Address: <b>Margaret Sans</b>	4. Purpose: <u>Postage for mailers</u> 5. Ballot Proposal: <u>Medical Marihuana Charter Amendment</u> County: <u>Oakland</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>09/21/22</u> Date of Expenditure	<u>\$ 480</u> \$ 798	Click for Memo Itemization Type
<input checked="" type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser Expenditure # 3 Name & Address: <b>Margaret Sans</b>	4. Purpose: <u>Yard signs</u> 5. Ballot Proposal: <u>Medical Marihuana Charter Amendment</u> County: <u>Oakland</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>10/14/22</u> Date of Expenditure	<u>\$ 1285.41</u> \$ 2083.41	Click for Memo Itemization Type
<input checked="" type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser Expenditure # 4 Name & Address: <b>Margaret Sans</b>	4. Purpose: <u>Printing mailers</u> 5. Ballot Proposal: <u>Medical Marihuana Charter Amendment</u> County: <u>Oakland</u> <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>10/20/22</u> Date of Expenditure	<u>\$ 127.20</u> \$ 2210.61	Click for Memo Itemization Type

Subtotal this page **\$2,210.61**  
 Grand Total of Schedules 4B  
 (Complete on last page of Schedule)

Enter this total on Line 8a of the Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES  
SCHEDULE 4B  
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 98159  
2. Committee Name Clarkston Village Neighborhood Committee

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: <b>Melissa Luginski</b> <b>71 N Main</b> <b>Clarkston, MI 48346</b>	4. Purpose: <u>Printing fliers</u>  5. Ballot Proposal: <u>Medical Marihuana Charter Amendment</u>  County: <u>Oakland</u>	<u>09/16/22</u> Date of Expenditure	<u>\$ 127.20</u>	<u>\$ 2337.81</u> Memo Itemization Below <input type="checkbox"/>
<input checked="" type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			
Expenditure # 2 Name & Address: <b>Melissa Luginski</b>	4. Purpose: <u>Printing window signs</u>  5. Ballot Proposal: <u>Medical Marihuana Charter Amendment</u>  County: <u>Oakland</u>	<u>09/20/22</u> Date of Expenditure	<u>\$ 171.99</u>	<u>\$ 2509.80</u> Click for Memo Itemization Type
<input checked="" type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			
Expenditure # 3 Name & Address: <b>Melissa Luginski</b>	4. Purpose: <u>Office Supplies</u>  5. Ballot Proposal: <u>Medical Marihuana Charter Amendment</u>  County: <u>Oakland</u>	<u>09/20/22</u> Date of Expenditure	<u>\$ 45.24</u>	<u>\$ 2555.04</u> Click for Memo Itemization Type
<input checked="" type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			
Expenditure # 4 Name & Address: <b>Margaret Sans</b>	4. Purpose: <u>PO Box rental</u>  5. Ballot Proposal: <u>Medical Marihuana Charter Amendment</u>  County: <u>Oakland</u>	<u>09/21/22</u> Date of Expenditure	<u>\$ 83.00</u>	<u>\$ 2638.04</u> Click for Memo Itemization Type
<input checked="" type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			

Subtotal this page **\$427.43**  
 Grand Total of Schedules 4B  
 (Complete on last page of Schedule)

Enter this total on Line 8a of the Summary Page



**ITEMIZED DIRECT EXPENDITURES  
SCHEDULE 4B  
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number 98159  
2. Committee Name Clarkston Village Neighborhood Committee

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: <b>Nancy Haven</b> <b>62 Robertson Ct</b> <b>Clarkston, MI 48346</b>	4. Purpose: <u>Printing mailers</u> 5. Ballot Proposal: <u>Medical Marihuana Charter Amendment</u> County: <u>Oakland</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>09/17/22</u> Date of Expenditure	\$ <u>222.60</u>	\$ <u>2860.64</u> Memo Itemization Below <input type="checkbox"/>
<input checked="" type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	Expenditure # 2 Name & Address: <b>Nancy Haven</b>	4. Purpose: <u>Office Supplies</u> 5. Ballot Proposal: <u>Medical Marihuana Charter Amendment</u> County: <u>Oakland</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>09/20/22</u> Date of Expenditure	\$ <u>38.00</u> \$ <u>2898.64</u> Click for Memo Itemization Type
<input checked="" type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	Expenditure # 3 Name & Address: <b>Nancy Haven</b>	4. Purpose: <u>Pizza for addressees</u> 5. Ballot Proposal: <u>Medical Marihuana Charter Amendment</u> County: <u>Oakland</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>09/20/22</u> Date of Expenditure	\$ <u>67.00</u> \$ <u>2965.64</u> Click for Memo Itemization Type
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	Expenditure # 4 Name & Address: _____ 4. Purpose: _____ 5. Ballot Proposal: _____ _____ Date of Expenditure _____ County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	_____ Date of Expenditure	\$ _____ \$ _____ Click for Memo Itemization Type	

Subtotal this page **\$327.60**  
 Grand Total of Schedules 4B  
 (Complete on last page of Schedule) **\$2,965.64**

Enter this total on Line 8a of the Summary Page